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# Re-entry support from prison-based and community-based professionals

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# Re-entry support from prison-based and community-based professionals

A.J. PASMA

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# 1 General Introduction

## 1.1 Background

Yearly, more than 30,000 prisoners in the Netherlands are released after imprisonment (Verweij et al., 2021). Next to retributive purposes, rehabilitation is one of the main goals of imprisonment, as stated in the Dutch penitentiary principle law (*Penitentiaire Beginselenwet*, Article 2, section 2). To ensure reintegration, these rehabilitation practices include preparing prisoners for their return to society. In turn, reintegration is considered key in reducing the likelihood of reoffending (e.g., La Vigne, Visher & Castro, 2004; Visher et al., 2017) and can thereby contribute to a safer society, as well as reduce the costs associated with reincarceration. Considering that reoffending rates are usually high – around 47% in the Netherlands is reconvicted within two years (Verweij et al., 2021) – one major concern for criminal justice agents and for society is the reintegration of prisoners.

### 1.1.1 Reintegration challenges

Reintegration, however, is often troubled by re-entry difficulties (Petersilia, 2003; Visher & Courtney, 2007). Prior to imprisonment, many prisoners already struggle in important areas such as employment, housing, financial situation, healthcare, and valid identity documentation (Boschman, Teerlink & Weijters, 2020). On top of that, it is well-known that imprisonment itself may bring collateral damages, as incarceration disrupts the social lives of prisoners (Pinard, 2010). In the Netherlands, for instance, more than 70 percent of the prisoners are unemployed upon release (Ramakers, 2014). Moreover, around 30 percent have no stable place to live (Wensveen et al., 2016), more than half struggle with financial issues (Beerthuizen et al., 2015), one third suffers from drug addictions (Den Bak et al., 2018), 45 percent face mental health issues (Jansen, 2018) and 15 percent do not possess a valid identity document (Weijters, Rokven & Verweij, 2018). Across the world, similar problems were found (e.g., McSweeney & Hough, 2006; Visher, La Vigne & Travis, 2004).

Tackling these reintegration challenges during imprisonment is important to prisoners personally, and contributes to their successful resettlement (Maguire & Raynor, 2006; McNeill, 2006). Moreover, it has been well-established that unstable employment or unstable housing, financial issues, health problems and not having a valid identity document are related to

higher reoffending rates (e.g., Aaltonen, Oksanen & Kivuvori, 2016; Boschman, Teerlink & Weijters, 2020; Visher, Debus-Sherrill & Yahner, 2011; Wallace & Wang, 2020; Ward, Stallings & Hawkins, 2021). Therefore, from a humane point of view, as well as for the safety of society, the incarceration period should be used effectively to address these reintegration challenges.

### 1.1.2 Professional support

Over the past two decades, there has been growing attention among policy makers and researchers for professional support in addressing these reintegration challenges (e.g., Bares & Mowen, 2020; DJI, 2019; Kjellstrand et al., 2021; Maguire & Raynor, 2006). This means that prisons often host a variety of resettlement services and many staff members are involved in reintegration preparation.

Prison-based professionals, such as case managers and mentors, are usually responsible for intake assessments, for coordinating reintegration plans and for referrals to specialised help from community-based professionals (Day et al., 2012; Weijters, Rokven & Verweij, 2018). In turn, these community-based professionals, such as parole officers, municipal officers, healthcare professionals, and volunteers, usually provide additional instrumental support. This instrumental support includes educating prisoners, providing job training and financial assistance, referring prisoners to employers, and discussing housing options and discharge plans for after release (e.g., Bares & Mowen, 2020; Hopkin et al., 2018; McSweeney & Hough, 2006; Viglione, Rudes & Taxman, 2015). Multiple studies have confirmed that this support from professionals may benefit re-entry preparedness (e.g., Haas & Spence, 2017) or post-release outcomes (e.g., Bares & Mowen, 2020).

Nevertheless, there are indications that there are problems with reintegration support in prisons. For instance, prisoners sometimes report that support is absent or that pre-release planning is inadequate (e.g., Hamilton & Belenko, 2016; Lloyd et al., 2015; Visher et al., 2017). Professionals, on the other hand, often report high caseloads, and a lack of time and resources to pay attention to all prisoners (Hanrath et al., 2019; Petersilia, 2000; Turley et al., 2011). Moreover, prisoners may be unmotivated to receive support, or lack the skills to show initiative or to keep track of schedules (Hanrath et al., 2019; McSweeney & Hough, 2006), which can lead to missing appointments with professionals. This could be particularly the case for prisoners with complex needs, who may need support the most (McSweeney & Hough, 2006). Finally, various departments of prison are said to operate as 'silos', which challenges interprofessional collaboration. In turn, poor collaboration may hamper community-based professionals in providing support (Hancock, Smith-Merry & McKenzie, 2018; Maguire & Raynor, 2017). For instance, unclear communication, lack of information sharing, poor work facilities inside and inaccessibility of prisons may form unintended contextual barriers for community-based professionals to actually visit prisoners (Hancock,

Smith-Merry & McKenzie, 2018). Overall, then, the importance of in-prison reintegration support is evident, but the implementation lags behind.

Considering the abovementioned, it is surprising that correctional research on professional support is scarce. For instance, the amount of in-prison support from various prison-based and community-based professionals has not yet been empirically assessed. Moreover, the factors related to receiving professional support remain unclear, as well as the types and aspects of professional support that may enhance re-entry preparedness. Previous correctional research has typically focused on receiving social support from friends and family. These studies have examined visiting frequency, who receives these visits, the contextual barriers that hinder prison visits from friends and family, the types of visits that are supportive, and the post-release outcomes of social support from friends and family (e.g., Berghuis, Palmen & Nieuwbeerta, 2021; Berghuis et al., 2022; Cochran, Mears & Bales, 2017; Cochran & Mears, 2013; Duwe & Clark, 2013). Yet, similar research questions remain unaddressed for support and visits from prison-based and community-based professionals.

Even though scholarly attention for professional support has recently been growing, existing research either focuses on small or very specific groups of prisoners, on support from only one type of professional (e.g., case managers or parole officers), on support in relation to only one type of reintegration problem (e.g., in employment), or on support after release. Other studies examined relationship quality between correctional staff and prisoners in terms of openness and fairness, rather than the support provided in relation to reintegration challenges. This calls for a methodical investigation into professional support in prison, including the roles of multiple prison-based and community-based professionals in addressing reintegration challenges. Moreover, to gain a deeper understanding of who receives support and how this relates to the individual needs of individuals, the institutional factors that facilitate community-based support, and what professional support may achieve in terms of re-entry preparedness, research is needed into the prevalence, determinants and outcomes of professional support. Therefore, the current dissertation comprises an extensive and nationwide study on professional support in Dutch prisons. To place this study within context, and to be able to draw broader conclusions and comparisons to other contexts later on, the Dutch policy on professional support is first outlined in the next paragraph.

### 1.1.3 Professional support in Dutch prisons

In response to the aforementioned reintegration challenges, the Dutch Custodial Institutions Agency (DJI) has strongly focused on addressing any reintegration needs that prisoners may have (DJI, 2019; Van Duijvenbooden, 2016). In the past two decades, policy documents and formal agreements between DJI, the Netherlands Municipalities (VNG) and the Dutch Probation Service

emphasised five important areas (*nazorgdomeinen*) that were considered key in successful reintegration: employment, housing, financial situation, healthcare, and possession of a valid identity document (DJI, 2014, 2019). These five areas were continuously highlighted in multiple programmes introduced by the Dutch Ministry of Justice and Security. A few examples include the 'Reducing Recidivism (*Terugdringen Recidive*)' project in 2002, followed by the 'Connection Aftercare (*Aansluiting Nazorg*)' programme between 2004 and 2007, and more recent policy agreements, such as the covenant 'Towards Reintegration (*Richting aan Re-integratie*)' of 2014, and the administrative agreement 'Providing Opportunities for Reintegration (*Kansen bieden voor Re-integratie*)' in 2019 (DJI, 2014, 2019; Van Duijvenbooden, 2016).

### *The roles of various professionals*

In addition to highlighting these five key areas, the precise roles of various prison-based and community-based professionals in targeting the reintegration needs that prisoners may have in these areas have increasingly been made explicit (DJI, 2013, 2014, 2019). Case managers are expected to do intake assessments with all prisoners within two weeks of entry into prison. In case reintegration needs are identified, case managers should make referrals to other professionals who can help them in that area (DJI, 2014). In the pre-release phase, case managers transfer the files to relevant community-based professionals. Moreover, mentors at the unit are expected to welcome and guide prisoners, and to hold mentor meetings with their clients at least every other week (Inspectorate of Justice and Security, 2018). In addition, case managers and mentors participate in the multidisciplinary meetings (MDOs), held every six weeks (DJI, 2019). In these intake assessments, mentor meetings and MDOs, attention should be paid to prisoners' reintegration needs in the aforementioned five areas.

Over the past few years, interprofessional collaboration and early-on involvement of community-based professionals have been promoted (DJI, 2019). In the Netherlands, the community-based professionals most closely involved in the reintegration process of prisoners include parole officers, municipal officers, health professionals, and volunteers. Since 2013, the main focus has been on information sharing between prison institutions, municipalities, the probation service and other stakeholders (DJI, 2013). In 2018, additional emphasis was placed on the *physical presence* of various community-based professionals inside prisons, including health institutions and voluntary organisations. Interprofessional collaboration in closer proximity to the prisoners was expected to enhance a more coherent service delivery system, compared to a system where the various professionals work independently and from a distance. Therefore, the policy agreement of 2019 stated that parole officers and municipal officers should draw up detention and reintegration plans (D&R-plans) together with prison-based case managers and prisoners within four weeks of entry (DJI, 2019). This policy

agreement also formalised the tasks of parole officers, municipal officers, health professionals and volunteers in the five reintegration areas.

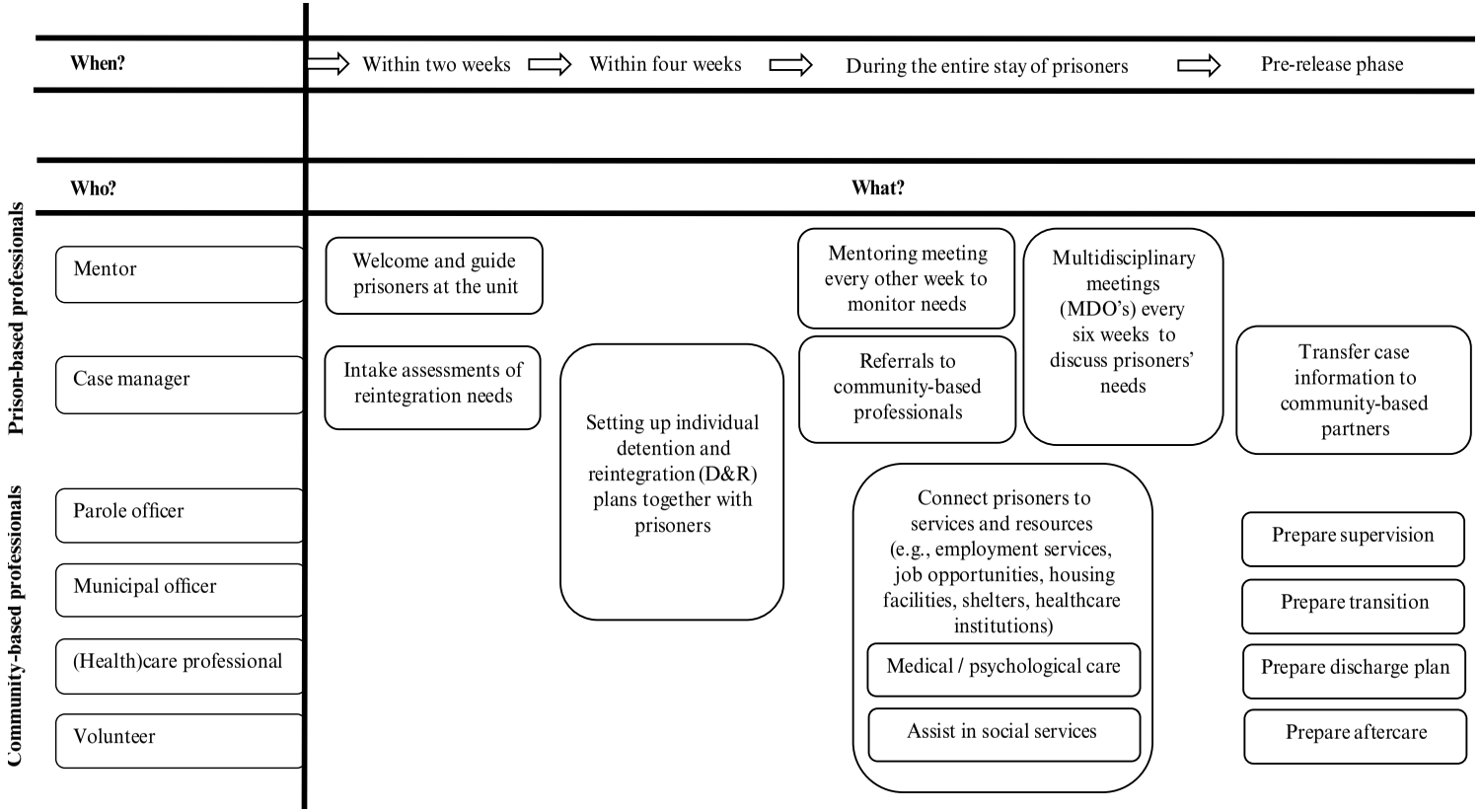
First, parole officers can help prisoners in various ways. Next to their advisory tasks in court hearings and supervisory tasks on conditional release, parole officers can help prisoners in their reintegration. For instance, in case they identify particular needs, they can refer prisoners to healthcare professionals, or, when included in the special conditions of the Dutch Public Prosecution Service, may assist prisoners in employment or housing themselves. Moreover, as mentioned, parole officers became involved in drawing up D&R-plans with prisoners, together with municipal officers and prison-based case managers (DJI, 2019). Second, the municipality of return is mainly responsible for a smooth transition from prison to the community. For instance, a municipal officer can connect prisoners to health institutions, housing facilities or to the Employee Insurance Agency (UWV). Municipal officers are also responsible for issuing valid identity documents (DJI, 2019). Therefore, municipal officers can be key figures in the reintegration process of prisoners. Third, community-based health professionals are expected to provide specialised medical- or psychological care, or can help setting up discharge plans for after release. Since 2016, a so-called prison-based 'throughcare officer (*doorzorgfunctionaris*)' is entrusted with the task to link prisoners to these community-based professionals, to prepare continuation of healthcare upon release (Buysse et al., 2018). Finally, various voluntary organisations have housing or employment options available after release. Referrals can be prepared during imprisonment. Volunteers may also help in a wide variety of social services during and after imprisonment, such as in debt counselling or job training (e.g., Exodus, 2022; Humanitas, 2022).

Figure 1.1 summarises how prison-based and community-based professionals should work together in providing support to prisoners according to Dutch policy ambitions. The current dissertation distinguishes between support received from these various types of professionals. In Chapter 2, more specific information can be found on the Dutch policy regarding reintegration support and the roles of the various professionals.

### *Visitation context for community-based professionals*

To encourage community-based support and to promote the physical presence of community-based professionals, prison institutions should try to facilitate their visits. In the Netherlands, prison institutions are free to set their own rules around visiting hours and whether it is required to make an appointment beforehand (Inspection Ministry of Justice, 2013). In general, it is usually easier to enter prisons for criminal justice agents, such as parole officers, than for non-criminal justice agents, such as municipal officers, health professionals, and volunteers. For the latter, access policies are usually most restrictive in terms of clearance and obtaining a pass that allows free access (DJI, 2020).

**Figure 1.1**
*Dutch Policy on Reintegration Support from Prison-based and Community-based Professionals*



Moreover, several institutions in the Netherlands provide work offices inside for parole officers, municipal officers or voluntary organisations. The position of parole officers in prison has been strengthened again since 2016, after they had moved out of prisons in 2002 (Geenen et al., 2020). It was argued that parole officers should have a greater role in the reintegration process of prisoners throughout the *entire sentence*, given their extensive case knowledge. Their trial-related advisory and supervisory tasks mean that parole officers already have a good picture of their clients. Parole officers themselves claimed that working inside prisons allowed them to seek contact with prisoners more easily to help them in their reintegration (Reclassering Nederland, 2017). Nevertheless, not all institutions had work offices available for parole officers at the time of the current study.

Finally, to overcome geographical barriers to visitation, prisoners are placed regionally as much as possible. Regional placement is preferred, as some municipalities only intend to visit institutions within reasonable distance (Geenen et al., 2021). For the same reason, support from the probation services and voluntary organisations is also organised regionally. This means that parole officers and volunteers have clients in institutions within a particular region (Exodus, 2022; Geenen et al., 2021; Humanitas, 2022).

### 1.1.4 Aim and research questions

To map what actually happens in Dutch prisons in terms of professional support, according to prisoners and professionals, the current dissertation examines who receives this support, to what degree support is provided to individuals with reintegration needs, which contextual factors facilitate community-based support, and to what degree professional support is able to contribute to the re-entry preparedness of prisoners. Four empirical chapters are included, divided into three main parts and containing multiple research questions[1]:

1 In the empirical chapters, various terms are used in relation to professional support, such as *contact*, *assistance* and *visitation*. Because this dissertation partly relies on concepts related to social support theory, we use professional support as the umbrella term. In Chapter 2, professional support is then *measured* by looking at the presence or absence of *contact* between professionals and prisoners, as contact is a precondition for receiving support. In Chapter 2, and later also in Chapter 5, satisfaction with contact is also measured, because this indicates the extent to which prisoners feel supported during this contact. In Chapter 3 we use the term *assistance*, because here we examine whether prisoners with particular reintegration needs are in contact with the types of professionals who can assist them in these needs. Chapter 4 examines *visitation* as a measure of support, because here too, receiving a visit is a necessary precondition for receiving support from community-based professionals.

1. The prevalence of and satisfaction with in-prison professional support (Chapter 2)
   i. What is the Dutch policy on providing professional support in prison?
   ii. To what degree do prisoners report contact with various professionals?
   iii. To what degree are prisoners satisfied with this contact?
2. Individual and contextual factors related to receiving professional support
   i. To what degree are prisoners who have particular reintegration needs supported by relevant professionals who can help them in that area? (Chapter 3)
   ii. To what degree do institutional factors enable community-based professionals to visit prison institutions? (Chapter 4)
   iii. To what degree are these institutional factors related to receiving visits from community-based professionals, according to prisoners? (Chapter 4)
3. The outcomes of adequate professional support
   i. To what degree is receiving adequate professional support in prison related to the re-entry preparedness of prisoners? (Chapter 5)

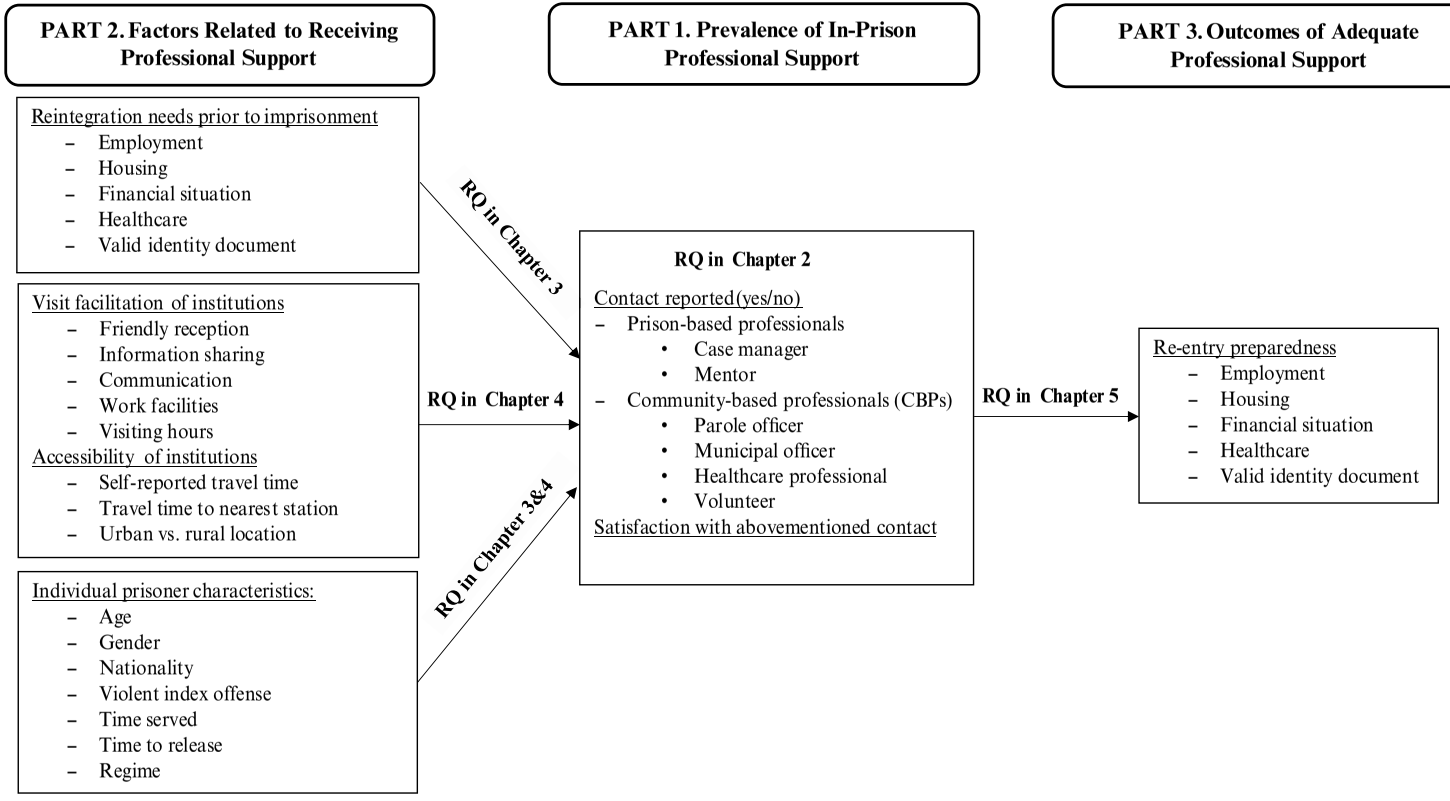
To answer these questions, survey- and registered data were gathered from all adult female and male prisoners held across all 26 prisons in the Netherlands. In addition, survey data was collected among all visitors of prisoners, including various types of community-based professionals across 24 Dutch prisons. This extensive data collection, held between February and May 2019, has resulted in more than 4,000 participating prisoners and more than 1,000 participating community-based professionals.

Figure 1.2 shows a schematic overview of the empirical chapters and research questions included in this dissertation. Furthermore, a complete overview of the dissertation outline can be found at the end of the general introduction in paragraph 1.7 and Table 1.1.

## 1.2 Offender Management Framework

Although prison-based and community-based support in prisons is linked to several theoretical ideas, Offender Management (OM) is the central framework on which this support is built. The OM framework is concerned with *how* to organise support in prison coherently and effectively with the help of both prison-based and community-based professionals. Therefore, it fits the main purpose of the current dissertation to examine how prison-based and community-based professionals assist prisoners. Yet, a few other relevant theoretical concepts are worthwhile to briefly mention, such as social support and related concepts such as social bonds, social- and human capital, and the strains of imprisonment. These concepts underlie

**Figure 1.2**
*Overview of Research Questions and Empirical Chapters*



the assumptions of the OM framework that professional support is needed in the first place.

According to social support theory, social support can contribute to the reduction of crime (Coughy, Cullen & Lee, 2020). A distinction is often made between instrumental support, which includes informational and material support (e.g., in employment or housing), and emotional support, which includes interpersonal and affective support (e.g., listening and caring) (Coughy, Cullen & Lee, 2020). Social support is believed to reduce crime through various mechanisms. First, social support from conventional others can establish *social bonds* to conventional society. This may withhold individuals from offending, out of fear for losing these connections (Coughy, Cullen & Lee, 2020). Second, instrumental and emotional support provide prisoners with the *social- and human capital* (e.g., social skills, knowledge, assets and experiences), needed to cope with re-entry challenges (Cullen, Wright & Chamlin, 1999). In turn, reducing re-entry challenges were related to lower risks of recidivism (e.g., Boschman, Teerlink & Weijters, 2020; Visher, Debus-Sherrill & Yahner, 2011). Finally, support is able to reduce the emotional *strains of imprisonment* and to boost optimism, which motivates and makes way for working on the behavioural changes needed to refrain from crime (Coughy, Cullen & Lee, 2020). It is expected that professionals are an important source of social support. First, professionals usually form a conventional source of support and they can link prisoners to conventional society. Second, professionals in particular can provide instrumental support through direct access to community resources and through referrals. Finally, given that 28-36% of the prisoners do not receive visits from family and friends (Berghuis, Palmen & Nieuwbeerta, 2021), they may form the only source of instrumental and emotional support to prisoners. Offender Management models then discuss *how* this support is best organised.

Since the beginning of this century, Offender Management models arose in reaction to typical risk management models. Risk management models usually emphasised the rehabilitation of *high-risk* offenders, such as those with antisocial personality traits, since these offenders pose the highest risks of reoffending (Andrews, Bonta & Hoge, 1990). Yet, various scholars criticised that overly focusing on the deficits and potential risks of prisoners disregards what prisoners say they need to desist from crime (Ward, Mesler & Yates, 2007). Prisoners themselves often mention employment, a stable place to live, financial assistance, healthcare plans and valid identification as key preconditions to successful reintegration (Luther et al., 2011; Visher, LaVigne & Travis, 2004). Another point of critique on risk management is that excessive focus on risks often leads to prioritising support to high-risk offenders, while it can be argued that low-risk offenders and high-risk offenders are equally entitled to receive support in, for example, employment and healthcare (Scheirs, 2016).

Although risk management and offender management perspectives are both concerned with monitoring, guiding and referring prisoners to appropriate services, OM models started to shift from risk-centred support

to offender-centred support. Offender-centred support means that the focus preferably lies on what offenders personally need to desist from crime, such as coping with re-entry challenges and reducing strains of imprisonment, instead of referring types of offenders to generalised treatments based on their risk-levels. Therefore, offender management strategies stress individual-level support and good prisoner-professional relationships (McNeill, 2006). Moreover, borrowed from *case management* plans within the mental health fields, other key components held important in offender-centred approaches are continuity of care and involvement of multiple agencies (Institute for Criminal Policy Research, 2011; Maguire & Raynor, 2017).

In line with the shift from risk management to offender management, several offender management plans were implemented worldwide, such as the OM model of the National Offender Management Services (NOMS) in England and Wales and Integrated Offender Management (IOM) models (Hadfield et al., 2020). These plans guided case managers, correctional staff, social workers and parole officers in how to provide appropriate treatment to prisoners who may have reintegration needs in employment, finances, housing, healthcare and valid identity documentation (e.g., Geenen et al., 2020; Maguire & Raynor, 2017; McNeill, 2006; Taxman, & Smith, 2020). The aim was for offenders to have access to instrumental support, and to have an easier transition from prison to the community. In turn, an easier transition should take away the life stress that often hampers the desistance process, which is the process of moving from a criminal to a non-criminal life (Maguire & Raynor, 2017; McNeill, 2006). Finally, it was intended that professionals could pool their expertise and resources and share the often very high caseloads (Robinson, 2005).

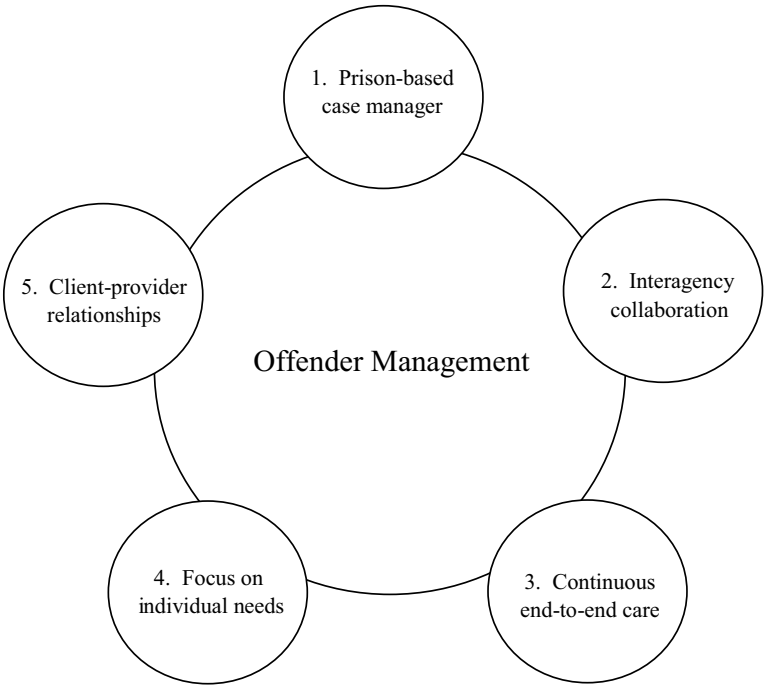
Although several OM models exist, they generally agree on a number of principles that are important in the successful resettlement of prisoners. These principles include (1) the presence of a prison-based case manager who functions as the director of the reintegration process, (2) early on in-prison involvement of community-based partners, (3) end-to-end and through the gate support, (4) a focus on the individual needs of prisoners, and (5) good professional-client relationships. These core principles of OM are discussed throughout this dissertation and depicted in Figure 1.3. Multiple studies and evidence-based work have confirmed that these elements of OM, such as case management and individual-level assistance (Day et al., 2012; Visher et al., 2017), in-prison support by community-based professionals (Bares & Mowen, 2020), and continued care (Institute for Criminal Policy Research, 2011; Maguire & Raynor, 2017) can be beneficial for various post-release outcomes.

The core principles of OM are well-reflected within the Dutch policy ambitions as was described in paragraph 1.1.3 and depicted in Figure 1.1. Therefore, it is expected that professional support is provided in line with this Dutch version of Offender Management. In the *first two parts* of the dissertation, it is examined to what extent professional support in the Netherlands is in fact implemented in line with these principles. For example,

Chapter 2 explores how often prisoners report being supported by prison-based case managers and mentors (OM principle 1) and community-based professionals (OM principle 2) throughout their sentences (OM principle 3). Chapter 2 also explores the degree to which prisoners are satisfied about the support received from these separate professionals (OM principle 5). Then, Chapter 3 zooms in on the individual reintegration needs of prisoners and the degree to which these are supported by the right professionals (OM principle 4). The final chapter of the second part, Chapter 4, examines the extent to which institutions facilitate community-based professionals to visit prisons (OM principle 2).

The *third and final part* of this dissertation examines the outcomes of adequate support in terms of re-entry preparedness. OM models assume that adequate interprofessional support is key in preparing prisoners for release. More specifically, in the desistance paradigm of OM, individual plans and positive personal relationships were emphasised and expected to enhance desistance (McNeill, 2006). Therefore, in Chapter 5, *satisfaction* with professional support (OM principle 5) is examined in relation to the perceived re-entry preparedness of prisoners. Satisfaction includes general satisfaction with support (e.g., contact frequency, pleasantness and usefulness) and satisfaction with instrumental support more specifically (e.g., in employment or housing). Moreover, the results are specified for individuals who did or did not have reintegration needs prior to imprisonment (OM principle 4).

**Figure 1.3**
*Key Principles of the Offender Management Framework*



## 1.3 Prior Empirical Studies

As mentioned, there is a vast body of literature on social support from friends and family. Surprisingly, the supporting roles of professionals have been understudied. Although relatively many studies exist on relationship quality between prisoners and correctional staff (e.g., trust, fair- or, motivational treatment – e.g., Beijersbergen et al., 2015; Crewe, Liebling & Hulley, 2015; Molleman & Leeuw, 2012), far less is known about their *reintegration support*. This is striking, given the high amount of re-entry difficulties among prisoners. Although research on professional support is scarce, some relevant work is discussed for each part of this dissertation.

### 1.3.1 Prevalence of and satisfaction with in-prison professional support

In the Netherlands, until 2009, there were no proper insights into contact frequency or satisfaction with *prison-based professionals* responsible for reintegration plans, such as case managers (Kuppens & Ferwerda, 2008). After that, only few studies began to investigate the prevalence of support. In these studies, several shortcomings in the provision of prison-based support were found. For instance, contact frequency with correctional staff was declining since the 1980s (Kommer, 2018). However, this study described a general decline, without presenting concrete numbers on contact frequency. Moreover, it appeared that prisoners do not discuss their reintegration plans with case managers and mentors very often (Plaisier et al., 2016). Yet, these findings were based on interviews among 52 prisoners who participated in a specific training. Finally, it turned out that prisoners sometimes had to wait for a long time before a case manager contacted them. In turn, case managers explained that high caseloads hampered them in seeking contact with prisoners regularly (Hanrath et al., 2019). Although this is valuable information, again, these findings were based on a small number of interviews among 21 prisoners and 27 case managers.

Except for contact with volunteers, concrete numbers on contact frequency and satisfaction were also hard to find for *community-based professionals*. Moreover, existing research showed mixed findings. A few studies indicated that prisoners were satisfied with (the amount of) support from community-based professionals. For instance, based on group interviews with prisoners across ten institutions in the Netherlands, prisoners seemed content with the ability to receive visits from community-based professionals (Inspectorate of Justice and Security, 2013). In addition, parole officers were, by a group of 192 prisoners, most often mentioned as the most helpful source of support, compared to support from various social services and family and friends (Van den Braak et al., 2003). Moreover, based on survey data from 3,405 prisoners and including support from various voluntary organisations, 69% of the prisoners were satisfied with the support received from volunteers (Kuis, Schuhmann & Goossensen, 2015). Yet, opposed to

these positive signs, separate studies found indications of inefficiencies in the support provided. For instance, post-release healthcare plans were often disrupted during imprisonment for prisoners who had such plans prior to imprisonment (Beerthuizen et al., 2015). Yet, it was not examined how often prisoners were seen by a community-based health professional to discuss these discharge plans. Moreover, a study comparing eight Dutch municipalities showed that municipalities vary in their intend to visit prisoners. Although some municipalities intended to visit all prisoners pre-release, others did not intend to visit at all (De Koning et al., 2016). Finally, although prisoners were satisfied about their contact with volunteers, only one in ten prisoners reported face-to-face contact with them (Kuis, Schuhmann & Goossensen, 2015).

Internationally, some issues in the general provision of professional support were also identified. First, it appears that prison-based support is not available to all prisoners. For instance, only half of the prisoners within the Serious and Violent Offenders Reentry Initiative (SVORI), surveyed across 14 states of the US, reported pre-release contact with a case manager (Hamilton & Belenko, 2016; Lattimore & Visher, 2013; Visher et al., 2017). Likewise, based on administrative data of jails and prisons in Connecticut, 66% of the prisoners had not received case management services pre-release (Loeliger et al., 2017). However, this study included HIV-patients only. Second, issues in community-based support were also found. In England and Wales, there was a generally felt disappointment about the implementation of OM policies, as it appeared that the different departments of prisons operated as 'silos' without much multi-agency involvement (Bullock & Bunce, 2020; Maguire & Raynor, 2017). A few separate studies on support from the various community-based professionals also identified limitations in community-based involvement. For instance, according to 12 interviews with Aboriginal prisoners in Sydney, lack of communication between prisons and community-based health professionals caused inadequate discharge planning (Lloyd et al., 2015). In addition, based on 45 interviews with prisoners in England and Wales, some reported remaining invisible to their parole officer (Crewe & Ievins, 2021). Finally, professionals themselves explained that high caseloads and a lack of time and resources hampered them in providing a sufficient amount of support in line with OM policies (Petersilia, 2000; Turley et al., 2011).

Overall, then, research on the prevalence of and satisfaction with professional support in prison is scarce, and most studies were either unspecific or very specific. For instance, studies discussed professional support in general, did not distinguish between different types of professionals, or did not quantify contact frequency and satisfaction. Other studies used small samples or very specific groups of prisoners, such as SVORI-offenders or HIV-patients, or examined contact with only one type of professional, such as with case managers or parole officers. This makes that correctional research on professional support is fragmented and inconclusive.

### 1.3.2 Factors related to receiving professional support

Based on the limited evidence available, the prevalence of support seems suboptimal. A subsequent question, then, is which individual and contextual factors are related to receiving professional support. Previous research, however, has not often addressed the determinants of receiving professional support. Nevertheless, a few relevant findings in earlier studies are discussed.

First, it was expected that individuals with reintegration needs would receive increased attention from professionals. Some studies have suggested that, generally, reintegration support indeed goes to prisoners who have higher needs (Scheirs, 2016). Contrarily, others found that needs assessments are often absent (Hamilton & Belenko, 2016), or that supervision is not based on these needs assessments (Viglione, Rudes & Taxman, 2015). Although the latter study was about parole supervision *after release*, it showed that professional decisions are sometimes based on gut feelings instead of on needs assessments. Moreover, prisoners with complex and multiple needs often seem to miss out on reintegration support (McSweeney & Hough, 2006). Yet, these studies discussed support in relation to individual needs very generally. More detailed empirical work on, for example, what types of needs are addressed by what types of professionals, and in what phases of imprisonment, is lacking. For instance, it remains unknown to what degree prisoners are in fact in contact with a case manager at the start of imprisonment, to what degree prisoners without a valid identity document are supported by a municipal officer, and to what degree those with a health need are supported by a health professional.

Next to the individual needs of prisoners, contextual factors may also relate to the amount of professional support received. Although most research is focused on visitation barriers and enablers for friends and family (e.g., Berghuis et al., 2022; Cochran, Mears & Bales, 2017), some studies identified institutional factors that may specifically hamper visits from community-based professionals. Factors mentioned include unclear communication pathways or inadequate information sharing between institutions and community-based professionals (Hancock, Smith-Merry & McKenzie, 2018; Hean, Willumsen & Ødegård, 2018), a hostile attitude among prison staff towards the presence of community-based professionals inside (Hancock et al., 2018; Lasher & Stinson, 2020), poor work facilities such as unequipped rooms or lack of privacy (Hancock et al., 2018; Saia, Toros & DiNitto, 2020), and geographical and accessibility issues (Hean et al., 2018; Noga et al., 2016; Roberts et al., 2004; White, Jordens & Kerridge, 2014). However, these findings were largely based on interview data among specific types of community-based professionals, such as (mental) health workers from a particular health organisation. Finally, it was suggested, but not actually tested how these institutional factors may relate to receiving professional visits from external agencies (e.g., Hancock et al., 2018). A methodical investigation into the contextual factors related to professional visits is thus lacking.

### 1.3.3 Outcomes of adequate professional support

To determine the importance of providing professional support, it is also essential to find out what reintegration support is able to achieve in case support *is* provided. However, when it comes to the outcomes of social support in prison, again, research tends to focus on support from friends and family (e.g., Berghuis et al., 2022; Cochran, Mears & Bales, 2017). The re-entry benefits of support from professionals remains an underexplored area.

Also, the few studies that did examine professional support in relation to the re-entry preparedness of prisoners, showed mixed results. Some studies found positive associations between professional support and re-entry preparedness. For instance, according to self-reported survey information from 496 prisoners across various facilities in one state of the US, prisoners felt better prepared for release in terms of employment, housing, and paying debts when correctional staff was respectful, open, and caring, and when correctional staff used community resources effectively (Haas & Spence, 2017). Moreover, based on 26 interviews, prisoners in a housing programme felt well-prepared by social workers, mentors, parole officers and community volunteers in employment, education, housing, health insurances and social benefits (Kjellstrand et al., 2021, 2022). Furthermore, in focus groups held with 51 prisoners affected by substance abuse or HIV, case managers and community-based mentors were mentioned as potential facilitators of successful re-entry (Luther et al., 2011). Also, an interview study with 47 successfully reintegrated ex-prisoners found that support from religious voluntary organisations motivated prisoners to aspire to conventional goals, and sometimes connected them to employment (Hlavka et al., 2015). Finally, in a sample of 20 female parolees, most stated that clergy, volunteers and mentors, had supported them in their re-entry both emotionally and materially (Bui & Morash, 2010).

At the same time, some of the abovementioned studies also mentioned shortcomings in the received re-entry support. For instance, a few prisoners in the housing transition programme mentioned that professionals did not properly prepare prisoners for release in terms of housing (Kjellstrand et al., 2021, 2022). Also, despite being positive about their relationship with parole officers, some female parolees did not find employment or other referrals from these parole officers particularly useful for re-entry (Bui & Morash, 2010). In addition, some other studies also reported an absent association between professional support and better re-entry preparedness. For instance, based on survey data from 538 prisoners across ten Catalonian prisons, reintegration support from professionals and volunteers appeared unrelated to future optimism about health and income (Cid et al., 2020). Finally, prisoners often considered support from parole officers and religious organisations useless in their re-entry process (Visher, LaVigne & Travis, 2004).

What stands out in the abovementioned, is that regardless of whether support was perceived as helpful in re-entry or not, prisoners often distin-

guished between general satisfaction with re-entry support (e.g., contact pleasantness and usefulness) and satisfaction with instrumental support specifically (e.g., in employment or housing). Yet, again, most studies were based on small or specific groups of prisoners, such as HIV-patients, prisoners participating in a housing programme or female parolees. Other studies focused on support from one type of professional, such as parole officers or correctional staff, or on re-entry preparedness in only one or a few specific areas, such as in employment or in health and income.

To conclude, whether it concerned the prevalence of professional support, the determinants of receiving support, or the outcomes of support, previous literature appeared to be scarce, fragmented, too specific, too unspecific, or inconclusive. Therefore, this study was set up to overcome these issues.

## 1.4 The Current Study

Following the abovementioned, a more systematic, overarching and comprehensive understanding of professional support in relation to the reintegration needs and the re-entry preparedness of prisoners is needed. First, while previous studies were small in scale or focused on very specific groups of prisoners (e.g., HIV-patients, SVORI-offenders or female parolees), the current dissertation gathered detailed and nationwide survey- and administrative data from all adult female and male prisoners, across all 26 prisons in the Netherlands, including prison, pre-trial, persistent, extra care, short-stay and minimum-security regimes. Second, this dissertation includes information on support from various prison-based and community-based professionals, whereas most studies did not distinguish between various types of professionals, or examined support from only one specific type of professional (e.g., parole officers, case managers, or mental health professionals). Third, survey data was also collected among the various types of community-based professionals themselves, such as parole officers, municipal officers, health professionals and volunteers. Therefore, while other research had only suggested a link between institutional factors (e.g., communication and information sharing) and in-prison involvement of community-based professionals, the current dissertation was able to assess these institutional experiences of community-based professionals, and was able to connect these experiences to the amount of professional visits received. Fourth, whereas previous research typically studied a single type of reintegration need, or a single type of re-entry outcome (e.g., preparedness in employment or housing), this dissertation includes questions about all five areas that prisoners most frequently struggle with (i.e., employment, housing, financial situation, healthcare, and valid identity documentation). Finally, this dissertation contributes to the OM literature by discussing the Dutch version of OM, and by examining its implementation as well as its contribution to prisoners' re-entry preparedness. Earlier studies on OM

strategies were mainly conducted in England and Wales, and typically focused on implementation failures, rather than on their contribution in case of proper implementation.

## 1.5 Data

To answer the central research question, this dissertation is based on a rich combination of collected survey data among 4,309[2] prisoners and 1,077 community-based professionals across all 26 Dutch prison institutions, as well as matched administrative data received from the Dutch Custodial Institutions Agencies (DJI) and the Scientific Research and Documentation Centre of the Ministry of Justice and Security (WODC). In addition, in Chapter 4, information on the accessibility of prison institutions is complemented with open source data on accessibility of prison institutions. This variety and size of information is unique in correctional research, given that doing research in prison is often troubled by the closed nature of these institutions. This combination of largescale data offers a unique opportunity to study in-prison professional support comprehensively, on a nationwide scale. It made it possible to map the amount of and satisfaction with support from professionals, the individual needs and characteristics of prisoners related to receiving this support, the institutional factors that community-based professionals encounter when trying to visit prisoners, and the outcomes of support in terms of self-reported re-entry preparedness.

### 1.5.1 The Life in Custody study

Data from the Life in Custody study (LIC-study) was used. From 2017 onwards, the LIC-study periodically measures prison climate in all Dutch prison institutions by using the standardised and validated Prison Climate Questionnaire (PCQ – see Bosma et al., 2020). The PCQ includes questions about the six domains that are considered most important to prison climate: (1) the contacts inside with fellow prisoners and prison-based staff, (2) contact with the outside world such as with family and friends, and community-based professionals, (3) meaningful activities inside such as sports, labour or detention and reintegration plans, (4) the facilities inside such as the ability to cook, (5) feelings of safety, and (6) autonomy. In addition, the questionnaire also included questions on demographics (i.e., nationality, level of education, and marital status), misbehaviour, victimisation, physical and psychological wellbeing, reintegration needs and re-entry preparedness.

2 In Chapter 2, a total group of 4,308 prisoners was included in the data. After this chapter was accepted as a journal article, additional data cleaning led to one extra participant. Therefore, in the chapters that followed, a group of 4,309 prisoners was reported.

Throughout this dissertation, five key areas in which prisoners are known to experience problems are studied in two ways. First, the problems that prisoners had prior to imprisonment are mapped, referred to as *reintegration needs*. Second, it is examined how well prisoners feel prepared for re-entry regarding these five needs, referred to as *re-entry preparedness*. Data from the PCQ were used to map the prevalence of and satisfaction with prison-based support (Chapter 2), to examine the relationship between individual needs and receiving prison-based support (Chapter 3), and to relate prison-based support to the perceived re-entry preparedness of prisoners (Chapter 5). Also, some PCQ items were used as control variables, such as self-reported nationality (Chapter 4 and 5) and reintegration needs (Chapter 5).

### 1.5.2 The Dutch Prison Visitation Study

More specifically, the current dissertation uses data from the second wave of the Dutch Prison Visitation Study (DPVS), which is part of the Life in Custody study. In this second wave held in February-May 2019, prisoners, as well as their family and friends, and community-based professionals were surveyed about visitation frequencies and experiences, including questions on reintegration support. More information on the questionnaires distributed to prisoners and to professional visitors (i.e., community-based professionals) is described in the next part, including data collection procedures.

#### *DPVS survey for prisoners*

All prisoners across the 26 Dutch institutions were approached face-to-face by research assistants from Leiden University. In every institution, data was collected for one week in all units and regimes, except for psychiatric units. The research assistants explained confidentiality, discussed informed consent, and made an appointment to collect the completed questionnaires later that week. If necessary, they administered the questionnaire verbally. In case prisoners agreed to participate in the study, they were handed out three separate questionnaires. The first questionnaire concerned the standard PCQ about the six prison climate domains as described above. The second questionnaire was about receiving prison visits from friends and family, and the third questionnaire was about visits from community-based professionals. In this third questionnaire, prisoners were asked how often they were visited by various types of community-based professionals, such as parole officers, municipal officers, (health)care professionals and volunteers, within the past six months of imprisonment or up until the point of data collection. In case of a reported visit, they were asked to rate their satisfaction levels on multiple aspects of these visits, and the degree to which these visits had helped them in planning for release. The DPVS prisoner survey about visits and support from community-based professionals

was used to map the prevalence of and satisfaction with community-based support (Chapter 2), to examine the relationship between individual needs and receiving community-based support (Chapter 3), to relate institutional factors to the amount of visits received according to prisoners (Chapter 4), and to relate community-based support to the perceived re-entry preparedness of prisoners (Chapter 5).

*DPVS survey for professional visitors*

In addition, data was collected among all professional visitors of prisoners across 24 institutions, for one to three weeks. All visitors were approached at the entry of these institutions. The institution was recorded on the questionnaire, so that information from visitors could be linked with information from the prisoners held there. The questionnaire for community-based professionals included questions on the way in which they were received, informed and facilitated by the institution that they were visiting. They also reported their average travel time towards the institution. A new instrument was created and validated to measure the visit facilitation and accessibility of prison institutions according to these professional visitors. These institutional factors were linked to the amount of support received according to the prisoners held there (Chapter 4). Finally, the questionnaire also asked community-based professionals for their opinions on rehabilitating prisoners, and the degree to which they provided re-entry support.

### 1.5.3 Administrative data

As mentioned, administrative data was linked with prisoner survey data for people who gave consent for this. The first source of administered data is TULP Population from the Dutch Custodial Institutions Agency (DJI). This register is updated every day, which made it possible to determine the total population in a particular institution on a particular day in the week of the data collection. TULP Population contains basic information on prisoners, such as their age, gender, nationality, and the duration, location and regime of their current stay.

In addition, TULP MIR files from DJI were received afterwards, including more detailed information on previous stays, transferrals and the beginning and end date of someone's sentence. TULP MIR files were used for more accurate calculations of time served and phase of imprisonment than would be possible based solely on TULP Population. Data from TULP Population and TULP MIR were used as control variables (Chapter 4 and 5), and to be able to split results for regime, time served, and phase of imprisonment (Chapter 2 and 3).

Finally, OBJD data from WODC were obtained. The OBJD data include detailed information on the criminal histories of prisoners, such as their

index offence and the number of previous convictions. These OBJD records on criminal histories were received in 2020 and 2022 after completion of the data collection for those who gave informed consent. From these data, information on the index offence was used as a control variable (Chapter 4 and 5), and the actual release date was used to determine who were soon to be released at the time of data collection, given that for these individuals re-entry preparedness became relevant (Chapter 5).

### 1.5.4 Additional data

Lastly, open source data was also used to complement information on the accessibility of prison institutions (Chapter 4). For instance, Google Maps was used to calculate the travel time towards the nearest station for travels by public transport. Finally, data from the Statistics Netherlands (CBS) were included to determine whether prisons were located in an urban or rural area.

In conclusion, data from three questionnaires were obtained for the current dissertation: (1) the prisoner climate questionnaire – the PCQ, (2) the DPVS prisoner survey on visits from community-based professionals, and (3) the DPVS survey for community-based professionals on their visitation experiences. This was supplemented with administrative data and information on the accessibility of institutions.

### 1.5.5 Samples and response rates

*Prisoners*

In total, 4,350 prisoners across 26 institutions participated in the PCQ. This was 76% of all prisoners who were able to participate, excluding psychiatric units. Reasons for not being able to participate included language barriers – surveys were offered in Dutch, English, Spanish, Turkish, Arabic and Polish – or transferrals or release during the data collection. Of these 4,350 prisoners, 4,309 gave informed consent for linking administrative data (99%). In case prisoners were willing to participate in the PCQ and gave informed consent, they were also handed out the separate questionnaire on visits from community-based professionals. Of these 4,309 prisoners, 4,022 completed the questionnaire on professional visitation (95% – see Figure 1.4). These high response rates are attributed to the fact that, with the help of research assistants, every prisoner was approached in person. This made it easier to explain the purpose of the study and to explain confidentiality and informed consent. Also, in preparation of the data collection, every institution was visited and it was discussed with staff what was needed from both sides to carry out the data collection.

*Professional visitors*

Additionally, 1,077 community-based professionals across 24 institutions were surveyed, which was 75% of those approached at the prison entry. These professionals consisted of lawyers (47%), parole officers (17%), municipal officers (3%), healthcare professionals (21%) and volunteers (12%). In nine institutions data was collected among community-based professionals for three weeks. For time reasons, data was collected for one week in the other institutions. Figure 1.4 gives a schematic overview of the data included in this dissertation.

## 1.6 Societal Relevance

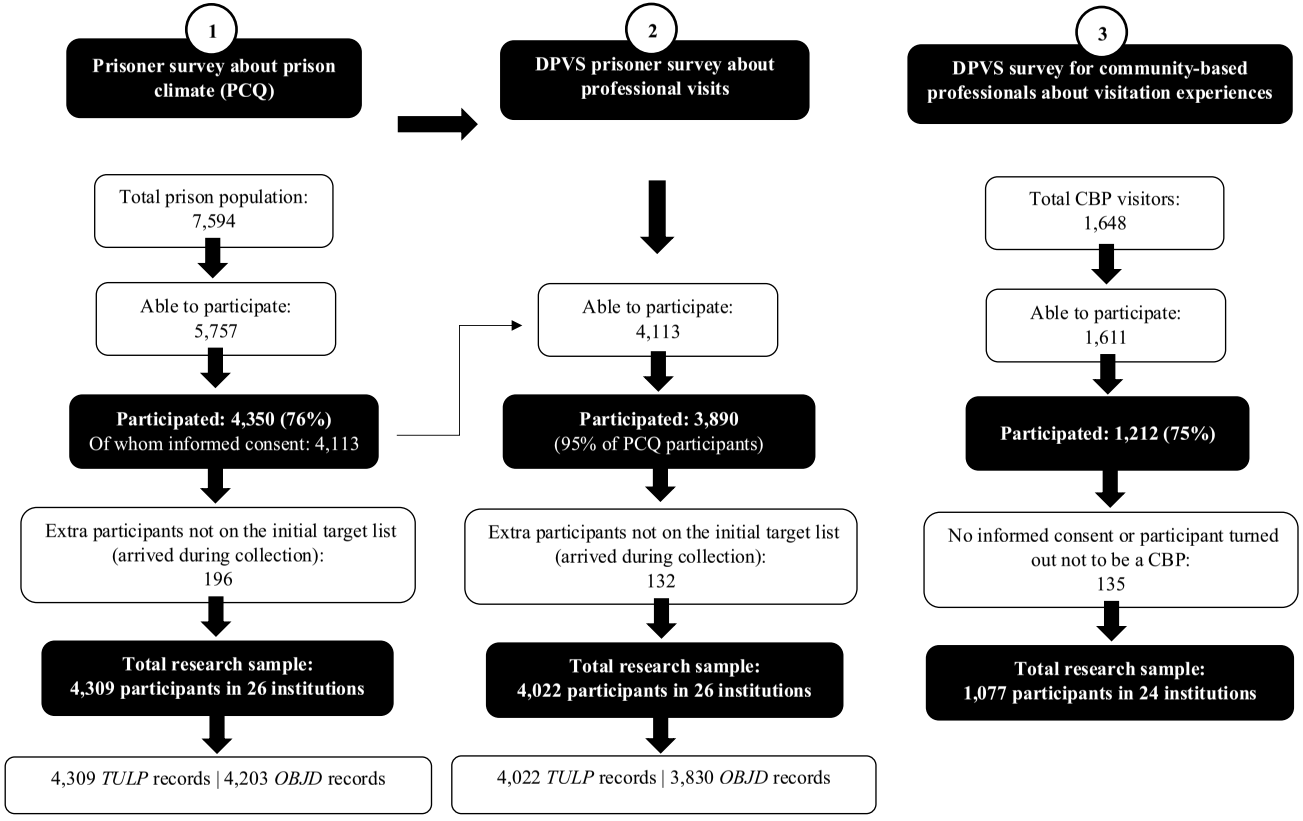
This dissertation aims to make a social contribution in several ways. Given the often problematic transition from prison to free society in terms of employment, housing, financial situation, healthcare and valid identity documentation, it is highly relevant to find ways to help improve reintegration support, so that prisoners are prepared well for release.

More specifically, the results allow DJI and the external agencies to implement improvements in the delivery of reintegration support, since it is investigated to what extent in-prison professional support aligns with the Dutch policy ambitions of DJI and affiliated partners. It is examined what types of prisoners with particular needs may need more attention, in which phase of imprisonment, and from what types of professionals. Support satisfaction is also reported, which may lead to finding better ways to approach prisoners.

Moreover, the results can provide useful insights into the institutional practices that may hamper community-based professionals in visiting prisoners. For instance, it may be identified that improvement can be achieved in specific areas, such as in communication pathways, information sharing, the work facilities provided inside or in the visiting hours. The methodical investigation of these institutional scores can help DJI and correctional staff to identify the biggest obstacles for professional visitors to visit their clients. The results also identify what types of community-based professionals are most affected by these obstacles, so that obstacles for specific community-based professionals can be addressed accordingly. The study on the outcomes of support will reveal the relevance of providing adequate support to prisoners, and the aspects of support that are most important in the re-entry preparedness of prisoners. In case of limited time and resources, this can help professionals to prioritise the types of needs to address and the types of support to offer.

This dissertation is also relevant for researchers, policy makers and criminal justice agents in other prison contexts, given that comparable problems with social reintegration and high reoffending rates were found across the world. The first two parts of the dissertation provide guidelines on how

**Figure 1.4**
*Data Overview*



to systematically measure whether reintegration support is offered in line with evidence-based best practices according to Offender Management models. For instance, it is mapped who is in contact with whom, and when, and whether the provided support is based on prisoner needs. Moreover, a new instrument is created and validated to measure the contextual facilitators of in-prison involvement of community-based professionals. These methods can be adopted by other researchers and serve as an example of how to carefully scrutinise a nation's reintegration support system in prisons. The third part of this dissertation contributes to our understanding of how support may relate to re-entry outcomes. The principles underlying the relationship between support and re-entry outcomes are expected to be universal to some extent. This work thus contributes to theoretical knowledge about what adequate support may mean for the social reintegration of prisoners. Therefore, the results apply to the Dutch context and beyond.

## 1.7 Dissertation Overview

To conclude, the current dissertation aims to map (1) the prevalence of and satisfaction with in-prison professional support, (2) the individual and contextual factors related to receiving professional support, and (3) the outcomes of adequate professional support. A complete overview of empirical chapters included in this dissertation is provided in Table 1.1.

### 1.7.1 Part 1 – The prevalence of and satisfaction with professional support

The first part about the prevalence of and satisfaction with support is studied in Chapter 2. First, the Dutch policy ambitions and the Dutch version of OM is explained in detail. Thereafter, it is explored how often prisoners report receiving support. The amount of prisoners who reported contact with various prison-based and community-based professionals within the past six months of imprisonment, or up until the point of data collection, is mapped. In addition, the extent to which contact with one type of professional means contact with another type of professional is shown, which may be an indication of interagency collaboration. Moreover, contact frequency (i.e., monthly, weekly or daily) and the degree to which prisoners were satisfied about their contact with a particular type of professional is presented. Finally, the amount of support across regimes and time served is checked, because policy agreements hold that support from case managers, parole officers and municipalities should be set up within two or four weeks of imprisonment.

### 1.7.2 Part 2 – The factors related to receiving professional support

In the second part, Chapter 3 examines the degree to which *individual reintegration needs* of prisoners relate to receiving support from various types of professionals. First, it is examined how many prisoners with a particular need reported no contact with any of the prison-based or community-based professionals. Also, it is shown how many of these prisoners were in their pre-release phase. Second, it was examined to what extent prisoners with a specific type of need reported support from a relevant type of professional. For instance, did someone who reported health problems prior to imprisonment receive support from a community-based health professional? And did someone with a high amount of reintegration needs report contact with multiple types of professionals? Finally, support from all types of professionals was mapped across the various phases of imprisonment.

Chapter 4 taps into the *contextual factors* that may be related to receiving support from the community-based professionals. This chapter discusses the institutional factors that may enable community-based professionals to visit prisoners, such as visit facilitation factors and accessibility factors. Visit facilitation factors include a friendly reception, information sharing, communication, work facilities inside and suitable visiting hours. Accessibility factors include travel time, public transport connectedness and location urbanity. A new instrument is introduced to measure visit facilitation and accessibility of prison institutions according to community-based professionals, distinguishing between parole officers, municipal officers, health professionals and volunteers. Next, the visit facilitation and accessibility of institutions are related to visits received from these professionals according to prisoners. This association is controlled for *individual characteristics* of prisoners, such as demographics, time served, time to release, violent index offence and regime.

### 1.7.3 Part 3 – The outcomes of adequate professional support

The final part deals with the consequences of professional support. Chapter 5 looks at the relationship between the perceived support and the self-reported re-entry preparedness of prisoners concerning employment, housing, financial situation, healthcare and valid identity documentation. Previous research gave reason to distinguish between satisfaction with the *general support* received (i.e., contact frequency, pleasantness and usefulness) and the *instrumental support* received (i.e., assistance in employment or housing), provided by prison-based or community-based professionals. A distinction was also made between prisoners who already had reintegration needs prior to imprisonment or not, because it was assumed that prisoners with complex needs in particular may benefit from support.

The general discussion in Chapter 6 ties the findings together, and discusses the implications for policy, practice and further research.

**Table 1.1**
*Study Overview of Empirical Chapters*

| Chapter | | Research Questions | Data | Sample | N | Prisons | Dependent Variables | Independent Variables | Analyses |
|---|---|---|---|---|---|---|---|---|---|
| 1. Prevalence of professional support | 2 | What is the Dutch policy on professional support? In practice, how many prisoners report contact with various professionals? How satisfied are they with this contact? | PCQ; DPVS prisoner survey; TULP | All prisoners | Univariate: 4,309; Bivariate: 3,689[1] | 26 | Reported contact with prison- and community-based professionals in the past six months of imprisonment (yes/no; frequency: monthly, weekly, daily; satisfaction: 5-point Likert-scale) | Regime (prison, pre-trial, persistent, extra care, short-stay, minimum security); Time served at the point of data collection | Descriptive statistics; bivariate analyses (split results, odds ratios) |
| 2. Factors related to receiving professional support | 3 | To what degree are prisoners who have particular reintegration needs supported by relevant professionals who can help them in that area? | PCQ; DPVS prisoner survey; TULP | All prisoners | Univariate: 3,726 to 4,164; Bivariate: 3,781 to 3,928[2] | 26 | Reported contact with prison- and community-based professionals in the past six months of imprisonment (yes/no) | Reintegration needs of prisoners prior to imprisonment (employment, housing, financial situation, healthcare, valid ID); Phase of imprisonment (start, middle, pre-release) | Bivariate analyses (odds ratios, $\chi 2$ tests, correlation matrix) |
| | 4 | To what degree do institutional factors enable CBPs to visit and to what degree is this related to received visits reported by prisoners? | PCQ; DPVS CBPs survey; TULP; OBJD; Google Maps; CBS | All CBPs<br><br>All prisoners | Aggregated prison-level: 1,077; Individual-level: 612<br><br>3,558 | 24 | Reported visit from community-based professionals in the past six months of imprisonment (yes/no) | Visit facilitation (friendly reception, information sharing, communication, work facilities); Accessibility (self-reported travel time, time to nearest station, urban vs. rural); Suitability of visiting hours; Prisoner characteristics (e.g., demographics, sentence, regime) | Factor analysis; Reliability tests; Multilevel logistic regression analyses |

**Table 1.1**
*Continued*

| Chapter | | Research Questions | Data | Sample | N | Prisons | Dependent Variables | Independent Variables | Analyses |
|---|---|---|---|---|---|---|---|---|---|
| 3. Outcomes of adequate support | 5 | To what degree is receiving adequate professional support in prison related to the re-entry preparedness of prisoners? | PCQ ; DPVS prisoner survey; TULP; OBJD | Prisoners soon-to-be released (in the year of the data collection) | 1,442 | 26 | Self-reported re-entry preparedness regarding employment, housing, financial situation, healthcare, valid ID (5-point Likert-scale) | Reported contact with prison- and community-based professionals; Satisfaction level with this support (instrumental support, received reintegration support in general); Prisoner characteristics (e.g., demographics, sentence, regime) | Bivariate analyses (One-way ANOVA); Linear regression analyses |

[1] Descriptive information was available for all 4,309 prisoners, a group of 3,689 remained after deleting missing information for bivariate analyses.
[2] The N varied per variable and per crosstabulation between having a particular need and reporting contact with a particular type of professional. The bivariate nature of the analyses allowed for pairwise deletion of missing information. CBPs=Community-based professionals, PCQ=Prison Climate Questionnaire, DPVS=Dutch Prison Visitation Study, TULP=registration data on prison(er) characteristics, OBJD=registration data on criminal histories, CBS=open source data from Netherlands Statistics.

# Part 1

# The Prevalence of and Satisfaction with Professional Support

# 2 Contact with Prison-Based and Community-Based Professionals[1]

## 2.1 Introduction

Every year, more than 30,000 people in the Netherlands have to pick up their lives again after being released from prison. Unfortunately, the transition from prison to free society is usually challenging. After imprisonment, more than 58 percent of the ex-prisoners struggle with debts and approximately 77 percent generate no income from employment (Beerthuizen et al., 2015). In addition, 33 percent do not have a stable place to live after release (Wensveen et al., 2016) and 34 percent suffer from some form of addiction (Den Bak et al., 2018). These problems complicate successful reintegration and increase the likelihood of recidivism (Graffam et al., 2004; Hoeve et al., 2014; Ramakers et al., 2017).

In an attempt to reduce these problems for ex-prisoners, prison-based professionals try to help individuals navigate and plan for their release while individuals are still incarcerated. In the Netherlands, all prisoners are assigned a prison-based case manager and a mentor, who are closely involved in the reintegration process of prisoners. The case manager coordinates this process and links prisoners to external agencies when they need extra community-based support. The mentor is a correctional officer who works in the prison unit, and serves as the main point of contact for prisoners. In addition to these prison-based professionals, prisoners can receive support from employees of the municipality, the probation service, health- and care institutions, and voluntary organisations (i.e., the community-based professionals). Together, prison-based and community-based professionals assist prisoners during employment, housing, financial situation, healthcare and having a valid identity document (DJI, 2019).

To provide successful support in these life domains, it is important that professionals keep in contact with prisoners. In the first place, it is important that prisoners are in contact with at least one type of professional. If contact is absent, prisoners may miss out on the support that they need for a successful re-entry. Although prisoners' needs should be assessed and supervised by prison-based professionals, it is possible that prisoners are not in contact with the case manager or mentor. Case managers and men-

1 This chapter was published in Dutch as: Pasma, A. J., Van Ginneken, E. F. J. C., Bosma, A. Q., Palmen, H., & Nieuwbeerta, P. (2021). Het contact tussen gedetineerden en interne en externe re-integratieprofessionals in Nederlandse penitentiaire inrichtingen. *Tijdschrift voor Veiligheid, 20*(1), 23-51.

tors often indicate that there is insufficient time to do intake assessments or mentor individuals due to high caseloads (Hanrath et al., 2019; Inspectorate of Justice and Security, 2018). Consequently, prisoners do not always know who their case manager or mentor are (Hanrath et al., 2019; Plaisier et al., 2016).

Once contact has been made with at least one type of professional, prisoners can be referred to other relevant types of professionals. For example, mentors can discuss the reintegration needs of a client with the case manager, who can then ask for additional support from other community-based professionals. Conversely, community-based professionals can advise prison-based professionals, which may lead to additional prison-based support to those who need extra assistance. Furthermore, the case manager, a municipal officer, and a parole officer should set up a detention- and reintegration plan (D&R-plan) together with prisoners. If necessary, additional care can also be requested from community-based health- and care professionals or volunteers (DJI, 2014; DJI, 2019; Geenen. et al., 2020).

Next to having contact with a prison-based or community-based professional, it is also important to have several contact moments with these professionals. For example, contact at the start of imprisonment is important for identifying which prisoners experience what types of problems, so that an appropriate reintegration plan can put in place. Sustained contact throughout imprisonment is then necessary to monitor the prisoners' situation. Even if no reintegration needs were assessed upon entry, imprisonment itself can unintentionally lead to problems, for example with regard to employment (Dirkzwager et al., 2018), income (Noordhuizen & Weijters, 2012), and housing (Wensveen et al., 2016). Finally, contact is necessary in the pre-release phase to determine whether care should be continued after imprisonment.

In addition, it is not only important that there is contact and that this contact is sustained across phases, but also that prisoners have positive interactions with professionals. In general, research shows that positive contact between therapists and clients improves the effectiveness of an intervention (McKeown, 2000). Similarly, studies have found that a positive attitude among prison staff contributes to better outcomes during and after imprisonment (Beijersbergen et al., 2015; Molleman & Leeuw, 2012). Positive contact between prisoners and professionals thus seems essential for adequate support to prisoners.

In light of the presumed importance of regular and positive contact between prisoners and professionals, a study into contact between prisoners and prison-based and community-based professionals was recently launched. For this study, which is part of the large-scale Life in Custody Study (LIC-study) (Van Ginneken et al., 2018; Palmen, Bosma & Van Ginneken, 2019), all prisoners were asked in early 2019 to fill out detailed questionnaires about their contact during imprisonment with prison-based and community-based professionals. In total, about 4,000 prisoners completed these questionnaires, in which they indicated how often they were in

contact with different types of professionals and how they experienced their contact. Since registered data are also available for prisoners in the LIC-study (e.g., data on how long they had been in prison and in what regime), this study provides precise insight into the frequency of and satisfaction with contact with professionals.

Moreover, this study makes an important contribution to the literature, as most prior work focused on contact with specific types of community-based professionals, such as parole officers (e.g. Krechtig & Wildeboer, 2017; Menger, 2018), or volunteers (e.g. Boelsma et al., 2012; Kuis, Schuhmann & Goossensen, 2015), but studies rarely examine a diverse set of professionals. Moreover, while most previous studies typically looked at specific prison institutions and at (very) small groups of prisoners, the current study provides a nationwide overview of the entire Dutch prison population. In doing so, the current study provides a unique and thorough understanding of how much contact there is between prisoners and various reintegration professionals, across different phases of imprisonment and regimes, and how prisoners evaluate this contact. Next, we review the current policy of the Dutch Custodial Institutions Agency (DJI) and the role of community-based professionals in preparing prisoners for release. Finally, suggestions are made to improve pre-release support, so that the chances of successful resettlement may increase.

Before proceeding with the results, paragraph 2.2 provides the necessary policy context. It outlines Dutch penal policy concerning rehabilitation and the role of various reintegration professionals in the pre-release preparation of prisoners. In paragraph 2.3 we discuss previous research into contact between prisoners and professionals, followed by what the current study adds in paragraph 2.4. Then, paragraph 2.5 describes the data and methods that were used to answer our research questions. Paragraph 2.6 presents the results and, finally, in section 2.7 we discuss the findings and their implications for prison practice and future research.

## 2.2 Policy Background[2]

### 2.2.1 Prison-based professionals

Preventing collateral consequences of imprisonment, and promoting resocialisation, are important objectives in the Dutch penitentiary system (Dupont, 1998). This is evident in the Penitentiary Principles Act (Pbw), which lays down the rules for placement and treatment of prisoners. The Pbw starts with the rehabilitation principle, which holds that a custodial

2 The policy context described here is largely based on policy documents and reports from DJI and the Dutch House of Representatives, academic sources, and information from websites of community-based professionals. It should be noted, however, that the precise implementation of these policies may differ per prison.

sentence should not only serve a punitive purpose, but should also be aimed at the resocialisation of prisoners (Article 2, section 2 of the Pbw).

In recent decades, DJI has mainly focused on five domains which are deemed to be important for the resocialisation of (ex-)prisoners: work and income, housing, financial situation, healthcare, and possession of a valid identity document (ID) (Dutch House of Representatives 2007-2008, paper 24587, no. 299). These domains were already highlighted in the programme 'Reducing Recidivism', which was introduced by the Dutch Ministry of Justice and Security in 2002, and in the following project 'Connection Aftercare' from 2004-2007 (Van Duijvenbooden, 2016). In more recent policy documents, such as the covenant 'Towards Reintegration' (DJI, 2014), and in the guideline of the administrative agreement 'Providing Opportunities for Reintegration' from 2019, these five domains were again centralised and considered a precondition for successful reintegration (DJI, 2019).

To promote the rehabilitation of prisoners in these five domains, all prisoners are assigned a case manager and a mentor. The assigned case manager and mentor are the main point of contact for individuals while incarcerated. As mentioned, case managers oversee the prisoner's reintegration process and connect them to other professionals when necessary. According to the income, screening, and selection (ISS) procedure, case managers contact all prisoners within two weeks of entry to assess their reintegration needs (DJI, 2014). Based on this assessment, personal goals are noted in the D&R-plan. Throughout the entire prison sentence, case managers keep track of the prisoners situation' every six weeks in a multidisciplinary consultation (MDO), and prisoners can also seek contact with their case manager themselves during contact hours. In the pre-release phase, case managers are responsible for transferring the individual case files to relevant partnering community-based agencies (DJI, 2019; Weijters, Rokven & Verweij, 2018). In addition, the unit's mentors are expected to have mentor meetings with prisoners once every two weeks to monitor their needs (Inspectorate of Justice and Security, 2018). Moreover, mentors assist in filling out the D&R-plan, and function as a point of contact for prisoners. Finally, prisoners can ask their mentor or case manager for permission in the Reintegration Centre (RIC) of the facility, to, for example apply for jobs (DJI, 2016; DJI, 2020).

### 2.2.2 Community-based professionals

In addition to prison-based case managers and mentors, so-called community-based professionals can also be involved in the reintegration process of prisoners. These community-based professionals include employees of municipalities, the probation service, health- and care institutions, and voluntary organisations. These agencies often were already involved with assisting prisoners before and after imprisonment, but they increasingly play an important role during imprisonment. Therefore, these community-based professionals may already seek contact with prisoners during imprisonment.

In the past decade, some key policy changes have shaped the role of community-based professionals. First, in 2013, it was decided that the in-prison involvement of municipalities, the probation service, health- and care institutions, debt relief organisations, and other professionals had to be optimised within all prison institutions (DJI, 2013). To that end, DJI and the Association of Netherlands Municipalities (VNG) made agreements concerning their collaboration in the reintegration process of prisoners, which largely focused on proper information sharing (DJI, 2014). From 2018 onwards, this collaboration was expanded from not only information sharing, but also that community-based professionals should ideally be brought 'in' from the 'outside'. Increasing emphasis was placed on a higher physical presence of the probation service and volunteers in the institutions (Dutch House of Representatives 2017-2018, paper 29279 no. 439), on involving both the municipality and the probation service in drawing up the D&R-plan (Dutch House of Representatives 2018-2019, paper 35122 no. 7), and on more intensive cooperation during imprisonment with municipalities and health- and care institutions (Dutch House of Representatives, newsletter on June 17th, 2018: 'Doing justice, offering opportunities').

This made some drastic changes for the probation service, who had actually withdrew from working inside the prisons in 2002. Through the 'Make way for meaningful rehabilitation' project, the role of the probation service during imprisonment has been growing again since 2016 (Geenen et al. al., 2020). Previously, the probation service was mainly tasked with advising on trial-related matters, such as the court hearing, the penitentiary programme, conditional release, furlough, and, where applicable, parole supervision on release, especially for long-term prisoners (Geenen et al., 2020). However, following pilots in 2016 in which the probation service began to work inside the prisons again, the presence of the probation service inside contributed to collaboration with case managers and mentors and to individual care for prisoners. The probation service became more involved in the screening of prisoners and in the reintegration process throughout the entire sentence (Geenen et al., 2020). In addition, probation officers themselves indicated that by being inside the prison walls they got a better sense of the individual needs of prisoners and that they were able to have more face-to-face contact with them (Reclassering Nederland, 2017). Short-sentenced prisoners were also less likely to be overlooked, because it was easier to speak to them at an early stage (Reclassering Nederland, 2017). Increased contact, early-on, should ensure continuity of care and a better transition to the community. Numerous pilots have been undertaken in other Dutch institutions as well to strengthen the role of the probation service during imprisonment (Geenen et al., 2020).

As a result of this growing role of the probation service, an administrative agreement in 2019 was made that case managers, municipalities, and now also the probation service, would coordinate the reintegration process and that they had to draw up a D&R-plan within four weeks of entry together with prisoners (DJI, 2019). The reintegration process can already

be started in the pre-trial phase (DJI, 2019). This way, case managers, the municipality, and the probation service try to help prisoners with their reintegration needs right from the start of imprisonment.

In sum, the prison system is primarily responsible for supervising prisoners during imprisonment. To this end, case managers and mentors identify and monitor the reintegration needs among all prisoners. In order to do so, they seek contact with prisoners at fixed times. The role of community-based professionals during imprisonment is more optional in nature: there are no mandatory or fixed moments when community-based professionals have to reach out to prisoners. However, there is growing attention for the physical presence of the municipalities, the probation service, health institutions, and voluntary organisations in prisons. Together with the case manager, municipal- and parole officers also have to coordinate the reintegration plans of prisoners. Box 2.1 summarises the core tasks of the various prison-based and community-based professionals during imprisonment.

## 2.3 Previous Research

In recent years, several studies have investigated the contact between prisoners and prison- or community-based professionals in the Netherlands. To get an overview of all prior Dutch research, we conducted a comprehensive literature search to find studies about contact between prisoners and prison-based and community-based professionals that were published after 2005.[3] A review of these studies shows that most studies were conducted among a small selection of prisoners, focused largely on contact with one type of professional, on a specific need (e.g., housing or addiction), or only on professional support *after release*. In addition, most studies did not provide very concrete or national statistics about the *amount of in-prison contact* and to what extent this differs across various phases of imprisonment or regimes.

Nevertheless, it is valuable to briefly summarise the main findings of these studies below, because they provide more context for the results of the current study. In doing so, it will become clear how the present study contributes to these earlier studies. We discuss the previous studies and their results separately for prison-based and community-based professionals.

3 This was done from 2005 to 2019 in *Boom Juridische Tijdschriften*, the database of the WODC, DJI, VNG, the national government, RSJ and the Inspectorate of Justice and Security, websites of the external agencies, and Google Scholar. The terms used (in Dutch) included: 'community-based partner(s)', '(reintegration) professional(s)', 'case manager(s)', 'social work(ers)', 'mentor(s)', 'municipality(/ies)', 'municipal officer(s)', 'parole officer(s)', 'probation (staff)', 'volunteer(s)', 'voluntary (organisations)', 'healthcare (institutions)', in combination with words such as: 'detention', 'penitentiary institution(s)', 'prison(s)', 'prisoner(s)', and supplemented with: '(official) visit', 'contact (with)', 'visit (from)', '(in) conversation (with)', and with: 'aftercare', 'reintegration', 'resocialisation ', 'rehabilitation', 'preparation for return/release', '(five) basic/reintegration needs'. Studies about visits from family, friends, and lawyers were not included because they are not formally tasked with providing reintegration support.

**Box 2.1**
*The Roles of Various Reintegration Professionals During Imprisonment*

***The case manager.*** Upon entry, all prisoners are assigned to a prison-based case manager in the prison. The case manager is the coordinator of the reintegration process and sets up the detention- and reintegration (D&R) plan together with the prisoner. In addition, case managers are responsible for screening the reintegration needs within two weeks of entry. Also, they discuss the situation of prisoners once every six weeks in the multidisciplinary consultation (MDO) and, upon release, ensure case transfers to external agencies such as municipalities and the probation service. Case managers are therefore key figures in the reintegration process of prisoners.

***The mentor.*** Prisoners are also assigned to a mentor from their unit. The mentor is a correctional officer, who helps to fill out the D&R-plan and is involved in the MDO to discuss the needs of prisoners. Ideally, a mentor meeting takes place every two weeks, and mentors are the daily point of contact in the unit. Mentors are thus important players in the reintegration process, because they work in close proximity to the prisoners.

***Municipal officer.*** Most municipalities have appointed a Municipal Aftercare Coordinator (GCN), who works closely together with the case managers of the institutions. To help prisoners with debts, housing, and healthcare, the GCN connects individuals to other organisations such as housing corporations, social security services (UWV), and healthcare institutions. Municipalities are also responsible for coordinating the D&R-plan together with the case manager and a parole officer. Municipalities are therefore regarded as one of the most important community-based professionals to prisoners.

***Parole officer***. Probation work in the Netherlands is in the hands of three organisations (3RO): The Dutch Probation Service, The Foundation of Addiction Probation (SVG – GGZ), and the Salvation Army Youth Protection & Probation Service. These probation services are often already actively involved in the (criminal) case of the prisoner. These organisations often fulfil trial-related supervisory and advisory tasks. However, parole officers can also assist in reintegration needs, such as requesting placement in a shelter, or refer prisoners to job training. Recently, the role of parole officers in the reintegration of prisoners during imprisonment has been intensified. Parole officers are now involved with drawing up the D&R-plan together with case managers and municipal officers.

***Health professional.*** During imprisonment prisoners are under the care of DJI. Within the institutions, healthcare professionals determine what type of care prisoners need during a Psychiatric-Medical Consultation (PMO). Help from community-based healthcare providers and other partners can be called in. The responsibility for healthcare thus mainly lies with the prison itself, but can be supplemented with specialised healthcare from external agencies. A so-called 'throughcare officer' can bring prisoners into contact with community-based healthcare professionals, such as mental health workers and general practitioners, in order to properly prepare care continuation upon release (discharge planning).

***Volunteer.*** Voluntary organisations such as *Bonjo*, *Gevangenenzorg Nederland*, *Exodus*, and *Humanitas* assist prisoners during and after imprisonment with various reintegration needs. For example, *Bonjo* provides housing, *Gevangenenzorg Nederland* guides prisoners in finding work, and volunteers of *Humanitas* assist prisoners in the Reintegration Centres of the institutions with matters concerning housing, work, and healthcare. Exodus also has housing options available and assists prisoners in finding work, and in finances. In order to set up this type of assistance early on, and to inform prisoners about the options after release, volunteers already visit prisoners during imprisonment.

### 2.3.1 Prison-based professionals

In recent years, many studies have been published on prisoner-staff relationships. However, these studies did not focus on contact intensity or on re-entry support from prison-based *reintegration* professionals, but, for example, on the daily treatment by correctional staff (Beijersbergen et al., 2015; Molleman & Leeuw, 2012). Previous studies that did focus on contact intensity and contact with prison-based *reintegration* professionals – such as with case managers and mentors – have been rare. In 2008 and 2009, Kuppens and Ferwerda (2008) and Hermanns (2009) already pointed out that little was known about how many prisoners actually see their case manager or other types of professionals *during imprisonment*. Even after their publications, hardly any empirical work paid attention to in-prison contact with case managers or mentors.

Some exceptions are: Kommer (2018), Plaisier et al. (2016), and Hanrath et al. (2019). First, the study of Kommer (2018) suggests that prison-based professionals are less often in contact with prisoners than in the 1980s. According to staff, this is due to the changed regimes and lower staff-to-prisoner ratios (Kommer, 2018). Furthermore, Plaisier et al.'s study (2016) demonstrated that few prisoners discuss their reintegration activities with their case manager or mentor, that some prisoners do not know who their mentor is, and that prisoners do not consider contact with the mentor as useful. Moreover, case managers and mentors seem to differ in their opinions on who is mainly responsible for initiating contact: prisoners or professionals (Plaisier et al., 2016). The prisoners in the study by Hanrath et al. (2019) often found it difficult to distinguish between the roles of the mentor and case manager is. In addition, prisoners indicated that they sometimes had to wait for a long time before they got an answer from the case manager. They recommended a more outreaching approach, in which case managers continue to actively seek contact, especially with prisoners who are uncapable to reach out themselves. Seeking contact appears easier in prisons where prisoners can contact the case managers freely, compared to prisons where they have to request a contact moment. The case managers interviewed in Hanrath et al. (2019) were of the opinion that contact should be initiated at the start of imprisonment, within the first six months. After

that, the responsibility increasingly shifts to the prisoners. Finally, they indicated that due to high caseloads, there is often insufficient time to maintain weekly contact with prisoners. Although the study by Hanrath et al. (2019) extensively discussed contact between prisoners and case managers, interviews were done at a small-scale, including 21 prisoners, 27 case managers, and 20 supervisors across three prisons.

### 2.3.2 Community-based professionals

While the literature on contact intensity with prison-based reintegration professionals is limited, more studies exist on the contact with community-based professionals. Typically, these studies zoom in on contact with one type of community-based professional, such as with the *municipality* (De Koning et al., 2016; Vis, 2018), the *probation service* (e.g. Bosker & Lünnemann, 2017; Krechtig & Wildeboer, 2017; Menger, 2018; Van den Braak et al., 2003), *healthcare institutions* (e.g. Buysse et al., 2018; De Vogel, Schaftenaar & Clercx, 2019; Goedvolk & Walberg, 2013; Roorda et al., 2016; Zwemstra, 2009), and *volunteers* (e.g. Boelsma et al., 2012; Cammeraat, 2010; De Croes & Vogelvang, 2010; Egberink, 2017; Exodus, 2018; Kuis, Schuhmann & Goossensen, 2015).

First, studies about contact with *municipalities* showed that the organisation of contact during imprisonment differs across municipalities. For instance, the municipalities of *Helmond* and *Rheden* typically do not visit individuals while incarcerated, whereas the municipality *Deventer, Den Haag,* and *Utrecht* do generally visit individuals who return to their municipalities, and even other municipalities exist (e.g., *Groningen* and *Roermond)* who occasionally visit particular individuals (De Koning et al., 2016).

Second, studies regarding contact with *parole officers* showed that the probation service is relatively often involved in prison (Van den Braak et al., 2003). Also, since 2016, the working method of parole officers has become less product-driven, leaving more room for individual plans and for personal contact with prisoners (Bosker & Lünneman, 2017; Krechtig & Wildeboer, 2017). Finally, parole officers indicated that some prisoners had negative attitudes towards the growing role of the probation service during imprisonment, but that others were positive. For example, some were afraid for negative advisory reports from the probation service and their impact on decisions concerning conditional release. Moreover, some prisoners who had been given longer sentences felt abandoned by the probation service in the past ten years, as a result of their withdrawal from prison in 2002. Yet, others were positive about referrals from the probation service to job training interventions (Reclassering Nederland, 2017).

Third, studies on healthcare professionals demonstrated that healthcare continuation from prison to free society can be difficult (Roorda et al., 2016; Zwemstra, 2009). The WODC monitor of 2015, for instance, showed that many prisoners lacked a discharge plan for after release (Beerthuizen et al.,

2015). In order to better organise the throughcare for prisoners, a 'throughcare officer' position was created in the prisons through a pilot programme in 2016-2017. The throughcare officer took over the responsibility of case managers in the healthcare domain. Moreover, the officer is required to be BIG-registered, which means that community-based healthcare institutions, such as mental health institutions and general practitioners, are allowed to share data with this throughcare officer, which is not allowed with unregistered individuals, such as the case manager. Finally, the throughcare officer can ensure that community-based healthcare professionals, such as mental health workers, can visit prisoners and discuss discharge plans for after release (Buysse et al., 2018).

Fourth, studies into *voluntary organisations* demonstrated that volunteers from *Gevangenenzorg* Nederland (GNd) visit prisoners in need of support once every one or two weeks (Boelsma et al., 2012). In general, approximately 10 percent of the prisoners have one-on-one contact with a volunteer (Kuis, Schuhmann & Goossensen, 2015) and they are generally satisfied with this contact (Boelsma et al., 2012; Exodus, 2018; Kuis, Schuhmann & Goossensen, 2015).

Finally, prisoners appear to be generally satisfied with their possibilities to receive community-based professional visits during imprisonment (Inspectorate of Justice and Security, 2013).

## 2.4 Current Study

To further our knowledge on in-prison professional assistance, this study aims to examine the precise *amount of contact* with *various types of reintegration professionals*, and prisoners' evaluations of this contact. This study also contributes to previous work by presenting national figures on having contact with professionals among all female and male prisoners in various phases of imprisonment and across different regimes in all Dutch prisons. To this end, we first examine how many types of professionals prisoners are in contact with (sub-question 1), and how many of them are in contact with prison-based (sub-question 2) and community-based (sub-question 3) professionals. Since referrals should take place between these professionals, it is also examined whether contact with one type of professional is associated with an increased chance of contact with other types of professionals (sub-question 4). Finally, we consider how prisoners evaluate their contact with these various professionals (sub-question 5).

Ideally, all prisoners have regular contact with one or more professionals from the start of imprisonment. Yet, the number of contact moments may depend on how long someone is in prison or on the regime they are in. For example, prisoners who only recently entered prison have not had enough time yet to set up reintegration support (Goedvolk & Walberg, 2013). Whereas, those who have been in prison longer, may not necessarily be able to keep in close contact with professionals at every stage. Moreover,

prisoners in persistent and extra care regimes likely need more support from reintegration professionals, while prisoners in prison and pre-trial regimes, who typically have less needs or no clear D&R-plan yet, may have less contact with care providers (Roorda et al., 2016). Considering this, we also examine to what extent the amount of contact differs across the amount of time spent in prison (sub-question 6) and regime (sub-question 7).

Finally, we compare the results of our study to the Dutch policy goals and the intended roles of community-based professionals. Practical implications are then discussed, so that pre-release planning can be improved. The current study also takes an important first step for follow-up research into possible obstacles or predictors of contact between prisoners and reintegration professionals, and into the effectiveness of this contact in preparing prisoners for release.

## 2.5 Methods

### 2.5.1 The Life in Custody study 2019

Data from the Dutch Prison Visitation Study (DPVS), which is part of the Life in Custody Study (LIC-study), was used to map the amount of contact between prisoners and reintegration professionals. The LIC-study is a large-scale research project conducted by Leiden University in collaboration with DJI. From 2017 onwards, the LIC-study periodically measures the prison climate in all institutions in the Netherlands (Van Ginneken et al., 2018; Palmen, Bosma & Van Ginneken, 2019). The current study used data from the second wave in 2019, which has been considerably expanded with DPVS-questionnaires about prison visitation, from the point of view of prisoners and their visitors. Next to the general questionnaire about prison climate, prisoners received two additional questionnaires about visitation: one about visits from family and friends and one about visits from community-based reintegration professionals. A visitor survey was also distributed to all personal and professional visitors at every institution for one to three weeks. In the current study, we focused on the prisoner perspective. The visitation topics included visit frequency, visiting hours, conversations during visits, the visiting rooms, and general satisfaction with the received visits.

The prisoner survey was handed out to all adult female and male prisoners. Prisoners in psychiatric units were excluded. A total of 5,757 questionnaires were handed out to prisoners who were able to participate in the study.[4] Reasons for not being able to participate in the study included: release or transfers to other institutions during the data collection, placement in isolation, or language problems. Of the prisoners who could participate in the survey, 4,350 prisoners completed the questionnaire, resulting in

4 Due to transfers during the study, 61 prisoners participated twice in various institutions. The questionnaire from the institution where the prisoner stayed the longest was used.

a response rate of 76%. Reasons for nonparticipation included: did not want to (11%) and had no trust in the research project (4%). For 4,113 of these 4,350 individuals (95%), informed consent was given, and thus the survey data could be linked to registered data. Registered data included, among other things, information about how long someone was in the prison and in which regime they resided. In addition, 195 newly arrived prisoners completed the questionnaire, resulting in a total of 4,308 prisoners.[5] Information from the additional questionnaire about visits from community-based reintegration professionals was available for 4,022 prisoners (93%).

Table 2.1 shows that 93% of the participating prisoners were male and were on average 37 years old. Many prisoners were in prison for less than three months (38%). Furthermore, many participants have a low education (43%), were born in the Netherlands (59%), and housed in prison (38%) or pre-trial (37%) regimes.

### 2.5.2 Measurements

The questionnaires, items, and scales used to measure the prevalence of and satisfaction with contact are presented in Appendix 2A. The prevalence of contact (yes or no) was measured within the past six months of imprisonment, or if the prisoner had been imprisoned for less than six months, from the start of the current imprisonment. Moreover, time served refers to how many days or months a prisoner was in prison at the time of the survey.[6] Finally, contact satisfaction with professionals was measured by means of a Likert-scale (1-5) including several items. The Cronbach's alpha for these scales varied between .92 and .94 for the various professionals (see also Appendix 2A). This means that the items together form a reliable scale about contact satisfaction.

### 2.5.3 Procedures

For sub-question 1, the *total number of types of professionals* that prisoners reported contact with in the past six months of imprisonment – or up until the point of data collection – was examined. In sub-questions 2 and 3, we

5 These 195 prisoners entered during the week of the data collection and were not on the initial participants list, which was based on the prison population at the start of the collection week. We included newly arrived prisoners who wanted to participate in the study. However, because it is unknown how many newly arrived prisoners we missed, these newly enrolled respondents are not included in the response rate.

6 This is not controlled for transfers to other institutions. In exceptional cases, it may be that prisoners served longer than two weeks, but that they were not held in the same institution for two consecutive weeks. We argue, however, that it would be problematic if prisoners who served more than two weeks did not report any contact, even if this was because of transfers.

were interested in the amount of contact with *prison-based* and *community-based professionals*.

**Table 2.1**
*Descriptive Statistics of the Prisoner Population*

| | N | Min | Max | Mean / Percentage | SD |
|---|---|---|---|---|---|
| **Gender** | **4,308** | | | | |
| *Male* | 4,013 | 0 | 1 | 93% | |
| *Female* | 295 | 0 | 1 | 7% | |
| **Age** | **4,308** | 17 | 84 | 37.06 | 11.87 |
| **Time served** | **4,308** | | | | |
| *< 14 days* | 402 | 0 | 1 | 9% | |
| *14 days to 3 months* | 1,236 | 0 | 1 | 29% | |
| *3 to 6 months* | 712 | 0 | 1 | 17% | |
| *6 to 12 months* | 663 | 0 | 1 | 15% | |
| *1 to 2 years* | 660 | 0 | 1 | 15% | |
| *> 2 years* | 592 | 0 | 1 | 14% | |
| *Unknown* | 43 | 0 | 1 | 1% | |
| **Education level** | **4,308** | | | | |
| *Lower* | 1,834 | 0 | 1 | 43% | |
| *Medium* | 1,485 | 0 | 1 | 34% | |
| *High* | 503 | 0 | 1 | 12% | |
| *Don't know* | 127 | 0 | 1 | 3% | |
| *Unknown* | 359 | 0 | 1 | 8% | |
| **Country of birth** | **4,308** | | | | |
| *The Netherlands* | 2,526 | 0 | 1 | 59% | |
| *The Netherlands Antilles* | 293 | 0 | 1 | 7% | |
| *Suriname* | 194 | 0 | 1 | 5% | |
| *Poland* | 140 | 0 | 1 | 3% | |
| *Morocco* | 126 | 0 | 1 | 3% | |
| *Turkey* | 88 | 0 | 1 | 2% | |
| *Other* | 654 | 0 | 1 | 15% | |
| *Unknown* | 287 | 0 | 1 | 7% | |
| **Regime** | **4,308** | | | | |
| *Prison* | 1,636 | 0 | 1 | 38% | |
| *Pre-trial* | 1,593 | 0 | 1 | 37% | |
| *Persistent* | 226 | 0 | 1 | 5% | |
| *Extra care* | 297 | 0 | 1 | 7% | |
| *Short-stay* | 356 | 0 | 1 | 8% | |
| *Minimum security* | 200 | 0 | 1 | 5% | |

First, the percentage of prisoners reporting *no contact* with prison-based professionals (sub-question 2) or community-based professionals (sub-question 3) was shown. Next, contact *frequency* was further specified for prisoners who reported contact and had been imprisoned for at least six months. In addition, for sub-question 4, an odds ratio matrix was presented to determine whether contact with one type of professional increases the *chance of contact* with other professionals. For prisoners who indicated that they had been in contact with a particular professional, the general *contact satisfaction* with this type of professional was then investigated (sub-question 5).[7]

Finally, the prevalence of contact is split based on *time served* (sub-question 6) and *regime* (sub-question 7). For these sub-questions, the percentage of prisoners who reported contact with the various professionals were shown for different cohorts and regimes. Since the amount of time served and regime can be related to each other, an additional logistic regression analysis tests whether time served and regime can be independently associated with contact prevalence.

The missing values are depicted in the descriptive statistics (Table 2.1), but were removed listwise in the further bivariate analyses, so that these analyses were performed with the same research group. This means that prisoners were removed from the analyses if they had not answered one of the items used for the bivariate analyses. To check whether a certain group is excluded, t-tests and chi-squared tests were conducted in order to determine whether the research group that remained ($n$ = 3,689) did not differ substantially from the listwise removed group ($n$ = 619). Results from these tests demonstrated that the research group remains representative in terms of age, education, and contact with most types of professionals, but that women, prisoners in extra care and prison regimes, prisoners with shorter prison stays, non-Dutch nationals, and prisoners who reported no contact with their case manager or a municipal officer are underrepresented in the remaining group.[8]

## 2.6 Results

### 2.6.1 Number of contacts

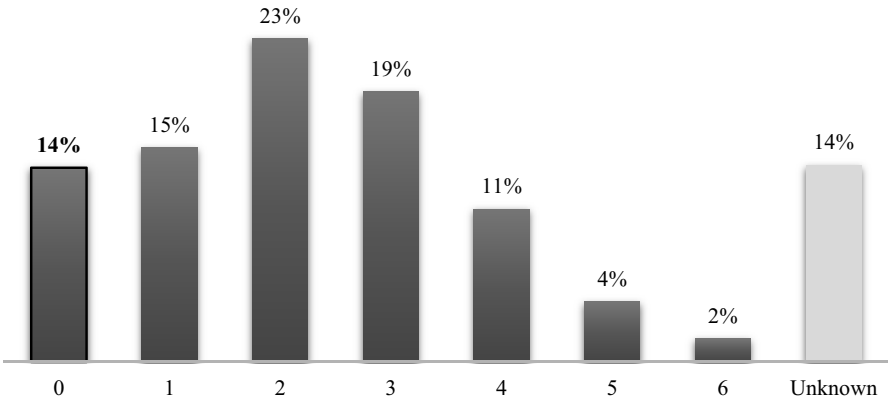
First, the current study focused on the number of professionals with whom prisoners reported contact. Figure 2.1 shows that 14% of the prisoners reported no contact with any of the professionals in the past six months of imprisonment (or up until the point of data collection). Additional analyses

7 Because the extra questionnaires about visits from community-based professionals were not consistently offered in all minimum security regimes, it was decided to remove the minimum security regimes from the analyses on contact satisfaction with the community-based reintegration professionals.

8 The results of the missing values analysis can be requested from the first author.

show that the majority of this 14% was in prison for 0-14 days (42%), followed by the group that was imprisoned for 14 days to 3 months (21%). In addition, it appears that most prisoners had contact with two (23%) or three (19%) types of professionals. For 14% of the prisoners, it was unknown with how many types of professionals they had contact with.

**Figure 2.1**
*Contact with the Number of Types of Professionals within the past Six Months of Imprisonment or up until the Point of Data Collection (N = 4,308)*




### 2.6.2 Contact frequency with prison-based professionals

Second, we examined contact with prison-based professionals. The results show that although the majority of prisoners reported contact with prison-based professionals, not all prisoners reported contact with a case manager or mentor. Figure 2.2 shows that more than a third of the prisoners reported no contact with the case manager (35%) or mentor (38%), of whom 7% and 10% respectively indicated that they had no case manager or mentor. In addition, Figure 2.3 shows that prisoners who had been in prison for at least six months, had less frequent contact with the case manager when compared to the mentor. For example, Figure 2.3 shows that contact frequency with the case manager was less often daily (3% versus 11%) or weekly (27% versus 42%) than with the mentor, and that contact with the case manager was more often on a monthly basis (59% vs 38%).

### 2.6.3 Contact frequency with community-based professionals

Third, this research examined contact with the community-based professionals. Figure 2.2 shows that there is limited contact with community-based professionals in prison. The majority of the prisoners never had

contact with a municipal officer (77%), a healthcare professional (70%), or a volunteer (76%) in the past six months of imprisonment. More than half also indicated that they never had contact with a parole officer (54%). Furthermore, Figure 2.4 displays that among prisoners who served at least six months, contact with community-based professionals usually takes place 1-2 times every six months (39% – 73%) and to a lesser extent more than 3 times (9% – 37%). In cases where contact was reported, this takes place more frequently with healthcare professionals and volunteers than with municipal- and parole officers.

**Figure 2.2**
*Percentage of Prisoners Reporting No Contact with the Six Types of Professionals within the past Six Months of Imprisonment or up until the Point of Data Collection (N = 4,308)*

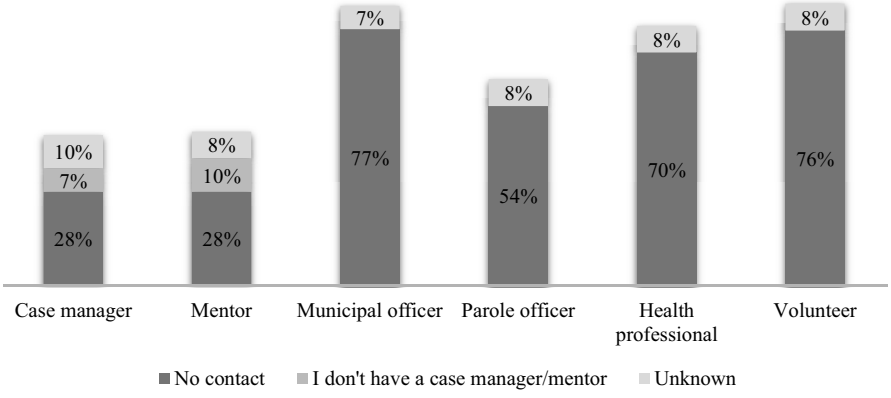



**Figure 2.3**
*Contact Frequency with Prison-based Professionals for Prisoners who Served at least Six Months and Reported Contact within the past Six Months of Imprisonment*

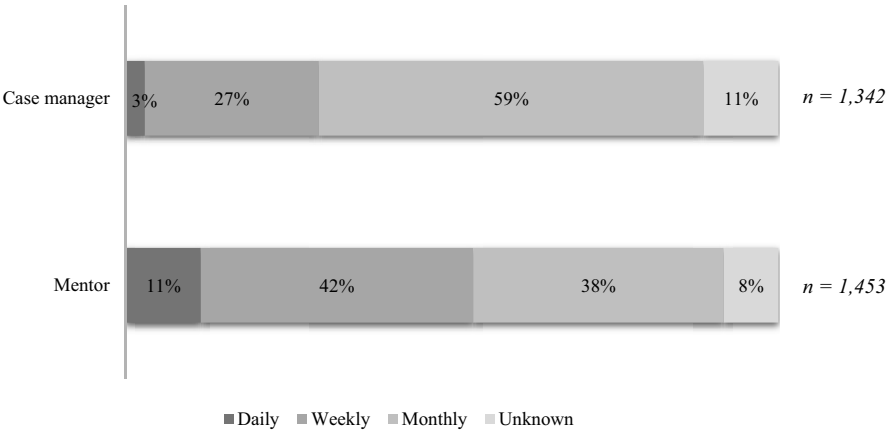
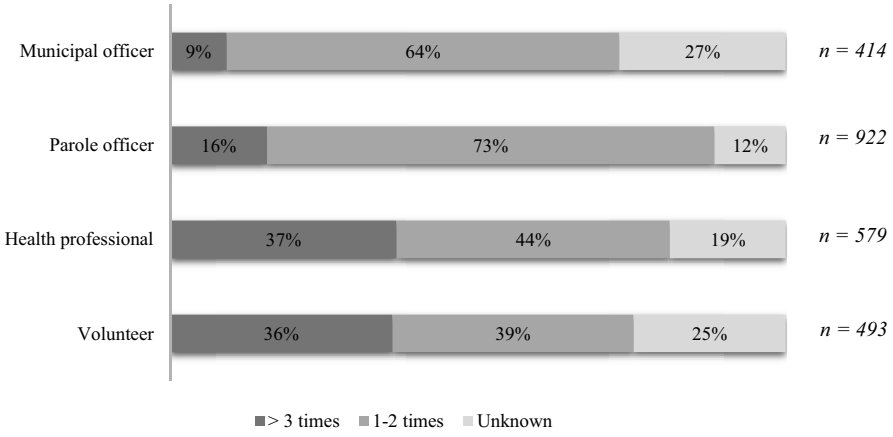


**Figure 2.4**
*Contact Frequency with Community-based Professionals for Prisoners who Served at least Six Months and Reported Contact within the past Six Months of Imprisonment*




## 2.6.4 Contact with multiple professionals

Once contact has been made with one type of professional, this should lead to contact with other types of professionals via referrals. Therefore, the next sub-question considered whether contact with one type of professional increases the chance of contact with other professionals. Table 2.2 shows the odds ratios of contact between the six types of professionals. For instance, the odds ratio of 6.06 means that the chance of contact with the mentor is about 6 times greater when there is contact with the case manager than when there is no contact with the case manager. The mostly positive, significant odds ratios in Table 2.2 indicate that contact with one type of professional generally increases the chance of contact with other professionals. The odds ratios in bold (OR > 3, $p<.01$) show that the increased chance of contact particularly applies *within* the prison-based professionals and *within* the community-based professionals. This means that contact with prison-based professionals mainly increases the chance of contact with other prison-based professionals, and that contact with community-based professionals in particular increases the chance of contact with other community-based professionals.

**Table 2.2**
*Association Between Having Contact with Various Types of Professionals (in Odds Ratios, n = 3,689)*

| | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| **1. the case manager** | **6.06**** | 1.56** | 2.23** | 1.60** | 1.49** |
| **2. the mentor** | – | 1,.21* | 1.83** | 1.60** | 1.97** |
| **3. a municipal officer** | – | – | **3.29**** | **3.41**** | 2.90** |
| **4. a parole officer** | – | **–** | – | **3.35**** | 2.43** |
| **5. a health professional** | – | **–** | **–** | – | **4.35**** |
| **6. a volunteer** | – | – | – | **–** | – |

** *p<.01, * p<.05.*

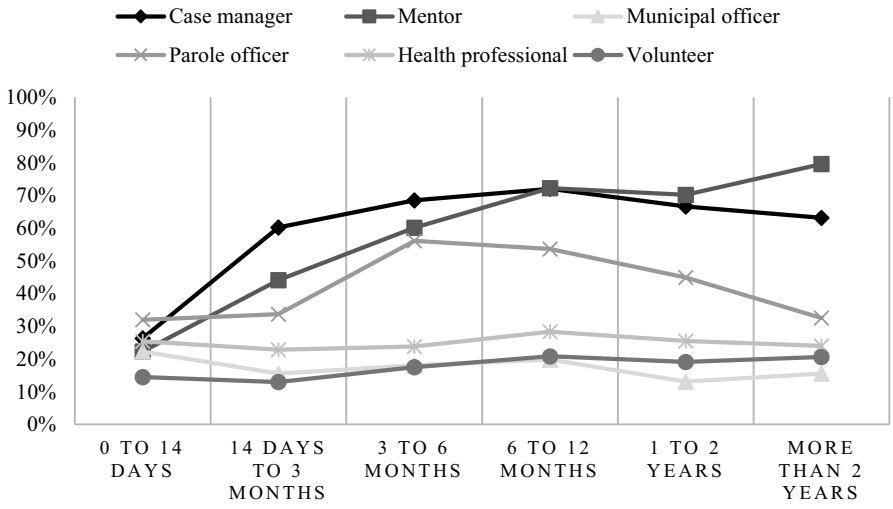
### 2.6.5 Contact satisfaction with prison- and community-based professionals

The fifth sub-question considered how prisoners evaluate their contact with the various professionals. The results show that, in general, prisoners are most satisfied with their contact with volunteers (3.47) and mentors (3.23), followed by contact with healthcare professionals (3.14) and case managers (3.11). Prisoners are least positive about contact with municipal officers (2.87) and parole officers (2.80), which both score below the neutral 3.

### 2.6.6 Amount of contact per time served

Although the chances of contact naturally increase the longer prisoners are in prison, in accordance with the Dutch policy goals, prisoners should also report contact at an early stage. For example, *all* prisoners should have at least one contact moment with the case manager *within two weeks* and they should be supervised by a mentor *every other week*. Moreover, case managers strive to start setting up a D&R-plan *within four weeks* with the help of the municipality and the probation service. For the sixth sub-question, Figure 2.5 therefore breaks down in what phases prisoners reported contact. Figure 2.5 shows that prisoners who served a shorter period of time, reported limited contact with professionals. For example, prisoners who served 0 to 14 days, followed by prisoners who served 14 days to 3 months, reported contact less often compared to prisoners serving longer than 3 months. Subsequently, the number of prisoners who had contact increases in the groups 3-6 months or 6-12 months and then, decreases again for the group that served 1-2 years or more. Exceptionally, the likelihood of contact with the mentor increases further among prisoners who served longer than 2 years. Finally, the amount of contact with municipal officers, healthcare professionals, and volunteers did not differ across groups based on time served.

**Figure 2.5**
*Percentage of Prisoners who Reported Contact – Split for Time Served (within the past Six Months of Imprisonment or up until the Point of Data Collection, n = 3,689)*




### 2.6.7 Amount of contact per regime

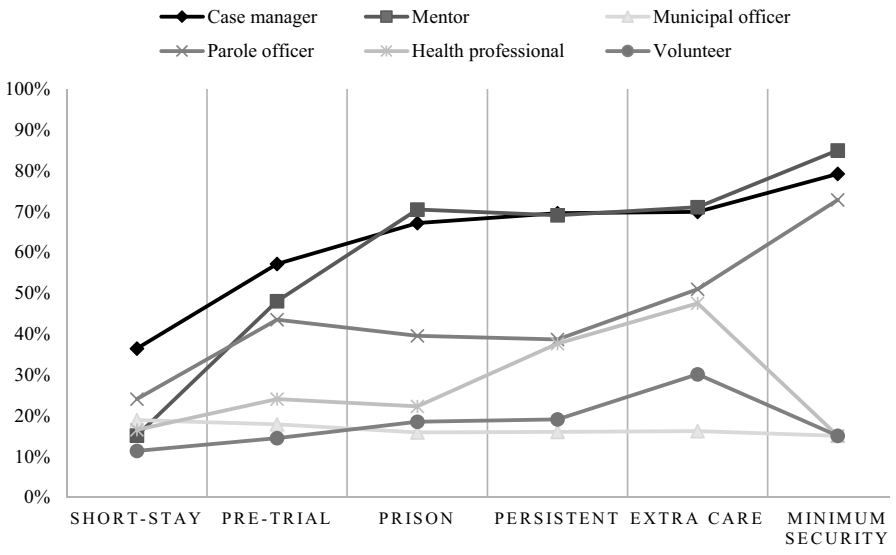
In the last and seventh sub-question, the amount of contact was split by regime. Figure 2.6 shows that, in general, prisoners in the short-stay regimes were less likely to report contact with professionals, followed by prisoners in the pre-trial regimes. Prisoners in the extra care regimes are relatively often in contact with professionals, and prisoners in the minimum security regimes are most often in contact with the prison-based professionals and parole officers, but less often with the other community-based professionals. In addition, the amount of contact differs across regime depending on the type of professional. For example, the percentage of prisoners reporting contact with parole officers is higher in minimum security, extra care, and pre-trial regimes, the percentage of prisoners reporting contact with healthcare professionals is relatively high in persistent and extra care regimes, and with volunteers the highest in extra care regimes.

Finally, the additional logistic regression analysis showed that time served and regime are independently related to contact with professionals. For example, prisoners in short-stay and pre-trial regimes have significantly less contact, and in minimum security regimes more contact with their case manager or mentor, than prisoners in the prison regime ($p<.01$), even when taken into account that prisoners in short-stay regimes are usually the same prisoners who have only been in prison for a short period of time.[9] Thus,

9 The results of the logistic regression analysis can be requested from the first author.

the regime in which a prisoner is held is related to the amount of contact with professionals, regardless of detention length.

**Figure 2.6**
*Percentage of Prisoners who Reported Contact – Split for Regime (within the past Six Months of Imprisonment or up until the Point of Data Collection, n = 3,689)*




## 2.7 Discussion

The current study contributes to the existing literature about contact between prisoners and reintegration professionals in many ways. For example, it is unique that national data were used to measure both contact frequency and contact satisfaction across all prisons in the Netherlands, including contact with various types of prison-based and community-based professionals, and differentiated for important detention characteristics.

The following sections place the results within the Dutch policy context, compare the findings with previous research, and provide practical recommendations. Limitations and suggestions for further research are also discussed.

### 2.7.1 Recommendations for prison-based contact

The results showed that most prisoners are in contact with prison-based professionals during imprisonment. Nevertheless, about one third of the prisoners had no contact with the case manager or mentor in the past six months of imprisonment or up until the point of data collection. Since

prisoners experience contact with these professionals as positive, it is recommended to intensify prison-based contact. This can be done in a number of ways.

First of all, it is recommended to start contact sooner. In particular, prisoners who served a short period of time were less likely to have contact with prison-based professionals. This can be explained for the group that was imprisoned for 0 to 14 days, because in accordance with Dutch policy, it can take two weeks before screening by the case manager takes place. However, the relatively low amount of contact among those who were in prison for 14 days to 3 months, indicates that it often takes longer than these two weeks to initiate contact.

A second recommendation is to take a more active approach. Previous research has shown that case managers sometimes believe that the responsibility for initiating contact lies with prisoners (Plaisier et al., 2016). Although autonomy and responsibility are important values, it is important to recognise that not all prisoners are capable of initiating contact (Hanrath et al., 2019). For prisoners with whom there is no contact, a more active approach from case managers and mentors may be required in order to stay informed on their needs. If, for example, a prisoner does not show up for a screening, case managers can actively visit this person.

We also recommend that case managers maintain contact with prisoners throughout the entire sentence. The results showed that contact with the mentor continued to increase over time, but that contact with the case manager decreased. A possible reason is that, according to the findings of Hanrath et al. (2019), case managers unanimously agree that they are responsible for initiating contact, but that the responsibility shifts to prisoners over time. It is possible that prisoners are less likely to take this initiative and that, as a result, contact decreases. It is also possible that these prisoners have no reintegration needs and therefore do not need contact or support. However, because problems can also arise during imprisonment (Dirkzwager et al., 2018; Noordhuizen & Weijters, 2012; Wensveen et al., 2016), it seems beneficial to monitor whether all domains (e.g., housing, healthcare) are still in order for these long-stay prisoners. Perhaps this does not need to take place on a weekly basis for those serving longer sentences, but can take place every three months in the form of a short contact moment.

In addition, it is also advised to increase contact *frequency* with mentors and case managers. Fortunately, most prisoners already see the mentor daily or weekly, but some of them only see the mentor monthly. Because mentors of the unit are closest to the prisoners, they can potentially monitor prisoners well, provided they continue to make actual contact. The contact frequency with the case manager is lower than with the mentor. This may not be a problem when mentors pass on the information they gain in the units to the case managers. However, the study by Hanrath et al. (2019) showed that prisoners often have to wait a long time for a response from the case manager. This implies that prisoners sometimes want specific contact with the case manager and that this is insufficiently possible.

One way to increase this contact frequency with case managers is, as is already happening in some institutions, by placing case managers in the units instead of somewhere in the front building. In this way, they can be addressed freely by prisoners without the intervention of a correctional officer or an official form (Hanrath et al., 2019). A disadvantage of case managers on the unit is that prisoners change case managers as soon as they are transferred to another unit, while prisoners generally benefit from care continuity (Zwemmer, Jager & Van Vliet, 2007). Such a construction, whereby prisoners can freely address case managers in the unit, could also increase the caseload of case managers, while an excessive workload was cited by case managers and mentors as a reason not to make weekly contact with prisoners (Hanrath et al., 2019; Kommer, 2018; Plaisier et al., 2016). The caseload and workload mentioned may be one of the major reasons that not every prisoner is in (frequent) contact with prison-based professionals. In that case, the focus should be on reducing the caseloads.

Finally, based on the results of this study, it seems that individuals in pre-trial regimes require more attention. Although they are still awaiting criminal proceedings and there is no emphasis on a long-term D&R-plan yet, *ad hoc* problems may arise among this group in domains such as employment, healthcare, and housing. These problems may require immediate attention and action.

### 2.7.2 Recommendations for community-based contact

Despite the increasing emphasis of Dutch policy to bring in community-based professionals during imprisonment, the results show that there is still room for improvement. The frequency of contact is relatively low and prisoners are not very satisfied with their contact with municipal- and parole officers. On a positive note, contact differences across regimes seem to match the expected need for help among prisoners, for example as individuals in persistent and extra care regimes report higher amounts of contact with healthcare professionals. In addition, prisoners are generally satisfied with their contact with healthcare professionals and volunteers. Below, we provide a number of recommendations to further improve contact with community-based professionals.

First, the results support the policy wish to involve the probation service more widely in the reintegration process of prisoners during the whole sentence. In line with the findings of Van den Braak et al. (2003), parole officers are the type of community-based professional who visit most often. However, currently, they seem to be most often in contact with prisoners in the pre-trial and minimum security regimes. Although the current study does not provide insight into the nature of contact, a possible explanation for this increased contact in pre-trial and minimum security regimes, could be that the probation service has advisory tasks (e.g., court hearing) or supervisory tasks (e.g., conditional release) within these regimes. Since a broader role

for the probation service in the reintegration process of prisoners was promoted (DJI, 2019; Geenen et al., 2020), our findings raise questions about the extent to which the probation service is actually in a position to interact with prisoners throughout the entire sentence. The pilots undertaken in 2016, which allowed the probation service to work inside prisons again, may contribute to increased contact throughout the entire sentence. Parole officers indicated that working in prison enabled them to get in contact with prisoners faster (Reclassering Nederland, 2017). Our findings support the necessity of such pilots.

Second, we recommend that contact frequency with municipalities should be increased. During imprisonment, contact with municipal officers was limited across all phases and regimes. Since (almost) all prisoners eventually return to free society, it is important to ensure that the transition from prison to the community runs smoothly, especially as one third of the prisoners have difficulty with housing upon release (Wensveen et al., 2016). The report by De Koning et al. (2016) also indicated that not all municipalities intended to visit prisoners during imprisonment. Municipalities should be encouraged to do so by informing them, providing them with financial assistance, or by making their in-prison involvement less voluntary.

Municipalities and other professionals who do intend to visit prisoners can be surveyed as to why they rarely enter the prisons. It is possible that they encounter obstacles, such as inaccessibility of the institutions, unclear communication pathways, financial obstacles or reluctance among prisoners.

Finally, we also recommend to start contact sooner with community-based professionals, especially for the group that served 14 days to 3 months. To this end, a rapid exchange of information between the institutions and community-based professionals is desirable.

### 2.7.3 Limitations and future research

In order to make recommendations for future research, the limitations of the current study are discussed. First, there were some limitations in the available information. For example, prisoners in the minimum security regimes were not asked whether they spoke with professionals at times of temporary release. We also do not know how much contact prisoners had with other important prison-based professionals, such as prison-based health workers, teachers, and sports- or labour instructors. In addition, the total sentence length or time to release would be a useful addition to the current time served, to see whether there is an increase in contact close to release. Furthermore, there are disadvantages to self-reporting, because prisoners may not answer truthfully, may not remember contact correctly or may find it difficult to distinguish between categories of professionals. For this reason, it is recommended in follow-up research to supplement self-reported data with information from the community-based professionals about the frequency and nature of contact.

Furthermore, the study is explorative in nature. Therefore, the given explanations for differences in contact should be read with some caution. Follow-up research should look more deeply and in a multivariate way into the explanations and consequences of having contact and contact satisfaction. Future research could, for example, tap into the relationship between the *reintegration needs* of prisoners and receiving visits from community-based professionals. Limited contact with community-based professionals does not have to be a problem, since not all prisoners may require additional care. In particular, it would be interesting to examine the need for support among prisoners who remained completely overlooked by professionals. Conversely, contact does not necessarily consist of reintegration support nor contributes to successful resettlement. Case managers, mentors, and parole officers may also seek contact for other purposes, such as for their advisory and supervisory tasks. However, we argued that the absence of contact is problematic, because lack of contact minimises the chance of proper guidance and referrals when support is needed. Therefore, we mapped the amount of contact for all prisoners during their entire stay and across various regimes. However, future research should investigate the nature and necessity of contact further.

To conclude, the current study shows that a few things seem to be going well in Dutch prisons in terms of contact between prisoners and professionals. National figures show that the majority of prisoners are in contact with their case manager or mentor. Moreover, there is additional contact with community-based professionals during imprisonment, most often with parole officers. Also, prisoners in regimes who often need support, seem to be most often in contact with relevant professionals. Further recommendations were made to initiate contact more often and to remain in contact with all prisoners during imprisonment, so that they are well-prepared for their return to society.

**Appendix 2A**

*Questionnaires, Items and Scales - Dutch Prison Visitation Study (DPVS), Part of the Life in Custody study (LIC-study)*

| Data | Items | Answer categories |
|---|---|---|
| Prisoner survey 2019 – Prison Climate Questionnaire (PCQ) | 1) In the past six months, how often have you had personal contact with:*<br>• Your case manager (at this institutions) / Your mentor (on the ward)? | 1) I don't have a case manager/mentor, Never, Monthly, Weekly, Daily |
| | 2) In the past six months, how often have you had personal contact with :*<br>• Municipal officer / Parole officer / Health professional / Volunteer?<br>* *If you have been imprisoned for less than six months, then this question refers to the period since your entry into this institution* | 2) Never, 1 to 2 times, 3 to 5 times, 6 times or more |
| | 3) Scale: satisfaction with contact *(if contact = yes)* [case manager/mentor]<br>• My […] sufficiently helps me with my reintegration<br>• I see my […] often enough<br>• Contact with my […] is pleasant<br>• I am satisfied with the contact with my […]<br>• Speaking with my […] is useful to me | 3) Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree<br>*Cronbach's alpha = .94 (case manager, n = 2,272; mentor, n = 2,223)* |
| | 4) Education level | 4) Lower education, medium education, high education<br>*[Netherlands Statistics (CBS) classification SOI 2016]* |
| | 5) Country of birth | 5) Netherlands, Netherlands Antilles, Suriname, Poland, Morocco, Turkey, Other *(The questionnaires are offered in: Dutch, English, Spanish, Turkish, Polish and Arabic)* |

**Appendix 2A**
*Continued*

| Data | Items | Answer categories |
|---|---|---|
| Prisoner survey 2019 – Visits from community-based professionals | 1) Which of the following reintegration partners visited you in the past six months? *(If you have been imprisoned for less than six months, then this question refers to the period since your entry into this institution)*:<br>• Municipal Officer / Parole officer / Health professional / Volunteer | 1) No, Yes |
| | 2) If 1) was yes: the researcher, together with the prisoner, noted down in an open field about what type of professional the follow-up contact-questions were about | 2) Municipal officer: *employee from a municipality*<br>Parole officer: *employee from '3RO', 'Salvation Army', 'Probation Service Netherlands', other parole services (drug rehabilitation)*<br>Healthcare professional: *psychologist, psychiatrist, social worker (e.g., drug treatment, education, debt assistance, youth protection, or other support - not voluntary)*<br>Volunteer: *volunteer at 'Bonjo', 'Gevangenenzorg', 'Exodus' 'Humanitas', and other voluntary organisations, or clergy* |
| | 3) Scale: contact satisfaction with the type of professional mentioned under 1) or 2):<br>• [These people] sufficiently help me with my reintegration<br>• I see [these people] often enough<br>• Contact with [these people] is pleasant<br>• I am satisfied with the contact with [these people]<br>• Speaking with [these people ] is useful to me | 3) Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree *Cronbach's alpha = .92 (municipal officer, n = 334; parole officer, n = 1,157; health professional, n = 422; volunteer, n = 308)* |
| Administrative data from DJI (TULP) | 1) Gender<br>2) Age<br>3) Time served<br>4) Regime | 1) Male, Female<br>2) Date of survey - Date of birth<br>3) Date of survey - Start date of sentence<br>4) Prison, Pre-trial, Persistent, Extra care, Short-stay, Minimum security |

# Part 2

# Factors Related to Receiving Support

# 3 Do Prisoners with Reintegration needs Receive Relevant Professional Assistance?[1]

## 3.1 Introduction

Transitioning back to society can be a challenging event for prisoners (Petersilia, 2003; Visher & Courtney, 2007). Upon release, more than 70 percent of Dutch prisoners are unemployed and more than half encounter financial difficulties (Beerthuizen et al., 2015; Ramakers, 2014). Moreover, one third of Dutch prisoners find themselves in unstable housing situations or experience drug related problems (Den Bak et al., 2018; Wensveen et al., 2016) and 15 percent do not possess valid identification (Weijters, Rokven & Verweij, 2018). Similar problems are reported worldwide (e.g., Abbott, Magin & Hu, 2016; McSweeney & Hough, 2006; Visher, La Vigne & Travis, 2004). These unmet *reintegration needs* form barriers to successful transition (Graffam & Hardcastle, 2007; Visher & Courtney, 2007) and enhance the likelihood of recidivism (Visher et al., 2004, 2017).

According to the Offender Management (OM) framework, support by and cooperation between prison-based and community-based professionals is vital in overcoming these transitioning problems. In most prison institutions, prison-based professionals such as case managers or mentors are primarily in charge of preparing prisoners for release. These prison-based professionals often take care of intake assessments, keep track of the reintegration needs and refer prisoners to specialised help from community-based professionals (Day et al., 2012; Hardyman, Austin & Peyton, 2004). In turn, these community-based professionals, among whom parole officers, municipal officers, health- and care professionals and volunteers, can provide further access to community resources and help prisoners prepare for release. For example, parole officers and municipal officers can assist in employment, finances, housing or valid identification (Bares & Mowen, 2020; Viglione, Rudes & Taxman, 2015), healthcare professionals can take care of discharge planning and continuation of healthcare upon release (Hopkin et al., 2018) and volunteers can help with social services, such as housing, debt counselling and job training (McSweeney & Hough, 2006; O'Connor & Bogue, 2010).

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1 Pasma, A. J., Van Ginneken, E. F. J. C., Palmen, H., & Nieuwbeerta, P. (2022). Do Prisoners With Reintegration Needs Receive Relevant Professional Assistance? *International Journal of Offender Therapy and Comparative Criminology,* doi:0306624X221086554.

In theory, then, professional support can help prepare prisoners for release, but in practice this appears challenging. Prisoners often report a lack of professional assistance (Crewe & Ievins, 2021; Hamilton & Belenko, 2016; Loeliger et al., 2018), no intake or needs assessments (Hamilton & Belenko, 2016), no in-prison access to community resources (Lloyd et al., 2015; McCauley & Samples, 2017), poor pre-release programming (McCauley & Samples, 2017) or a lack of collaboration between prison-based and community-based professionals in throughcare and aftercare (Abbott, Magin & Hu, 2016; Lloyd et al., 2015; Smith et al., 2018). Although this overall picture of professional assistance in prisons is bleak, these studies do not give information about the extent to which assistance is offered in relation to specific reintegration needs. For example, does a prisoner with employment needs actually receive assistance from a professional who can help with finding employment? It is important to examine the relationship between needs and assistance, because unassisted needs can be problematic for prisoners and for post-release outcomes.

Therefore, the current study aims to examine the degree to which reintegration needs of prisoners are met with support from prison-based and community-based professionals. More specifically, we are interested in (1) how many prisoners with reintegration needs report *any assistance* by prison-based or community-based professionals; (2) the extent to which *specific needs* are related to assistance by *relevant professionals*; and (3) the extent to which the *overall level of needs* is related to the *overall level of assistance*. Finally, because continuity of care is considered crucial in preparing prisoners for release, as we describe later on, we also examine (4) in which *phases of imprisonment* prisoners with needs report assistance.

The following discussion of professional assistance draws on the OM framework. First, we describe the core principles of OM and what good rehabilitation practices in prison should look like accordingly. Second, we describe how these OM principles become visible within the Dutch rehabilitation policy. Based on previous research we then evaluate the degree to which professional assistance usually matches these OM principles. The results of the current study, based on survey data among 4,309 Dutch prisoners, can inform improvement of reintegration support in the Netherlands and beyond.

## 3.2 Offender Management in Prisons

Across the world, reintegration support in prisons is offered in line with Offender Management (OM) principles (Institute for Criminal Policy Research, 2011; Maguire & Raynor, 2017). Offender management is rooted in *case management* in other human services fields and refers to the general idea that clients have a set of complex needs that should be managed by multiple agencies (Institute for Criminal Policy Research, 2011). In relation to prison sentences, OM strategies aim to manage the needs of offenders,

during and after imprisonment, to provide support and reduce crime. The core principles of OM in prisons can be summarised as follows: (1) a prison-based case manager coordinates the reintegration process; (2) collaboration with/early involvement of community-based agencies is necessary to provide access to resources; (3) continuity of care throughout and after the whole sentence is important; (4) the focus should be on the individual needs of offenders, rather than on general treatments for certain types of offenders; and (5) personal relationships between prisoners and professionals are key (Maguire & Raynor, 2017).

Most OM perspectives share these core principles, but they often slightly differ in their approach. For instance, the Offender Management Model (OMM) of the National Offender Management Services (NOMS) in England and Wales favours an end-to-end approach and stresses well-planned case management and continuity of care (Maguire & Raynor, 2017). Integrated Offender Management (IOM) emphasises multi-agency collaboration between prison services, the police, probation, local authorities, healthcare institutions, housing services, voluntary and community organisations and other agencies, who should cooperate within the locality of the offender (Hadfield et al., 2020). The desistance paradigm of OM highlights the individual needs of offenders and the personal prisoner-professional relationships (McNeill, 2006).

Despite these different approaches, there is general consensus within the OM framework that professional assistance is crucial in managing or supporting the successful resettlement of prisoners. Multiple studies confirmed that case management and individual-level assistance (Day et al., 2012; Kendall et al., 2018; Visher et al., 2017) as well as in-prison support by community-based professionals, such as by parole officers (Bares & Mowen, 2020), can be useful in pre-release planning and post-release outcomes. Moreover, the systematic review of Hadfield et al. (2020) found that involvement of voluntary and community organisations or mental health services could be beneficial for addressing prisoners' diverse needs.

The next question that arises concerns the *type of needs* that this team of professionals should address. In recent years, there is growing attention for the protective factors and destabilisers, or what we call *reintegration needs*, such as employment, housing, finances, healthcare and valid identity documents. This increasing focus on reintegration needs was, in part, a reaction to the risk paradigm. It was argued that reintegration needs such as housing, economic stability and healthcare should also be considered to reduce recidivism (Taxman & Smith, 2020; Taxman & Caudy, 2015) in addition to typical risk factors, such as antisocial attitudes (Andrews & Bonta, 2006). Moreover, within the desistance paradigm, tackling reintegration needs is seen as an important precondition for prisoners to work on a positive non-criminal identity and social position (Maguire & Raynor, 2006; McNeill, 2006; Ward, Mesler & Yates, 2007). Furthermore, overly focusing on the individual deficits and potential risks of prisoners disregards what individuals say they need to desist from crime (Maguire & Raynor, 2006).

Yet, previous research found that reintegration needs were often ignored in prisons, even though they could contribute to lowering recidivism and were of great concern to incarcerated and released persons (Bonta & Wormith, 2013; Petersilia, 2000), irrespective of their 'risk level' (Scheirs, 2016).

In sum, according to the OM framework, it is important that the reintegration needs of all prisoners are assisted by a network of prison-based and community-based professionals, in order to remove barriers that often hamper the process of reintegration. In addressing these reintegration needs, individual-level support and continuity of care are considered vital.

## 3.3 Offender Management in Dutch Prisons

The abovementioned OM principles and the growing attention to reintegration needs are also visible within the Dutch rehabilitation policy. According to the rehabilitation principle of the Dutch Penitentiary Principles Act (Pbw), a custodial sentence not only serves a retributive purpose, but should also aim at reintegration and pre-release planning. For the past two decades, the Dutch Custodial Institutions Agency (DJI) has emphasised five reintegration needs that are considered crucial for successful reintegration and post-release outcomes: employment, finances, housing, healthcare and valid identification documents (DJI, 2019; Van Duijvenbooden, 2016).

To assess and monitor these reintegration needs, every prisoner is assigned a prison-based case manager and a mentor. The case manager is responsible for intake assessments with all prisoners *within the first two weeks* of imprisonment. Moreover, the case manager functions as coordinator of the reintegration process and should transfer case information in the pre-release phase to community-based professionals (DJI, 2019). The mentor is a correctional officer who is expected to talk to prisoners at least *every other week* (Inspectorate of Justice and Security, 2018). Additionally, DJI made formal agreements with community-based professionals in how to provide throughcare and aftercare to prisoners (DJI, 2019). Current policy states that prison-based professionals, together with a parole officer and a municipal officer, need to discuss a reintegration plan with a prisoner *within four weeks* of entry into prison (DJI, 2019). Parole officers usually assist prisoners at the start and at the end of imprisonment, carrying out supervisory tasks (e.g., court related advice), while also paying attention to reintegration needs (e.g., job referrals) (Geenen et al., 2020). Municipal officers, who work at the municipality of origin or return, are responsible for providing access to community resources (e.g., valid ID) and for preparing prisoners for their return into the community (e.g., housing) (DJI, 2019). Finally, community-based health- and care professionals are expected to make discharge plans for upon release concerning psychological and physical wellbeing, and volunteers of voluntary organisations often provide social services (e.g., job training, financial housekeeping, housing options) (Buysse et al., 2018; Kuis, Schuhmann & Goossensen, 2015).

## 3.4 Previous Findings

Up until this point we described what professional reintegration support in prisons ideally looks like according to the OM framework. Based on previous literature, however, we know that in practice, professional assistance not always matches OM policies. For instance, the HM Inspectorates of Probation and Prisons in England and Wales, who evaluated the OMM of the NOMS, found that there is infrequent personal contact between the offender manager and prisoners, that there is limited in-prison involvement by community-based professionals, and that only high-risk offenders tend to receive assistance (Maguire & Raynor, 2017). Moreover, prison-based professionals often seem to lack the knowledge to implement offender management strategies, while community-based professionals, who are usually more trained in offender management, are more distant and often experience barriers to full inclusion (Maguire & Raynor, 2017). In general, there is often disappointment in what OM programmes have achieved (Bullock & Bunce, 2020; Hollin et al., 2004; Maguire & Raynor, 2017).

Studies among professionals confirm this image. These often conclude that limited resources or limited time prevents them from seeking contact with prisoners (e.g., Hanrath et al., 2019; Petersilia, 2000; Plaisier et al., 2016; Turley et al., 2011). Moreover, professionals do not always seem to adjust their level of assistance to the reintegration needs of prisoners. For example, although the study of Viglione, Rudes and Taxman (2015) was about *post-release* supervision, they found that probation officers often talked with prisoners about reintegration needs such as employment, housing, finances and physical health, but that their supervision strategies were not adjusted to those assessed needs.

The lack of professional assistance has also been underscored by prisoners themselves. Interview studies in England and Wales found that prisoners reported that they remained invisible, were unable to reach their parole officer, and did not receive appropriate professional support (Bullock & Bunce, 2020; Crewe & Ievins, 2021). Large-scale research in the US found that about half of the surveyed serious and violent offenders reported pre-release contact with a case manager (Hamilton & Belenko, 2016; Visher et al., 2017), which was even lower among individuals who were not selected for participation in a re-entry programme funded by the Serious and Violent Offenders Reentry Initiative (SVORI) (Lattimore & Visher, 2013). In the Netherlands, prisoners do not seem to discuss their reintegration plans very often with case managers or mentors (Plaisier et al., 2016) and they sometimes find it hard to reach their case manager (Hanrath et al., 2019). Yet, it is not known to what extent prisoners with specific reintegration needs receive relevant professional assistance. Finally, complaints about through- and aftercare and the absence of discharge and healthcare plans are well-documented (e.g., Abbott, Magin & Hu, 2016; Beerthuizen et al., 2015; Hopkin et al., 2018; McCauley & Samples, 2017).

Although previous literature revealed problems in resources, professional support and through- and aftercare, these studies mostly described general shortcomings in support and did not link specific individual needs to assistance by relevant professionals. Furthermore, previous research typically focused on specific groups of prisoners such as violent offenders, contact with a single type of professional such as case managers or parole officers, or a single need such as drug problems or homelessness. Thus far, little is known about *in-prison* contact between prisoners with reintegration needs and *multiple* prison-based and community-based professionals. To fill this gap, we set up the Dutch Prison Visitation Study (DPVS), part of the Life in Custody (LIC) study, to collect survey data among 4,309 prisoners and their (professional) visitors, across all 28 Dutch prisons. The current study contributes to the field of rehabilitation by focusing on an array of self-identified reintegration needs and offers a comprehensive assessment of the match between those needs and the level of assistance provided by relevant prison-based and community-based professionals.

## 3.5 Methods

### 3.5.1 Data and population

To examine the level of professional assistance provided to prisoners with reintegration needs, data from the Dutch Prison Visitation Study (DPVS), part of the Life in Custody Study (LIC-study), is used. The LIC-study is a largescale research project on the quality of life in all Dutch prisons and started in 2017 (Van Ginneken et al., 2018). The quality of prison life was measured by the Prison Climate Questionnaire (PCQ) and includes questions on the six domains of prison climate (relationships in prison, safety and order, contacts with the outside world, facilities, meaningful activities and autonomy) (for further details see Van Ginneken et al., 2018).

The current study uses survey data from the second wave, held in February-May 2019, which included multiple DPVS questionnaires on the visitation experiences of both prisoners and their visitors, in addition to the standard PCQ. The DPVS-2019 did not only include regular visitors such as family and friends, but also professional visitors such as parole officers, municipal officers, health- and care professionals and volunteers. With a team of forty research assistants, all prisoners were approached within one week per prison institution. Except for the psychiatric units, data was collected in all regimes, including pre-trial units.[2] In addition, we approached all prison visitors at the entrance for one-three weeks per prison institution.

2 In the Netherlands, pre-trial detainees are incarcerated in separate units in the same prison institutions as convicted prisoners, and the same rules concerning professional support apply to them.

However, for the present purpose, we focus on the prisoner point of view and use data on their self-reported reintegration needs and contact with professionals. Finally, administrative data was obtained, which contains background characteristics such as phase of imprisonment, regime, time served and prisoner demographics.

At the time of data collection, 7,594 prisoners were held in custody, of whom 5,757 were able to participate. Prisoners were not able to participate when we were unable to approach them (e.g., they were released or transferred during the week of data collection or were placed in isolation). Other reasons not being able to participate included language barriers or psychiatric problems. In total, 4,350 unique questionnaires were collected among the target population, which was 76% of all handed out questionnaires in Dutch, English, Spanish, Polish, Turkish and Arabic; 4,113 prisoners gave informed consent to link the survey to administrative data (95%). A further 196 surveys of newly arrived prisoners, initially not on our target list, were included in our research sample, which resulted in a total number of 4,309 unique participants. The respondents are representative of the total prison population with regard to time served, but participants turned out to be slightly older compared to the total prison population, women participated more often than men, and despite offering the survey in multiple languages, Dutch prisoners were overrepresented compared to non-Dutch prisoners.[3]

### 3.5.2 Measures

*Professional assistance*

The dependent variables are dichotomous variables[4] that reflect whether prisoners had face-to-face contact with a case manager or a mentor (the prison-based professionals), and with a parole officer, a municipal officer, a

3 Age: [participants: M = 37.13, SD = 11.92 versus the population: M = 36.76, SD = 11.82; t(4349) = 2.063; $p$=.039]. Time served: [participants: M = 12.75, SD = 24.17 versus the population: M = 12.39, SD = 23.35); t(4349)= .407, $p$=.684]. Nationality: [$\chi 2$ (1, N=7284)=56.23, $p$<.000; effect size: OR=1.56, 95% CI (1.39, 1.76)]. Gender: [$\chi 2$ (1, N=7594)=47.16, $p$<.000, effect size: OR=2.19, 95% CI (1.74, 2.76)].

4 The items were originally measured by the frequency of contact, including answering options 'never', 'monthly', 'weekly' or 'daily' for the prison-based professionals and 0 times, 1-2 times, 3-5 times or more than 6 times for the community-based professionals. However, very few prisoners reported high frequencies of contact and ordinal analyses showed violation of the parallel line test (prison-based: $\chi 2$(24, N=3589)=55.43, $p$<.01; community-based: $\chi 2$(24, N=3724)=88.61, $p$<.01)), which means that the estimates are not consistent over the ranked responses on contact frequency. Therefore, and also because there seems to be a fair amount of prisoners who report no contact with the various types of professionals, we decided that it would be more meaningful and straightforward to interpret whether prisoners reported contact with either one of these professionals during the past six months or not.

(health)care professional or a volunteer (the community-based professionals) during the past six months of imprisonment or up to the point of data collection for prisoners who had served less than six months. Health- and care professionals included psychologists, psychiatrists, mental health professionals, drug treatment institutions, and other social care workers (other than volunteers). Volunteers included faith-based institutions and other social workers (voluntarily). For respondents who answered to all contact questions, an additional count variable was made for the overall level of assistance provided. Based on the distribution of this count-variable we categorised prisoners into a range from no assistance (0 professionals), a low overall level of assistance (1-2 professionals), a moderate overall level of assistance (3 professionals) to a high overall level of assistance (4-6 professionals).

*Reintegration needs*

Five dichotomous items were included to measure whether prisoners had (1) a job, (2) their finances in order, (3) a stable place to live, (4) a good health status[5] and (5) a valid identity document (ID) before they were imprisoned. A score of 1 on each of these variables means that prisoners had these needs (i.e., responded negatively on these items) prior to imprisonment. For respondents who answered to all needs questions, an additional count variable was made for the overall level of needs reported. Again, based on the distribution of the count-variable, prisoners were categorised into a range from no needs (0 needs), a low overall level of needs (1 need), a moderate overall level of needs (2-3 needs) to a high overall level of needs (4-5 needs).

*Phase of imprisonment*

Before we categorised prisoners into the *start*, *middle* or *pre-release* phase, two groups were held separate from those three categories: (1) prisoners who served a maximum of two weeks at the point of data collection, because in accordance with the policy agreements it may take up to two weeks to do an intake assessment; and (2) prisoners with a total sentence length shorter than 4 months, because we were unable to distinguish meaningful phases of imprisonment.[6] Following, the three categories were

5 This item was originally measured by a 1-5 Likert-scale. To keep interpretations consistent for the five reintegration needs, we dichotomised this variable. Prisoners who rated their health as 1 or 2 were considered in poor health, compared to 3, 4 and 5, who were considered in average or good health.

6 For instance, prisoners with a total sentence length of 3 months would be in their starting phase as well as in their pre-release phase.

created based on time served and time to release. First, prisoners were considered in the *starting phase* when they served 2-6 weeks at the time of data collection. Given the Dutch policy, this group should have had contact with prison-based professionals (within 2 weeks) and additionally with a parole officer and municipal officer (within 4 weeks). The second group was in the *middle phase* and served longer than 6 weeks, but was not yet within 3 months of the release date. The third group was considered in the *pre-release phase* when they were within 3 months of the release date (Taxman, Young & Byrne, 2002).

### 3.5.3 Analyses

Bivariate analyses were conducted to establish the match between reintegration needs and professional assistance, for the overall sample and split by phase of imprisonment. Given the bivariate nature of the analyses, information was deleted pairwise from each crosstabulation between a specific need and contact with a type of professional, to minimise the loss of information. We should keep in mind that group size and composition slightly differ for each crosstabulation.

## 3.6 Results

Table 3.1 displays the level of reintegration needs and professional assistance of all participants. Altogether, 35% reported no needs, which means that 65% had at least one type of need. Most prisoners reported small (31%) or moderate (28%) overall levels of needs. Most commonly, prisoners reported having no employment prior to imprisonment (42%), followed by financial problems (27%), housing problems (23%), poor health (22%), and no valid ID document (11%). More than half of the participants reported contact with prison-based professionals, while contact with community-based professionals was substantially lower. Finally, most prisoners reported low (43%) or moderate (22%) overall levels of assistance.

### 3.6.1 No assistance by any of the professionals

Next, we turn to the level of assistance reported by prisoners with reintegration needs. First of all, we examined how many prisoners with reintegration needs remained *invisible*. Figure 3.1 shows that 15-22% of the prisoners with employment, financial, housing, health or ID needs reported no contact with any of the six professionals in the past six months of imprisonment or up until the point of data collection. For prisoners with health or ID needs, this turned out to be higher than for prisoners without such needs. This indicates that prisoners with health and ID needs were overlooked more

often than prisoners without those needs. Moreover, additional analyses showed that there was overlap in having an ID need and reporting complex needs, meaning that prisoners with ID needs were more likely to report other needs as well, making it even more important that prisoners with ID needs are not overlooked.[7]

**Table 3.1**
*Descriptive Statistics (Total N = 4,309)*

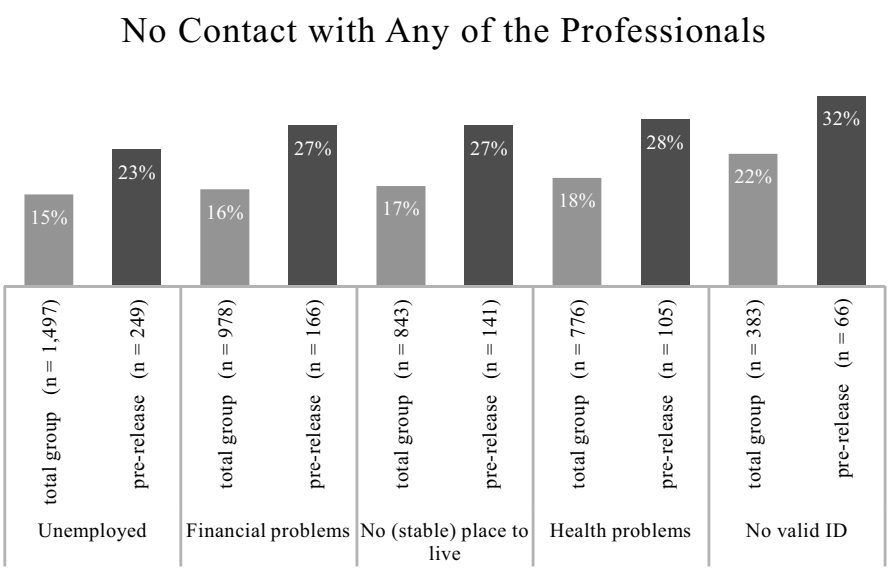
| | % Yes | Valid N |
|---|---|---|
| IN-PRISON ASSISTANCE | | |
| *Case Manager* | 61% | 3,877 |
| *Mentor* | 59% | 3,937 |
| *Parole Officer* | 42% | 3,979 |
| *Municipal Official* | 17% | 3,971 |
| *(Health)care Professional* | 25% | 3,976 |
| *Volunteer* | 17% | 3,964 |
| OVERALL LEVEL OF ASSISTANCE | | |
| *Zero professional assistance* | 16% | 3,726 |
| *Low overall level of assistance* | 43% | 3,726 |
| *Moderate overall level of assistance* | 22% | 3,726 |
| *High overall level of assistance* | 19% | 3,726 |
| REINTEGRATION NEEDS | | |
| *Unemployed* | 42% | 4,128 |
| *Financial problems* | 27% | 4,097 |
| *No (stable) place to live* | 23% | 4,143 |
| *Health problems* | 22% | 4,164 |
| *No valid ID* | 11% | 4,155 |
| OVERALL LEVEL OF REINTEGRATION NEEDS | | |
| *Zero needs* | 35% | 3,981 |
| *Low overall level of needs* | 31% | 3,981 |
| *Moderate overall level of needs* | 28% | 3,981 |
| *High overall level of needs* | 6% | 3,981 |
| PHASE OF IMPRISONMENT | | |
| *Total sentence length < 4 months* | 18% | 4,043 |
| *Time served < 2 weeks* | 4% | 4,043 |
| *Start: 2 – 6 weeks* | 6% | 4,043 |
| *Middle: 6 weeks – 3 months pre-release* | 56% | 4,043 |
| *Pre-release: < 3 months pre-release* | 16% | 4,043 |

7 The results of additional analyses are available from the corresponding author on request.

Additionally, Figure 3.1 specifies the results for prisoners who are in the pre-release phase, since it would be even more problematic if needs remain unassisted upon release. In the pre-release phase, 23-32% of the prisoners with needs reported no contact in the past six months. The number of prisoners that stayed under the radar in the pre-release phase is substantially higher than in other phases. However, there were no differences between prisoners with or without needs, meaning that assistance in the pre-release phase was generally low for both prisoners with and without needs. Yet, prisoners in the pre-release phase who entered prison with ID needs reported no contact with any professional relatively often, compared to prisoners with other needs.

Although the group sizes of prisoners who were in their pre-release phase and had a particular need were small at the point of data collection, around 30,000 Dutch prisoners are released each year. Thus, should this 23-32% hold on a larger scale, this would result in a substantive group of prisoners with needs that remains unassisted towards the end of imprisonment.

**Figure 3.1**
*Percentage of Prisoners with Specific Reintegration Needs who Had No Contact at all, in Total and in the Pre-release Phase*



### 3.6.2 Assistance by relevant professionals

Second, we examined whether prisoners with specific needs were assisted by *relevant professionals* (see Table 3.2). Given the pairwise deletion, Appendix 3A specifies the Valid N per crosstabulation. In absolute terms, prisoners with reintegration needs reported contact with prison-based professionals *more often* than with community-based professionals. For instance, 57% and 56% of the prisoners with a health need reported contact with a case manager or mentor respectively, whereas only 28% of the prisoners with a health need reported contact with a (health)care professional. Also, 59% and 53% of the prisoners with housing needs reported contact with a case manager and a mentor, whereas only 20% reported contact with a municipal officer. In other words, prisoners with needs have more contact with case managers or mentors than with the relevant community-based professionals.

However, in relative terms, the odds ratios (OR) in Table 3.2 show an overall pattern of *less* contact with prison-based professionals and *more* contact with community-based professionals for prisoners with a specific need, compared to those without this need. For instance, prisoners who had no stable place to live were more likely to be assisted by (health)care professionals (OR = 1.47, $p<.01$), municipal officers (OR = 1.31, $p<.01$) and volunteers (OR = 1.25, $p<.05$), but less likely by mentors (OR = .74, $p<.01$), than prisoners who had a stable place to live. Likewise, prisoners with health problems were more likely to report contact with (health)care professionals, but less likely with case managers, than prisoners without health problems. Thus, in general, community-based professionals seek contact with prisoners less often than prison-based professionals, but when they do, they seem better focused on prisoners with relevant needs. Parole officers were an exception: they had contact with prisoners relatively often, but they were no more likely to be in contact with prisoners who had needs than those without needs, and were even *less likely* to be in contact with prisoners who had ID needs.

**Table 3.2**
*In-prison Assistance per Reintegration Need*

| | | PRISON-BASED | | | | COMMUNITY-BASED | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Case Manager | | Mentor | | Parole Officer | | Municipal Officer | | (Health)care Professional | | Volunteer | |
| | | Contact | OR | Contact | OR | Contact | OR | Contact | OR | Contact | OR | Contact | OR |
| **Unemployed** | **No** | 61% | 1.02 | 59% | .91 | 41% | 1.09 | 16% | 1.18 | 23% | 1.31** | 16% | 1.15 |
| | **Yes** | 62% | | 57% | | 44% | | 18% | | 28% | | 19% | |
| **Financial problems** | **No** | 62% | .88 | 60% | .82** | 42% | 1.03 | 16% | 1.20 | 22% | 1.65** | 16% | 1.42** |
| | **Yes** | 59% | | 55% | | 43% | | 19% | | 32% | | 21% | |
| **No (stable) place to live** | **No** | 62% | .88 | 60% | .74** | 42% | .99 | 16% | 1.31** | 23% | 1.47** | 17% | 1.25* |
| | **Yes** | 59% | | 53% | | 42% | | 20% | | 30% | | 20% | |
| **Health problems** | **No** | 63% | .79** | 60% | .87 | 43% | .88 | 17% | .96 | 24% | 1.21* | 18% | .91 |
| | **Yes** | 57% | | 56% | | 40% | | 16% | | 28% | | 16% | |
| **No valid ID** | **No** | 62% | .77* | 60% | .59** | 43% | .75** | 17% | 1.27 | 25% | 1.08 | 18% | .83 |
| | **Yes** | 56% | | 47% | | 36% | | 20% | | 26% | | 15% | |

| | | Prison-based professionals (any) | | Community-based professionals (any) | |
|---|---|---|---|---|---|
| | | Contact | OR | Contact | OR |
| **Needs (any)** | **No** | 76% | .85* | 56% | 1.24** |
| | **Yes** | 73% | | 61% | |

**$p<.01$ *$p<.05$

### 3.6.3 Overall level of needs and overall level of assistance

Third, we looked at the relationship between the *overall level of needs* and the *overall level of assistance* provided (see Table 3.3). Contrary to expectations, prisoners with the *highest* overall level of needs were significantly more likely to report no professional assistance at all, compared to prisoners with moderate and no needs (23% compared to 15%). More in line with expectations, prisoners with *moderate* needs more often reported a high overall level of assistance than prisoners with no needs (22% compared to 16%). There were no significant differences between other groups in relation to the overall level of needs and assistance.

**Table 3.3**
*Overall Level of Reintegration Needs and Overall Level of Professional Assistance*

| | No assistance | Low assistance | Moderate assistance | High assistance |
|---|---|---|---|---|
| Zero needs[a] | 15%[d] | 46% | 23% | 16%[c] |
| Low needs[b] | 16% | 42% | 21% | 20% |
| Moderate needs[c] | 15%[d] | 41% | 22% | 22%[a] |
| High needs[d] | 23%[ac] | 41% | 18% | 18% |

[a b c d] *group comparisons:* $p<.05$ with Bonferroni correction

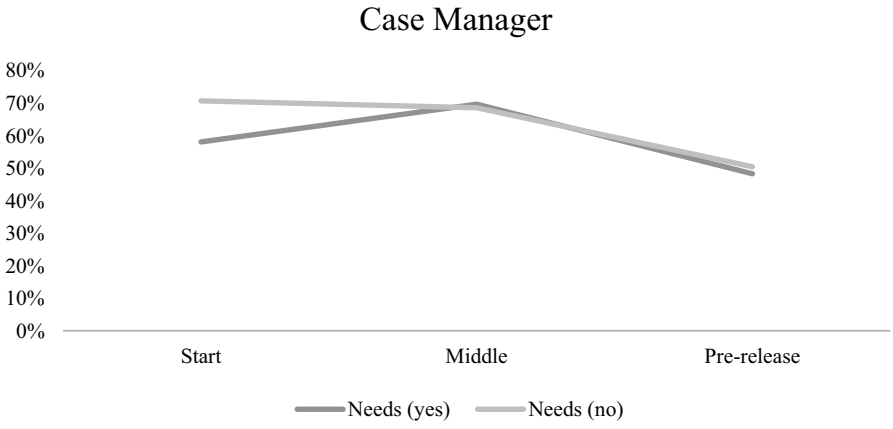
### 3.6.4 Assistance across the phases of imprisonment

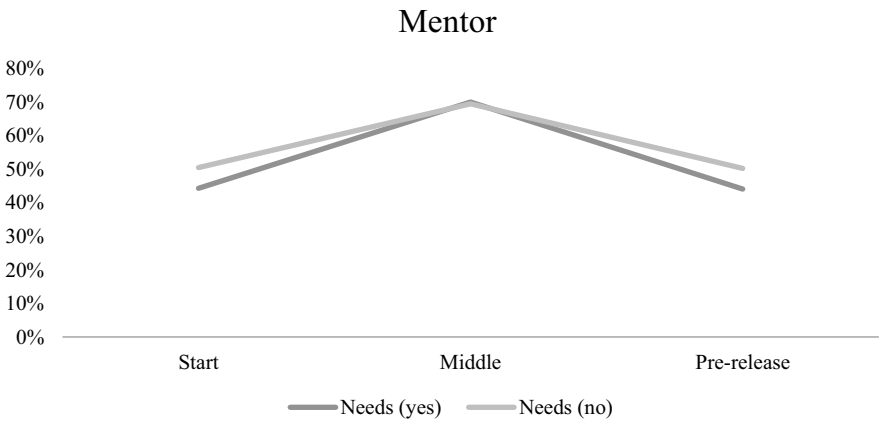
Fourth, we looked at the proportion of prisoners with needs who reported contact with each of the professionals at different phases of imprisonment. Appendix 3B presents the results for the two groups that were held separate (total sentence length < 4 months and time served < 2 weeks). Figure 3.2 presents the results for the start, middle and pre-release phase and shows that contact with prison-based professionals is highest in the middle phase of imprisonment. These contact differences across phases were significant[8] and contradict the expectation that prisoners would report more contact with prison-based professionals at the start due to the intake assessments. Yet, the higher amount of contact with mentors in the middle phase is in line with their expected monitoring tasks throughout detention.

Furthermore, looking at the differences between prisoners with and without needs, Figure 3.2 shows that the two lines run mostly parallel; any observed differences were not significant. In other words, there are no substantial differences between prisoners with or without needs in reporting contact with prison-based professionals across the phases.

8 Case manager, phase differences: $\chi 2(4, N=3604)=149.67$, $p<.01$; Mentor, phase differences: $\chi 2(4, N=3650)=292.83$, $p<.01$.

**Figure 3.2**
*Percentage of Prisoners with and without Needs Reporting Contact with Prison-based and Community-based Professionals per Phase of Imprisonment*



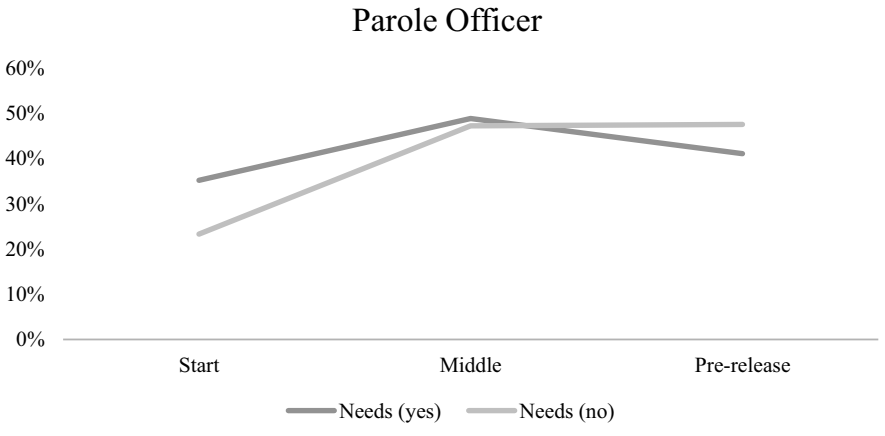
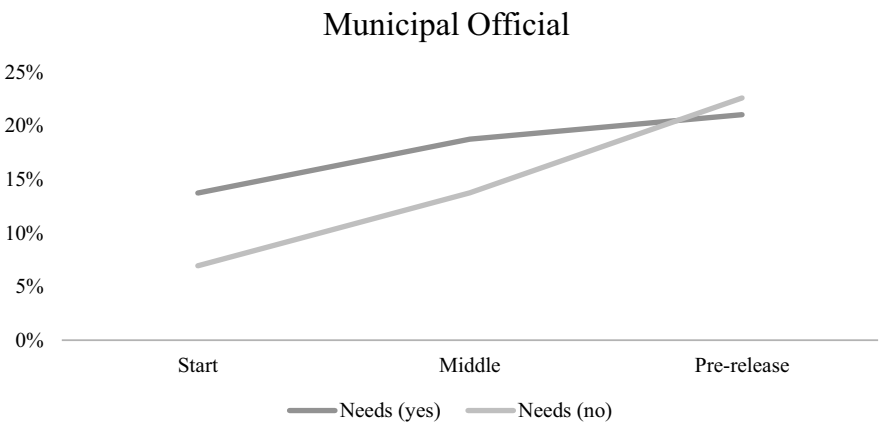
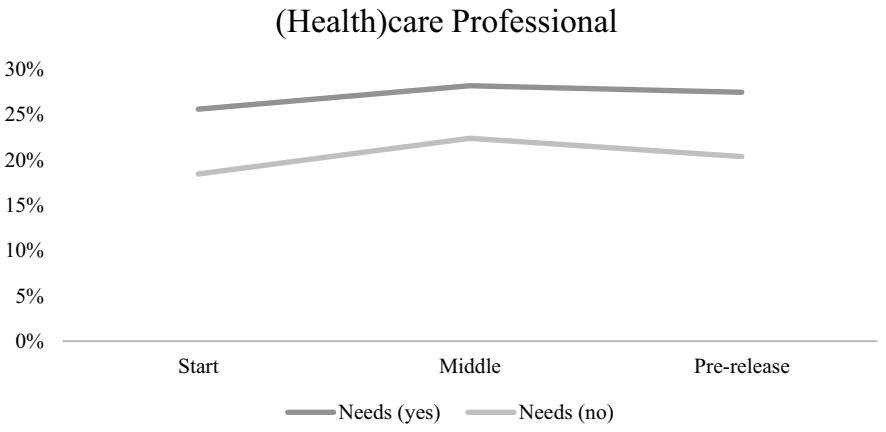
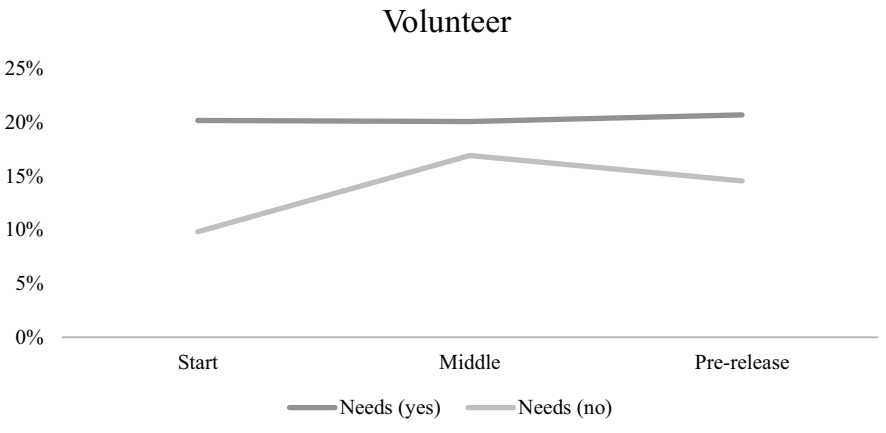



**Figure 3.2**
*Continued*



Contact with *community-based professionals* also significantly differed across the phases of imprisonment, except for contact with (health)care professionals.[9] Compared to the prison-based professionals, contact with community-based professionals was higher in the pre-release phase, or decreased less steeply. This is in line with the assumption that community-based professionals would help relatively often in the pre-release phase, when prisoners are preparing for their return to the community.

Comparing the two lines for prisoners with and without needs, prisoners with needs more often reported contact with parole officers and municipal officers at the start and middle phases of imprisonment, but this advantage was not sustained in the pre-release phase.[10] Finally, prisoners with needs reported more contact with (health)care professionals and volunteers than prisoners without needs, and this contact was steady across the phases.

## 3.7 Discussion

The importance of a personal approach to addressing reintegration needs is increasingly recognised. This has led to ambitious policy initiatives in different countries, including a Dutch version of integrated offender management that involves the collaboration of prison-based and community-based professionals. This study examined whether these professionals succeed in offering support to prisoners with reintegration needs. A few important findings emerged.

First of all, while most prisoners with needs are assisted by at least one professional, about one in five prisoners with needs remain invisible altogether. This means that intake assessments, individual reintegration plans and follow-up mentoring still not fully succeed in preventing prisoners with complex, health or ID needs from going unnoticed. Possibly, these prisoners have less human capital and face comparative disadvantage (Becker, 1962; Merton, 1968). Prisoners with complex needs might not be able to communicate their needs and to navigate through the complex professional networks of prison institutions (McSweeney & Hough, 2006). According to Hanrath et al. (2019), case managers were inclined to let prisoners take initiative after the first phase of imprisonment. However, not every prisoner might feel able to initiate contact, creating a gap in assistance between prisoners with and without complex needs. This refers to the idea of 'the rich get richer and the poor get poorer' (Merton, 1968). In the Netherlands, for instance,

9 Parole officer, phase differences: $\chi2(4, N=3694)=73.55$, $p<.01$; Municipal officer, phase differences: $\chi2(4, N=3686)=16.06$, $p<.01$; (Health)care professional, phase differences: $\chi2(4, N=3692)=3.05$, $p>.05$; Volunteer, phase differences: $\chi2(4, N=3679)=13.07$, $p<.05$.

10 Parole officer, start: OR=1.79, 95% CI (1.00, 3.21), $p=.052$; Parole officer, pre-release: OR=.77, 95% CI (.55, 1.08), $p>.05$; Municipal officer, middle: OR=1.45, 95% CI (1.14, 1.83), $p<.01$; Municipal officer, pre-release: OR=.91, 95% CI (.61, 1.37), $p>.05$.

a programme implemented in 2012 got criticised for being available only to motivated prisoners without drug-related problems. Such criteria ignore the capacities that are needed to show motivation in the first place, such as help-seeking behaviour and impulse control (Plaisier et al., 2016). Although since 2015 there is growing attention for needs complexity among prisoners (Ministry of Justice and Security, 2017), the current study showed that it may still be helpful to offer prison-based professionals training on how to support prisoners with complex needs, especially those who may be least likely to take initiative in asking for help.

Fortunately, the majority of the prisoners did not remain invisible. More than half of the prisoners had contact with prison-based professionals, which seems somewhat higher than in previous international findings (Hamilton & Belenko, 2016; Visher et al., 2017); on top of that, community-based professionals were rather successful in visiting prisoners with relevant needs. This suggests that there is individual attention for prisoner needs and interagency collaboration between prison-based and community-based professionals to some degree. Information sharing could be one of the explanations that prison-based professionals are less often in contact with prisoners who have needs, handing those cases over to specialised help from community-based professionals. Given the potential value of specialised help from community-based professionals in preparing prisoners for release, it is recommended that in-prison assistance by community-based professionals is further promoted and funded. One Dutch initiative to do so were pilot tests in 2016 that placed parole officers within the prison walls of several institutions, making them operate in closer proximity to prisoners (Geenen et al., 2020). According to the parole officers, operating within the prison walls not only increased the amount of contact, but also made them more capable to focus on prisoner needs (Reclassering Nederland, 2017).

This study showed that, similar to the prison-based professionals, parole officers were in contact with prisoners relatively often, but not necessarily with prisoners who had reintegration needs. Research has suggested that prison staff favour interacting with prisoners with less complex profiles (Bosma et al., 2018). Possibly, professionals who are in contact with prisoners most often, might in particular develop such preferences. Another possibility is that this is due to the dual task of prison-based professionals and parole officers, who are often in contact for multiple other reasons than reintegration assistance, such as maintaining a safe environment or court-related matters (Geenen et al., 2020). Yet, research has stressed the importance of social support by prison staff and parole officers in the reintegration of prisoners, rather than only focusing on risk management (Bares & Mowen, 2020; Doekhie et al., 2018; Maguire & Raynor, 2017; Ward, Mesler & Yates, 2007).

Moreover, given the Dutch policy goals to contact every prisoner within two or four weeks for intake assessments and reintegration plans, and to prepare prisoners for release, we would have expected more contact at the start and end of imprisonment. Yet, previous research indicated comparable

problems in intake assessments (Hamilton & Belenko, 2016; Lattimore & Visher, 2013; Schram et al., 2006) and pre-release planning (e.g., McCauley & Samples, 2017). One reason for the decreased amount of contact at the start of imprisonment, might be the overrepresentation in this phase of prisoners in pre-trial units. Although policy states that every prisoner should have had contact within two weeks, more attention possibly goes to prisoners who have a release date, which makes it easier to set up concrete reintegration plans.

Finally, our study found that prisoners with health needs were overlooked relatively often, also towards the end of imprisonment. Although (health)care professionals seemed rather attentive to prisoners with health needs, their limited levels of in-prison involvement in general still meant that less than one third of the prisoners with health needs reported contact with a community-based (health)care professional. These findings are in line with previous findings that discharge plans are often absent and that prisoners with health needs in particular are not always well-prepared in terms of continuation of healthcare upon release (e.g., Hopkin et al., 2018). High caseloads and lack of community resources are well-known obstacles to frequent contact and adequate pre-release support (Hanrath et al., 2019; Maguire & Raynor, 2017; Turley et al., 2011). Thus, good end-to-end management likely requires investment into staff and resources. A limitation of our study is that we did not distinguish between type of health needs, which limits conclusions about the specific assistance that would benefit prisoners.

A few other limitations are worth mentioning. First, we relied on self-report data. Therefore, the findings may not accurately reflect actual contact. For instance, participants may not have been familiar with the terms used in the survey to identify the professionals, or they may not have remembered contact moments with professionals. Including data from professionals on contact moments can offer a more complete picture. A further limitation of the study is that prisoners were asked to identify their needs *prior* to imprisonment. These reintegration needs, however, may change over time and imprisonment itself may create particular needs. This makes it important to maintain regular contact with prisoners during their sentence, regardless of pre-prison needs. On the other hand, particular needs might have been solved during imprisonment, between prison-entry and the point of data collection. When using a measure of post-release expectations of reintegration needs, however, similar findings emerged. This suggests that a lack of contact with professionals could not be explained by the fact that pre-prison needs had been solved prior to the survey. Yet, future research should consider the timing of needs, changes in needs, and assistance throughout the phases of imprisonment. Another limitation is that the nature of the study, a survey, required the predetermination of categories of professionals and needs. While these categories were most prominent based on policy, it is likely that some professional assistance and needs were not included. Moreover, the binary answering options on either having a need or not do

not allow for nuances. For example, previous research has suggested that job quality and stability matter in the protective role of employment (e.g., Ramakers, 2014). This means that prisoners who were employed prior to imprisonment, and therefore did not report an employment need, might still need guidance towards higher quality or more stable jobs. Thus, although the questionnaire was able to show the amount of prisoners reporting a need and receiving no assistance from a (relevant) professional, the comparisons to prisoners without needs should be interpreted more cautiously. Finally, although we used pairwise deletion to minimise information loss, prisoners with certain background characteristics might have been underrepresented in the crosstabulations. For instance, additional analyses showed that overall, prisoners with short sentences tended to have missing information on contact with professionals more often.

For future research it would be interesting to zoom in on the nature of contact and explanations for differences in contact. For example, the frequency and timing of contact may be related to readiness to change, human capital, age, gender, ethnicity, criminal histories, or contextual barriers experienced by community-based professionals. It would also be worthwhile to examine the degree to which contact with professionals is successful in addressing needs, and how satisfied prisoners are about this contact. This would also give further insight into the importance of reintegration needs in preventing future offending. In the present study we argued that targeting reintegration needs can contribute to lower future reoffending, on top of the typical risk factors such as criminal history, antisocial personalities, antisocial attitudes and antisocial associates (Andrews & Bonta, 2006). Also, according to the desistance paradigm, resolving reintegration needs might enable the process of desistance (e.g., McNeill, 2006). Moreover, we made the case that prisoners with reintegration needs should be supported irrespective of their risk level. Yet, we do not wish to ignore the importance of addressing the typical risk factors in preventing future reoffending. Previous research has repeatedly showed that these typical risk factors (or criminogenic needs or 'Big Four') are related to the risks of recidivism (Andrews & Bonta, 2006). Thus, although we chose to avoid a risk-perspective on prisoner support, and use an offender-centred perspective instead, it would still be valuable for future research to include the criminogenic needs in terms of lowering the risks of recidivism. It is already known that prisoners with criminogenic needs are not always properly referred to in-prison programmes (e.g., Long et al., 2018). Yet, it remains unclear to what degree prisoners with criminogenic needs are supported by a team of relevant professionals.

Overall, the current study has demonstrated the importance of mapping reintegration needs and assistance, in order to fulfil the promise of offender management. The promise of offender management, however, is less evident in countries beyond the western world. Whereas the NOMS in the UK and the Dutch rehabilitation policies include offender management strategies, in Latin America, for instance, rehabilitative policies are not com-

mon (Sanhueza et al., 2018). In most Latin American countries, the criminal justice system is punitive and focuses on retribution and control, without formal guidelines on prisoner support (Sanhueza et al., 2018; Villagra & Droppelmann, 2016). Reintegration efforts often depend on the goodwill of social workers and other professionals (Villagra & Droppelmann, 2016). Also, poor infrastructure and the fact that prison research is still developing in Latin America (Sanhueza et al., 2020) makes it difficult to get political and economic support for rehabilitative policies. Evaluating certain aspects of rehabilitative systems in Europe and in the USA, might help inform rehabilitative policies in countries that are beginning to develop these.

To that end, in the Netherlands, a few aspects of the rehabilitation system seem promising. For instance, the reasonable amount of contact with prison-based professionals combined with specialised reintegration support by community-based professionals, assumes that there is individual attention and interagency collaboration. Also, initiatives are undertaken regarding complex needs and in-prison involvement of community-based partners. Yet, in line with previous OM evaluations (Hollin et al., 2004; Maguire & Raynor, 2017), challenges still appear in end-to-end management, community-based involvement and in reaching all prisoners with reintegration needs.

**Appendix 3A**

*Number of Valid Cases per Cross Tabulation in Table 3.2*

| | **PRISON-BASED** | | **COMMUNITY-BASED** | | | |
|---|---|---|---|---|---|---|
| | **Case Manager** | **Mentor** | **Parole Officer** | **Municipal Officer** | **(Health)care Professional** | **Volunteer** |
| **Unemployed** | 3,807 | 3,868 | 3,909 | 3,897 | 3,902 | 3,889 |
| **Financial problems** | 3,781 | 3,836 | 3,880 | 3,873 | 3,877 | 3,864 |
| **No (stable) place to live** | 3,821 | 3,876 | 3,921 | 3,915 | 3,919 | 3,907 |
| **Health problems** | 3,815 | 3,873 | 3,917 | 3,909 | 3,914 | 3,900 |
| **No valid ID** | 3,825 | 3,881 | 3,928 | 3,920 | 3,925 | 3,912 |
| | **Prison-based professionals (any)** | | | **Community-based professionals (any)** | | |
| **Needs (any)** | 3,873 | | | 3,924 | | |

**Appendix 3B**

*Contact with Professionals for Prisoners with and without Needs for the Short Sentence and <2 Weeks Groups*

| | | Case Manager | | Mentor | | Parole Officer | | Municipal Officer | | (Health)care Professional | | Volunteer | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Contact** | **OR** | **Contact** | **OR** | **Contact** | **OR** | **Contact** | **OR** | **Contact** | **OR** | **Contact** | **OR** |
| **Total sentence length < 4 months** | Needs (yes) | 55% | 1.01 | 37% | .71* | 34% | 1.35 | 19% | 1.31 | 26% | 1.82** | 14% | 1.36 |
| | Needs (no) | 55% | | 45% | | 28% | | 15% | | 16% | | 11% | |
| **Time served < 2 weeks** | Needs (yes) | 35% | 1.87 | 28% | .98 | 36% | 1.24 | 21% | 1.33 | 26% | .86 | 12% | .67 |
| | Needs (no) | 22% | | 29% | | 31% | | 17% | | 29% | | 17% | |
| | | **Valid N** | | **Valid N** | | **Valid N** | | **Valid N** | | **Valid N** | | **Valid N** | |
| **Total sentence length < 4 months** | Needs (yes) | 420 | | 427 | | 432 | | 433 | | 433 | | 432 | |
| | Needs (no) | 220 | | 221 | | 225 | | 225 | | 222 | | 223 | |
| **Time served < 2 weeks** | Needs (yes) | 75 | | 81 | | 81 | | 81 | | 82 | | 82 | |
| | Needs (no) | 41 | | 45 | | 42 | | 42 | | 42 | | 41 | |

**$p<.01$ *$p<.05$

# 4 How do Visit Facilitation and Accessibility of Prisons Relate to Visits from Professionals and Volunteers?[1]

## 4.1 Background

Yearly, around 30,000 people in the Netherlands enter prisons (Meijer et al., 2021). One major deprivation related to incarceration is the limited access to social ties and community resources, especially considering that staying connected to the outside world during imprisonment is beneficial for both prisoners and post-release outcomes for various reasons. First, prisoners can feel emotionally supported during visits, decreasing the strain of incarceration (Cochran & Mears, 2013; Duwe & Clark, 2013). Second, social ties can provide instrumental support regarding employment, housing, finances, healthcare and valid identification documents (Bares & Mowen, 2020). Many prisoners struggle with these basic needs upon release, which in turn hampers social reintegration (Visher et al., 2017). Numerous studies have pointed out that employment issues, having no stable place to live, financial hardships, health issues and having no valid identity document increase the chances of recidivism (e.g., Aaltonen, Oksanen & Kivuvori, 2016; Boschman, Teerlink & Weijters, 2020; Wallace & Wang, 2020). Instrumental support and access to re-entry services during imprisonment has the potential to reduce this risk (Maguire & Raynor, 2006; Mowen, Stansfield & Boman, 2019; Visher et al., 2017).

Although previous research has largely focused on friends and family as sources of social support, recent studies have also emphasised the potential role of community-based professionals (CBPs), such as parole officers, local authorities and health or voluntary organisations, in providing both emotional and instrumental support during imprisonment (Bares & Mowen, 2020; Kjellstrand et al., 2022). Contact with CBPs can uniquely contribute to social support, considering that around 28-36% of the prisoners do not receive visits from friends and family, and visits from CBPs might be their only form of emotional and instrumental support (Bares & Mowen, 2020; Berghuis, Palmen & Nieuwbeerta, 2021). Additionally, CBPs can provide access to resources and offer specialised help, such as psychological or medical care, financial help or support in applying for jobs (Kjellstrand et al., 2022).

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1 Pasma, A. J., Van Ginneken, E. F. J. C., Palmen, H., & Nieuwbeerta, P. (2022). How Do Visit Facilitation and Accessibility of Prisons Relate to Visits from Professionals and Volunteers? *Crime & Delinquency*, doi:10.1177/00111287221128479

Despite the recognised additional value of CBPs as a source of in-prison social support, collaboration between prisons and CBPs appears challenging. According to offender management strategies, an interdisciplinary team of professionals is needed to prepare prisoners for release (Maguire & Raynor, 2006). Yet, previous research has identified that in-prison involvement of CBPs is often insufficient and pre-release planning inadequate (Lloyd et al., 2015; McCauley & Samples, 2017). In line with these often disappointing evaluations of offender management strategies, a previous study found that Dutch prisoners reported a limited amount of in-prison contact with CBPs; most prisoners reported no contact with a parole officer, a municipal officer, a health professional or a volunteer within the past six months of imprisonment (Pasma et al., 2021).

Assuming that in-prison involvement of CBPs is valuable yet limited, makes it important to find out what factors hamper or facilitate professional visits from CBPs. Visitation barriers have been examined for friends and family (e.g., Berghuis et al., 2022; Cochran, Mears & Bales, 2017), but these results cannot be generalised to the experiences of CBPs. CBPs usually have other visitation goals than friends and family. Therefore, institutional factors are likely to impact their visits differently. For instance, CBPs have a (voluntary) responsibility to help their clients. Yet, in case of high caseloads in combination with limited time and resources, institutional factors may still hamper their in-prison involvement. Moreover, compared to friends and family, CBPs can run into unique barriers, such as poor work facilities inside or inadequate information sharing (e.g., Hancock, Smith-Merry & McKenzie, 2018).

There are two main ways in which institutional factors may hamper the in-prison involvement of CBPs. First, some factors can make it inherently difficult to visit. For instance, inflexible visiting hours or inaccessibility may form obvious barriers to visitation. Moreover, poor information sharing and communication can result in a lack of information on clients' needs and the urgency to visit, and can obstruct the ability to make appointments. Second, some factors may hamper visits on a more subconscious level. Barriers may be higher to visit institutions that offer less friendly receptions and that do not properly accommodate the work of CBPs. Despite responsibilities, uninviting institutions may be last in line to visit in case of a high workload or other personal duties.

Previous research has in fact identified several institutional factors as potential barriers to full inclusion. For instance, CBPs often mention poor communication or information sharing (Hancock, Smith-Merry & McKenzie, 2018; Hean, Willumsen & Ødegård, 2018; Roberts, Kennedy & Hammet, 2004), resistance among prison staff to cooperate (Hancock et al., 2018; Lasher & Stinson, 2020) and poor work facilities (Hancock et al., 2018; Hean et al., 2018; Saia, Toros & DiNitto, 2020). Moreover, geographical and accessibility issues also hinder full inclusion (Hean et al., 2018; Noga et al., 2016; Roberts et al., 2004; White, Jordens & Kerridge, 2014).

The study of Hancock et al. (2018), in which interviews were conducted among 12 health professionals, mentioned multiple institutional barriers in providing care to prisoners. First, staff reported that communication pathways were not always clear and that information sharing was limited. It was hard to track down the right person for a request to talk to prisoners. Others stated that calls or emails were never answered, or that communication inside prisons was difficult if they did not have access to a mobile phone. Moreover, prison staff was often reluctant to share relevant information about prisoners' need for support. Second, contacting prisoners was often difficult due to procedural or attitudinal barriers. Procedural barriers included getting access to the correctional facility. Some professionals mentioned that they were turned away multiple times when they arrived at the facility, even when they had a prearranged appointment. Once inside, attitudes of prison staff also formed barriers to contact with prisoners. Correctional staff did not always recognise the additional value of community-based health professionals in supporting prisoners, discouraging them to keep coming.

According to Hean et al. (2018), who held interviews with 12 leaders within health services and the criminal justice system (CJS), CJS professionals did recognise the skills and expertise of CBPs. Yet, interprofessional communication and information sharing about the individual plans for prisoners were challenging. Also, geographical issues between health services and prisons were mentioned as collaboration barriers. Finally, Saia et al. (2010) reported that specialists working in juvenile rehabilitation teams would prefer a more user-friendly environment, such as private counselling rooms that are well-equipped. Other studies confirmed the abovementioned barriers, in particular the inadequate information sharing aspect and the inaccessible and closed nature of correctional facilities (e.g., Lasher & Stinson, 2020; Noga et al., 2016; Roberts et al., 2004; White et al., 2014).

The existent literature is plagued by two important problems that are addressed in the current study. First, the literature is highly fragmented where it concerns collaborative issues between prisons and CBPs, and lacks a comprehensive assessment of institutional factors that facilitate or hamper in-prison involvement of CBPs. It can be deducted from the literature that factors falling under the *visit facilitation* and *accessibility* of a prison institution are relevant to consider as potential barriers to in-prison involvement of CBPs. With 'visit facilitation' we refer to the extent to which the prison facilitates an environment in which CBPs are welcomed and enabled to carry out their professional assignment. This might include interpersonal practices such as friendly reception, good communication and information sharing, but also administrative practices such as providing proper work facilities inside, and allowing visitors to visit regularly. With 'prison accessibility' we refer to static factors that are not influenced by institutional policies, such as the travel time towards an institution, and its accessibility with public transport. This study therefore surveys the perspectives of CBPs on visit facilitation and accessibility across multiple prison settings. To do

so, an instrument is developed and tested, measuring facilitation and accessibility as perceived by CBPs.

Second, in the literature it is suggested but not actually tested whether such institutional factors influence professional visits. We therefore examine whether institutional scores on facilitation and accessibility are related to visits from parole officers, municipal officers, health professionals and volunteers received by prisoners in the Netherlands. In sum, the research questions are as follows:

**RQ1:** to what degree is our instrument suitable to measure visit facilitation and accessibility across prison settings?
**RQ2:** to what degree do facilitation and accessibility differ across prison settings?
**RQ3:** to what degree are facilitation and accessibility related to receiving visits from specific types of CBPs?

## 4.2 The Dutch Context

In the Netherlands, The Dutch Custodial Institutions Agency (DJI) is responsible for the placement and day-to-day care of offenders. According to the rehabilitation principle, a sentence should not only be served for justice, but should also focus on the reintegration of prisoners (DJI, 2019). To help prisoners prepare for release, a team of prison-based and community-based professionals is expected to support prisoners in employment, housing, finances, healthcare and valid identity documents. Case managers and mentors keep track of the reintegration process of prisoners and can seek additional support from various CBPs. To better understand the goals, barriers and agency in visitation, this section deals with the responsibilities of these various CBPs, how their support is organised and the relevant institutional policies concerning professional visits.

### 4.2.1 Responsibilities of community-based professionals

First, CBPs have varying responsibilities in providing re-entry support during imprisonment. For instance, parole officers can arrange job or housing options and may refer prisoners to additional help from health institutions. Next to providing re-entry support, parole officers are criminal justice agents who are responsible for trial-related advisory and supervisory tasks (DJI, 2019). In turn, municipal officers, health professionals and volunteers are non-criminal justice partners and have more singular re-entry tasks. Municipal officers can connect prisoners to health institutions, housing associations, homeless shelters or the Employee Insurance Agency (UWV). They are also responsible for issuing valid identity documents (DJI, 2019). Moreover, health professionals are trained to provide psychological or

medical care and can make discharge plans for release (DJI, 2019). Finally, voluntary organisations often have housing options available, and their volunteers are trained to offer additional support in a wide variety of life domains, such as in budgeting or in applying for jobs (e.g., Exodus, 2022; Humanitas, 2022).

Since 2013, efforts were made to include CBPs early on in the process of reintegration. Formal guidelines stated that CBPs should get more involved during imprisonment (DJI, 2013; 2019), emphasising the physical presence of CBPs inside prisons. Yet, except for the explicit note that a parole officer and a municipal officer should sit together with prisoners within four weeks upon entry, it remains unclear what is expected from CBPs during imprisonment (DJI, 2019). There are no clear guidelines on who should visit whom, how often, and in what phase of imprisonment. Also, overlap in the life domains that these various CBPs can help prisoners with, makes their responsibilities hard to untangle.

### 4.2.2 Visitation policies of community-based agencies

Second, it differs how these CBPs organise their help. For instance, support from parole officers is organised regionally. Thus, parole officers may have clients in multiple institutions across multiple provinces within a particular region (Geenen et al., 2021). Concerning support from municipalities, the municipality of return is responsible for preparing the transition to free society. Prisoners are preferably placed regionally. However, this may not always be possible, in which case they are located further away from the responsible municipality. Municipalities in the Netherlands differ in their intent to visit prisoners. Some municipalities only visit institutions within reasonable distance or solely focus on aftercare (Geenen et al., 2021). Furthermore, larger municipalities often have multiple clients in one institution. Therefore, institutions closer to larger municipalities may receive more visits from a municipal officer or from health institutions connected to these municipalities. Finally, most voluntary organisations work regionally and volunteers can apply for a particular region (e.g., Exodus, 2022; Humanitas, 2022).

### 4.2.3 Visitation policies of prison institutions

Third, despite national guidelines on how to provide care to prisoners, institutional policies may vary per prison setting. First, prison institutions are allowed to set their own rules on visiting hours and whether it is necessary to make an appointment beforehand (Inspectorate of Justice and Security, 2013). The requirements for entering institutions (e.g., obtaining an access pass) are easier for criminal justice partners such as parole officers than for non-criminal justice partners such as volunteers (DJI, 2020). In addition,

some institutions provide a work office inside for parole officers, municipal officers or volunteers, whereas other institutions do not have such offices available. Moreover, in several institutions, experiments took place on increasing the cooperation between CBPs and the criminal justice system. In 2016, for instance, experiments on improving the communication between parole officers and prison-based professionals were implemented in two institutions (Lünneman et al., 2016). In other institutions, there were try-outs with a new job position of a throughcare officer, who links community-based health professionals to prisoners for discussing discharge plans (Buysse et al., 2018). Institutions where such initiatives took place might be ahead of other institutions concerning communication and information sharing. Finally, institutions that are located in urban areas might have more resources and partnering institutions available nearby (Lasher & Stinson, 2020) and are likely to be better connected to public transport than those in rural areas.

## 4.3 Methods

### 4.3.1 Data

We used data from the Dutch Prison Visitation Study (DPVS), which is part of the Life in Custody Study. The Life in Custody Study started in 2017 and regularly measures prison climate in all Dutch prisons (Van Ginneken et al., 2018). In 2019, the DPVS added extra questionnaires on the visitation experiences of prisoners, friends and family, and professionals. For the purpose of the current study, we used the questionnaires from prisoners on their reintegration needs and received professional visits, and from professionals on their visiting experiences. Professionals were asked to rate several aspects related to the facilitation and accessibility of the prison they were visiting. All questionnaires were collected between February-May 2019. For prisoners who gave informed consent, we were able to link administrative data from the Dutch Custodial Institutions Agency (DJI) for background characteristics such as regime, time served and criminal record. In addition, open data from Statistics Netherlands (CBS, Statline, 2021) and google maps were used for prison location (urban or rural) and accessibility by public transport. We further elaborate on the measurement of facilitation and accessibility in the results section.

### 4.3.2 Respondents

The respondents for this study were drawn from two groups: prisoners and community-based professionals and volunteers (CBPs). Questionnaires were distributed and collected by research assistants, who explained the study, gave the opportunity to ask questions, and obtained informed con-

sent for the use of data for research and the linking with administrative data. The final sample of prisoners consists of 3,558 participants from the 4,309 original participants.[2] This group had completed the main questionnaire and separate questionnaire on professional visitation, gave permission to obtain administrative data, had no missing information on the dependent variable, and were incarcerated in 24 prisons with available data from professional visitors.

The final sample of CBPs consists of 1,077 CBPs across 24 prisons, which was 72% of professional visitors whom we approached at the entrance and were able to participate. Reasons for not being able to participate included language barriers, having no contact information available, or the visitor turned out not to be a CBP afterwards (e.g., a correctional officer). The 18% who were unwilling to participate had no time, no interest, or did not respond to contact attempts afterwards. CBPs who already participated in another institution were excluded. The professional visitors included lawyers (47%), parole officers (17%), municipal officers (3%), healthcare professionals (21%), and volunteers (12%). Although we focus on *visits* from CBPs who help prisoners in their re-entry needs, we included the opinions of lawyers on the *institutional factors*. Lawyers are equally capable to provide us with information on the accessibility, reception, information sharing, communication, work facilities and visiting hours of a particular institution. Excluding the opinions of lawyers would have resulted in a substantial loss of valuable information.

However, professionals may have different experiences in the facilitation and accessibility of institutions, depending on their roles. A few differences between professionals were indeed found. Volunteers were more positive about reception, work facilities and visiting hours, whereas lawyers were least positive about information sharing. Also, parole officers and volunteers reported lower travel times.[3] Yet, as we discuss in the results section, the various professionals visiting a particular institution showed sufficient agreement on their institutional experiences. Therefore, we consider their shared experiences to reflect institutional characteristics.

Moreover, we include volunteers, because applying for a voluntary job comes with responsibilities. Also, volunteers are often trained by the voluntary organisation that they are affiliated with, and they are expected to be seriously involved (e.g., Exodus, 2022; Humanitas, 2022). We therefore anticipate that they feel similar responsibilities to visit prisoners as other CBPs who assist with reintegration preparation.

In nine institutions we collected data among professionals for three weeks, and at the other institutions for one week, due to time considerations. Professionals were able to fill in a survey immediately on paper (69.6%), online (29.9%) or by telephone (0.5%) afterwards. We used the data

2 The original response rate was 76% of people who were able to participate.

3 Mean differences were significant ($p<.05$). The full results can be requested from the first author.

from CBPs for two purposes: (1) to test the validity of our facilitation and accessibility measures, we included the individual-level data of 612 CBPs who had no missing data on relevant items[4]; (2) we calculated aggregated institutional scores on facilitation and accessibility. Since the number of CBP-respondents varied between 5 and 128, we ran sensitivity analyses including institutions with more than 20, 40, and 70 respondents (Schunk, 2016).[5]

### 4.3.3 Analyses

In the following sections, we first elaborate on the measurement of facilitation and accessibility. To that end, we check for the validity of our measurement of facilitation and accessibility (RQ1). For RQ2, we aggregate the individual ratings per prison setting and rank the scores to explore differences in facilitation and accessibility across prison settings. For RQ3, we use a multilevel model to examine the relationship between the facilitation and accessibility of prisons and the visits received according to prisoners. Multilevel analyses were used to account for the fact that prisoners are clustered within a specific prison environment.[6]

Prisoners were asked whether or not they received a visit from a parole officer, a municipal officer, a (health)care worker or a volunteer during the past six months of imprisonment or up until the point of data collection. Table 4.1 shows that not many prisoners received a visit from a parole officer (34%), a municipal officer (10%), a health professional (12%) or a volunteer (10%) during the past six months of imprisonment. We conducted logistic multilevel regression analyses and split the results for receiving a visit from these specific types of professionals, controlling for prisoner characteristics. It may be that the number of reintegration needs is also related to receiving a visit, and that prisoners with many needs are clustered within a particular institution. The descriptive statistics of the prisoner characteristics are presented in Table 4.1.

4 Volunteers were underrepresented in the remaining group of 612 CBPs compared to the total group of CBPs: only 43% of the volunteers remained, compared to 58-60% for the other professionals [$\chi 2(1059) = 13.17$, $p<.05$].

5 Seven institutions had fewer than 20 CBPs, six institutions between 20 and 40, five institutions between 40 and 70, and six institutions above 70.

6 Although our level-2 variable only consists of 24 prison institutions, which is lower than the threshold of at least 50 level-2 units that some researchers use (Maas & Hox, 2004), previous studies have also demonstrated that for fixed effects, a number of 6 to 12 units on the level-2 variable should be sufficient for reasonable variances estimates (Maas & Hox, 2004).

**Table 4.1**
*Descriptive Statistics*

| | N | Min | Max | Mean / % | SD |
|---|---|---|---|---|---|
| **Visit received** | | | | | |
| Parole officer | 3,558 | 0 | 1 | 34% | |
| Municipal officer | 3,558 | 0 | 1 | 10% | |
| Health professional | 3,558 | 0 | 1 | 12% | |
| Volunteer | 3,558 | 0 | 1 | 10% | |
| **Institutional factors** | | | | | |
| *Visit facilitation* | 24 | 3.27 | 3.99 | 3.62 | .19 |
| Friendly reception | 24 | 3.48 | 4.16 | 3.87 | .19 |
| Communication | 24 | 3.33 | 4.45 | 3.91 | .28 |
| Information sharing | 24 | 2.80 | 3.53 | 3.17 | .21 |
| Work facilities | 24 | 2.54 | 3.67 | 3.19 | .26 |
| *Accessibility* | | | | | |
| Travel time to institution | | | | | |
| > 60 minutes | 24 | 0 | 1 | 29% | |
| 30-60 minutes | 24 | 0 | 1 | 33% | |
| < 30 minutes | 24 | 0 | 1 | 38% | |
| Location | | | | | |
| Very rural | 24 | 0 | 1 | 17% | |
| Rural | 24 | 0 | 1 | 13% | |
| Urban | 24 | 0 | 1 | 58% | |
| Very urban | 24 | 0 | 1 | 13% | |
| Travel time to nearest station (minutes) | 24 | 6 | 46 | 25.21 | 11.12 |
| *Suitability of visiting hours* | 24 | 3.36 | 4.15 | 3.76 | .20 |
| **Prisoner characteristics** | | | | | |
| Number of needs: 0 | 3,558 | 0 | 1 | 33% | |
| Number of needs: 1-2 | 3,558 | 0 | 1 | 45% | |
| Number of needs: 3-5 | 3,558 | 0 | 1 | 15% | |
| Number of needs: unknown | 3,558 | 0 | 1 | 7% | |
| Age | 3,558 | 17 | 84 | 37.02 | 11.93 |
| Male | 3,558 | 0 | 1 | 92% | |
| Nationality: Dutch | 3,558 | 0 | 1 | 60% | |
| Nationality: unknown | 3,558 | 0 | 1 | 6% | |
| Index offence: violent | 3,558 | 0 | 1 | 42% | |
| Index offence: unknown | 3,558 | 0 | 1 | 5% | |
| Time served (in months) | 3,558 | 0 | 391 | 13.15 | 24.85 |
| Time to release: < 3 months | 3,558 | 0 | 1 | 33% | |
| Time to release: 3-6 months | 3,558 | 0 | 1 | 10% | |
| Time to release: > 6 months | 3,558 | 0 | 1 | 50% | |
| Time to release: end date of sentence unknown | 3,558 | 0 | 1 | 7% | |
| Regime: prison | 3,558 | 0 | 1 | 41% | |
| Regime: pre-trial | 3,558 | 0 | 1 | 38% | |
| Regime: persistent | 3,558 | 0 | 1 | 5% | |
| Regime: extra care | 3,558 | 0 | 1 | 7% | |
| Regime: short-stay | 3,558 | 0 | 1 | 5% | |
| Regime: minimum security | 3,558 | 0 | 1 | 5% | |

## 4.4 Results

### 4.4.1 Measurement of visit facilitation and accessibility

We created a new instrument to measure facilitation and accessibility as experienced by CBPs. We first check whether we appear to measure these constructs in a valid way, before we continue with further analyses. While facilitation was based on respondents' perceptions of their visiting experience, accessibility was based on respondents' travel time, in addition to information obtained from other data (Google maps and open statistics).

*Visit facilitation*

Facilitation was measured with 30 five-point Likert-scale items about topics such as friendly reception, communication, information sharing, the work facilities inside and suitability of visiting hours.[7] We expected that the opinions of CBPs on these factors would represent the degree of facilitation in that institution, because they can be influenced by the prison. To test this assumption, we conducted a factor analysis, a reliability analysis of the constructed scales, and we checked the correlations between the scales.

The factor analysis[8] helped identify five conceptually meaningful domains: 1) friendly reception, 2) communication, 3) information sharing, 4) work facilities and 5) suitability of visiting hours. The items that correspond to each of these domains and the reliability of the scales are presented in Table 4.2.

7 Despite a few overlapping items on information sharing, our instrument is distinct from the Perception of Interprofessional Collaboration Model- Questionnaire (PINCOM-Q; Jörns-Presentati, Groen & Ødegard, 2021), in that it focuses on the way in which professionals are received, informed and facilitated by prison institutions, whereas the PINCOM-Q focuses on interprofessional climate, conflict, role expectancy, shared goals and motivations.

8 They are suitable for factor analysis, because the KMO statistic was close to 1 (.91) and the Bartlett's test was significant [$\chi 2(435) = 9840.83$, $p<.01$]. This means that the variables are related and factor analysis was thus useful. Initially, seven components were found in the data (Eigenvalue > 1). However, one component consisted of two items that correlated weakly ($r = .05$, $p>.05$) and another component consisted of four items that did not seem to form a reliable scale based on the Cronbach's alpha of .53. The items within these two components were deleted, except for one item that loaded above .40 on another component (Q22). Running the factor analysis again with the remaining 25 items resulted in the structure pattern as presented in Table 4.2.

**Table 4.2**
*Factor Analysis and Cronbach's Alpha's of the 25-Likert Visit Facilitation Items (N = 612)*

| | Loading | Reliability | |
|---|---|---|---|
| *Domain 1: Friendly reception* | | | |
| Q1 The employees of this institution treat me with respect | .87 | Cronbach's α = .89 | OVERALL VISIT FACILITATION SCALE: CRONBACH'S ALPHA = .90 |
| Q2 The employees of this institution are friendly to me | .86 | | |
| Q3 In general I feel welcome as a visitor in this institution | .84 | | |
| Q4 The employees of this institution treat me just and fairly | .84 | | |
| Q5 In general I am satisfied with the way I am received by the employee at the counter | .83 | | |
| Q6 In general, I don't have to wait long for a desk employee to help me out | .67 | | |
| Q7 The employees of this institution explain the rules to me | .63 | | |
| Q8 Generally it is easy to go through the security gates | .55 | | |
| *Domain 2: Communication* | | | |
| Q9 I am generally satisfied with the way in which I am assisted by telephone | .91 | Cronbach's α = .89 | |
| Q10 The employees on the phone usually help me well | .91 | | |
| Q11 The employees on the phone usually know the answer to my questions | .82 | | |
| Q12 The employees on the phone are usually friendly to me | .81 | | |
| Q13 It is usually easy to schedule an appointment | .72 | | |
| Q14 When I call this institution, I usually get someone on the phone quickly | .66 | | |
| *Domain 3: Information sharing* | | | |
| Q15 I have a good picture of my clients in this institution (detention period, detention and reintegration (D&R) plan, criminal case) | .75 | Cronbach's α = .72 | |
| Q16 I am informed in time about important matters related to my work | .74 | | |
| Q17 In this institution it is easy to request additional information about detainees (detention progress, D&R plan, criminal case) | .71 | | |
| Q18 In this institution I have one clear information or contact point where I can go to with questions | .67 | | |
| *Domain 4: Work facilities* | | | |
| Q19 There is ample opportunity to contact colleagues or other organizations by telephone in this institution | .79 | Cronbach's α = .68 | |
| Q20 This institution offers me a suitable place to work | .78 | | |
| Q21 My work is hindered because I do not have access to my own data carriers (laptop, mobile phone, electronic agenda, etc.) in this institution | .73 | | |
| Q22 The room in which I can speak with prisoners is pleasant | .54 | | |
| *Domain 5: Suitability of visiting hours* | | | |
| Q23 I can choose from sufficient days and times to visit prisoners here | .90 | Cronbach's α = .81 | |
| Q24 The times at which I can visit prisoners suit me well | .87 | | |
| Q25 I can visit prisoners here often enough | .76 | | |

The correlations between these domains on the aggregated[9] (prison) level suggests that – together – they are able to capture the concept 'visit facilitation' (see Figure 4.1). The exception to this was suitability of visiting hours.[10] Therefore, we treat suitability of visiting hours as a separate prison policy dimension, which is theoretically (but not empirically) related to facilitation and accessibility. Concerning the four other domains, Figure 4.1 clearly shows that prisons scoring higher or lower on one of these domains, also scored higher or lower on other domains. For instance, prisons A, B, C and D scored relatively high on friendly reception, communication, information sharing and work facilities, whereas prisons W and X scored relatively low on all these domains.

Subsequently, the mean score on the 22 items within these four correlated domains were used to measure the overall facilitation of an institution. The Cronbach's Alpha of this overall facilitation scale was .90. Table 4.1 shows that CBPs were generally satisfied about the overall facilitation, ranging from 3.27 to 3.99 across prison institutions, on a five-point Likert-scale. CBPs seemed most satisfied about friendly reception (3.48 – 4.16) and communication (3.33 – 4.45). Some institutions scored somewhat lower on information sharing (2.80 – 3.53) and work facilities (2.54 – 3.67).

*Accessibility*

In addition to the questions about facilitation, CBPs were asked about their travel time towards the institution. We also used open data to determine whether prisons were located in an urban or rural area and the travel time towards the nearest station. Table 4.1 shows that most CBPs reported a travel time of less than 30 minutes (38%). Moreover, most prisons were located in urban areas (58%), and the average time to the nearest station was 25 minutes. The items were reversed in a way that higher scores mean better accessibility.

9 We calculated the rWG(J), ADM(J), ICC(1) and ICC(2) (LeBreton & Senter, 2008) in order to check whether generating institutional scores based on aggregated opinions was justified. For aggregated opinions to indeed reflect a general institutional factor, there should be sufficient interrater agreement and reliability. It turned out that the rWG scores for the visit facilitation domains scored above the threshold of .70 and the ADM scores below the cut point of .80 (LeBreton & Senter, 2008). This means that in general, CBPs agreed on the extent to which institutions were facilitating. Moreover, the ICC(1) indicated that about 3-10% of the variances in the facilitation domains are explained by the level-2 variable (prison institutions). Finally, the ICCs(2) also lied above the threshold of .70, except for the information sharing domain (.61). In general, the group ratings were thus reliable. The full results can be requested from the first author.

10 Correlation with friendly reception: $r = .02$; $p > .05$; with communication: $r = -.03$; $p > .05$; with information sharing: $r = .07$; $p > .05$; with work facilities: $r = .05$; $p > .05$.

**Figure 4.1**
*Scatterplots Visit Facilitation Domains*

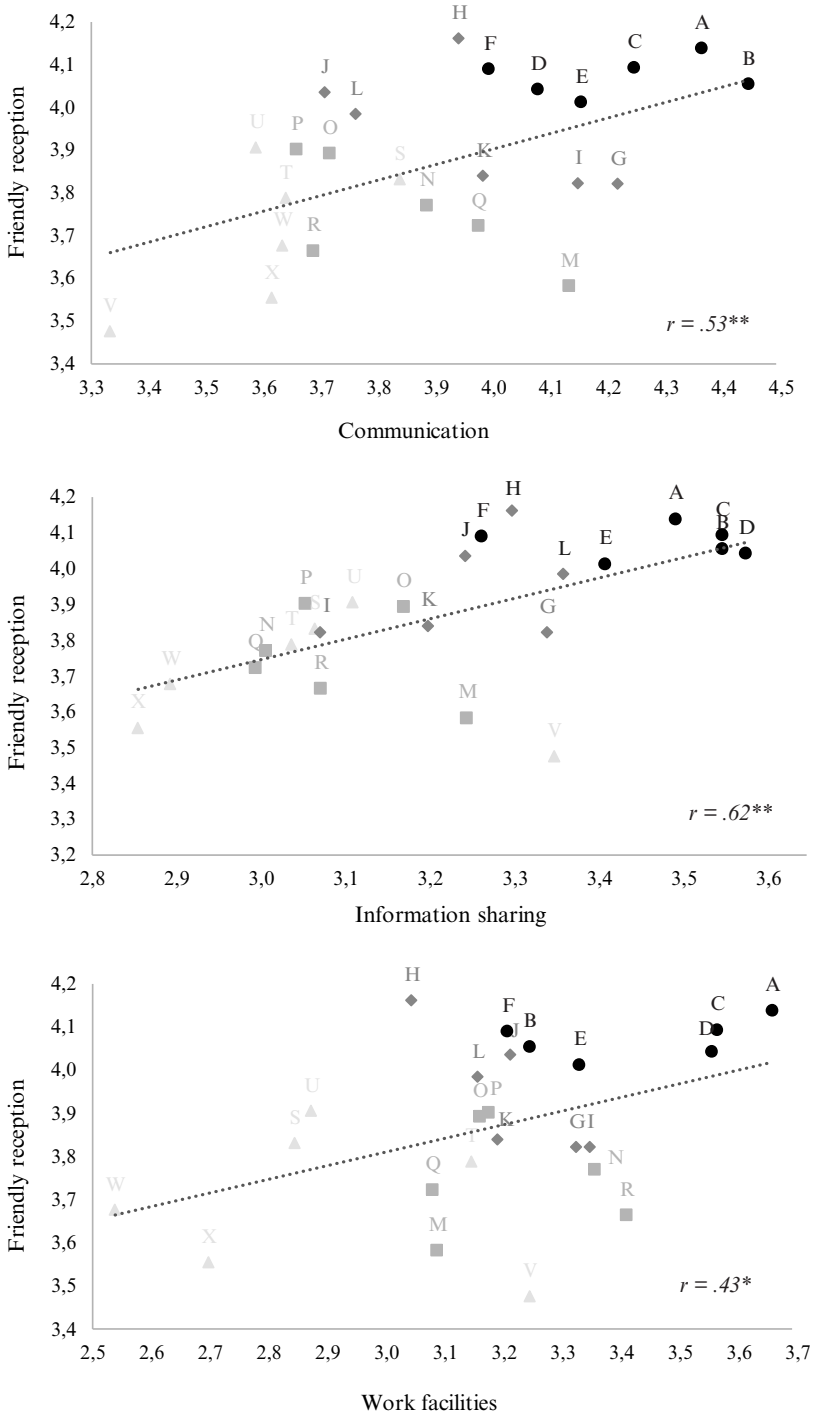
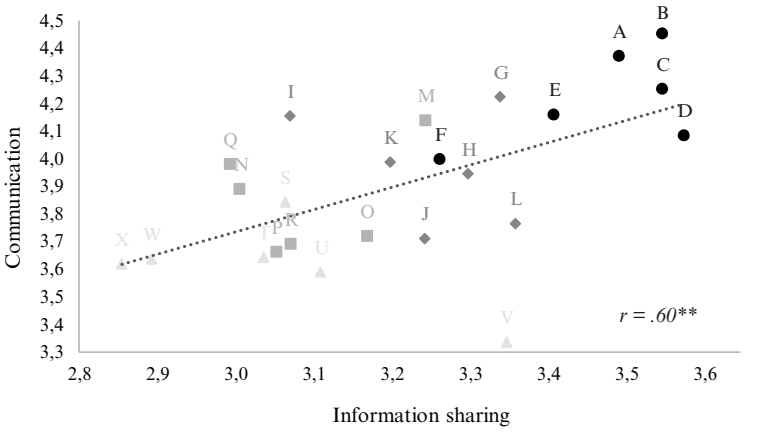
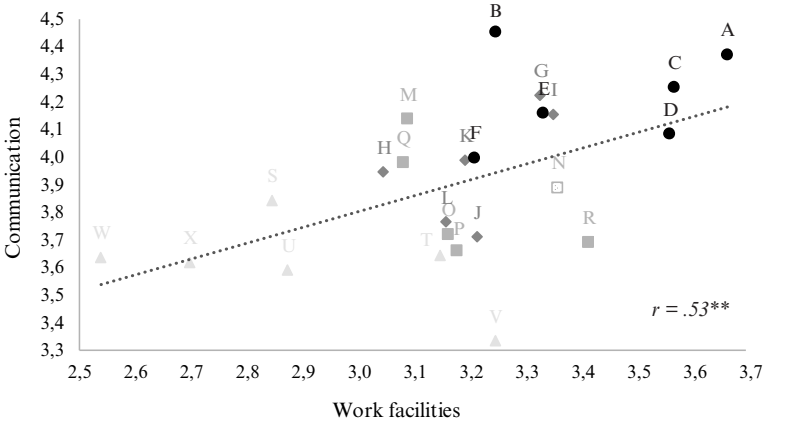
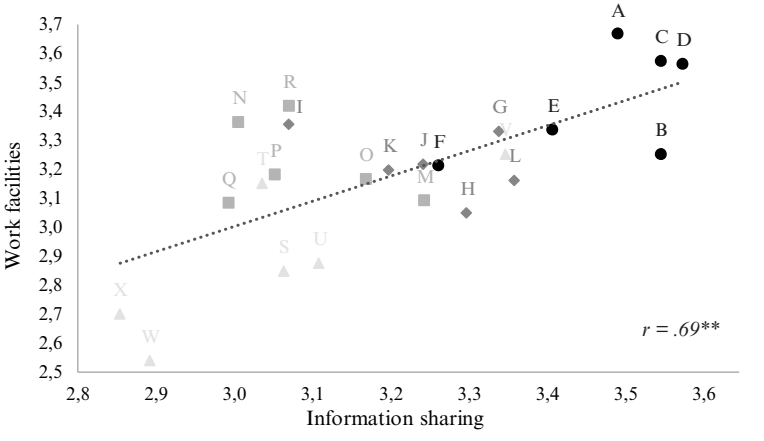


**Figure 4.1**
*Continued*




** $p<.01$, * $p<.05$

● 6 best scoring prisons on overall visit facilitation
■ 6 second-worst scoring prisons on overall visit facilitation
◆ 6 second-best scoring prisons on overall visit facilitation
▲ 6 worst scoring prisons on overall visit facilitation

To test the construct validity, we checked the correlations between the accessibility measures. It is expected that CBPs report lower travel times towards prisons in urban areas and prisons that are better accessible by public transport. It was indeed shown that urban prisons seem easier to access by public transport ($r$ = .53, $p$<.01) and that CBPs reported lower travel time towards urban prisons and prisons more easily accessible by public transport ($r$ = .73, $p$<.01 and $r$ = .44, $p$<.05). The mean travel time reported by CBPs thus seems to match prison location and connectedness by public transport. Therefore, we created an overall accessibility scale – for the purpose of creating one aggregated score – of the standardised measures (z-scores) of prison location, travel time and number of minutes to the nearest station.

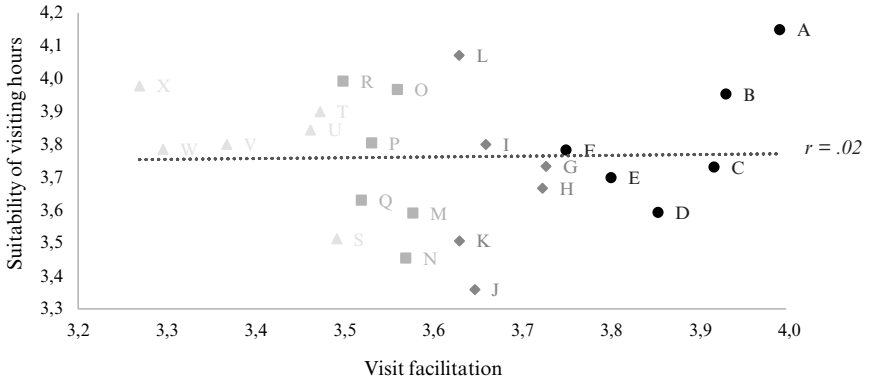
Finally, to check whether the created facilitation, accessibility and suitability of visiting hours scales measure separate constructs, we looked at the correlations between these three measures. It turned out that the scales do not correlate and thus seem to capture three different concepts (see Figure 4.2).

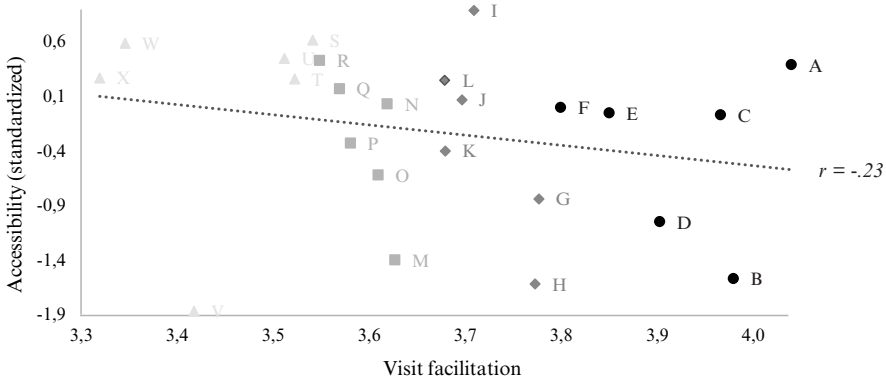
### 4.4.2 Visit facilitation and accessibility across prison institutions

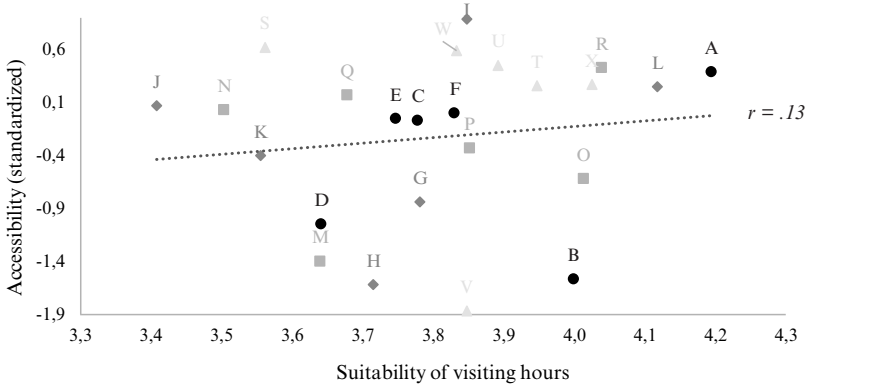
To answer our second research question, we explored the differences in facilitation and accessibility across prison settings. First, substantial differences across institutions were found in terms of facilitation [F(23, 993) = 4.56, $p$<.01], accessibility [F(23, 1038) = 138.00, $p$<.01] and suitability of visiting hours [F(23, 980) = 3.60, $p$<.01]. Moreover, the variances of the intercepts and ICCs indicated that a significant portion of variance in scores on overall facilitation (Var = .02, $p$<.05, ICC = .08) and suitability of visiting hours (Var = .03, $p$<.05, ICC = .05) was clustered per prison.

Second, as mentioned, the three dimensions were not necessarily correlated. Looking at the particular prisons, Figure 4.2 shows that prisons that scored high on one dimension sometimes scored low on another dimension. In fact, it was often the case that institutions with relatively poor accessibility had high facilitation ratings, and vice versa. For instance, Figure 4.2 shows that the lowest scoring prisons on facilitation (T to X) scored relatively high on accessibility, and higher scoring prisons on facilitation scored relatively low on accessibility (B and D).

**Figure 4.2**
*Scatterplots Visit Facilitation, Accessibility and Suitability of Visiting Hours*




** $p<.01$, * $p<.05$

● 6 best scoring prisons on overall visit facilitation
■ 6 second-worst scoring prisons on overall visit facilitation
◆ 6 second-best scoring prisons on overall visit facilitation
▲ 6 worst scoring prisons on overall visit facilitation

### 4.4.3 Visit facilitation and accessibility related to professional visits

To answer the third research question, we examined the extent to which differences in facilitation and accessibility were related to receiving a visit from a specific type of CBP. The results are presented in Table 4.3. It shows that the visit facilitation (B = .78, $p<.05$) and accessibility (B = .17, $p<.05$) of a prison were positively related to receiving a visit from a parole officer in the past six months of imprisonment. In other words, prisoners who were held in better facilitated and accessible institutions, more often reported a visit from a parole officer. There were no associations found for visits from the other types of CBPs.

Moreover, Table 4.3 shows that a few individual characteristics of prisoners are related to receiving visits from CBPs. First, demographics appear related to receiving visits. For example, Dutch nationals were more likely to receive a visit from parole or municipal officers, and men were less likely to receive a visit from health professionals or volunteers. Second, other factors are likely related to the risks and needs of prisoners: prisoners with a high number of needs more often received a visit from municipal officers, those in extra care regimes more often from parole officers and health professionals, and those with a violent index offence more often from a health professional. One unexpected result is that prisoners who were further away from their release date more often received a visit from parole officers. Finally, prisoners in pre-trial detention received less visits from municipal officers and health professionals, while those in minimum security units, who can be granted furlough under supervision, received more visits from parole officers (see Table 4.3).

Finally, additional analyses, using only individual-level information as reported by CBPs, showed that CBPs reported a higher visiting frequency to institutions that they rated more positively on facilitation (B = .09, $p<.01$) and accessibility (B = .06, $p<.05$). For these analyses, however, we were not able to control for characteristics and needs of the prisoners they came to visit, nor for the number of clients that these CPBs had in these institutions.

**Table 4.3**
*Type of Professional Visitor Received Multilevel Regressed on Visit Facilitation, Accessibility and Suitability of Visiting Hours (N = 3,558)*

| | Parole Officer[1] | | Municipal Officer[1] | | Health Professional[1] | | Volunteer[1] | |
|---|---|---|---|---|---|---|---|---|
| | B | 95% CI | B | 95% CI | B | 95% CI | B | 95% CI |
| Intercept | −2.32 | −5.42 – .78 | −1.54 | −9.46 – 6.38 | −.99 | −6.89 – 4.91 | −.95 | −5.93 – 4.03 |
| *Institutional factors (N=24)* | | | | | | | | |
| Visit facilitation | .78 * | .15 – 1.40 | −.40 | −1.98 – 1.17 | −.04 | −1.24 – 1.16 | −.77 | −1.74 – .21 |
| Accessibility | .17 * | .00 – .33 | .09 | −.34 – .51 | .17 | −.14 – .49 | .20 | −.07 – .46 |
| Suitability of visiting hours | −.23 | −.80 – .34 | .35 | −1.14 – 1.84 | −.26 | −1.36 – .84 | .35 | −.57 – 1.26 |
| *Prisoner characteristics (N = 3,558)* | | | | | | | | |
| Number of needs (zero = ref) | | | | | | | | |
| 1-2 needs | .04 | −.12 – .21 | .14 | −.13 – .41 | .15 | −.10 – .40 | .11 | −.16 – .37 |
| 3-5 needs | .12 | −.11 – .35 | .59 ** | .25 – .92 | .41 | .09 – .74 | .19 | −.17 – .55 |
| Unknown | −.19 | −.51 – .13 | −.15 | .69 – .39 | .03 * | −.43 – .49 | .36 | −.10 – .82 |
| Age | −.01 ** | −.02 – −.01 | −.01 | −.02 – .00 | .00 | −.01 – .01 | .02 ** | .01 – .03 |
| Male | −.16 | −.55 – .22 | −.42 | −1.28 – .45 | −1.03 ** | −1.63 – −.43 | −.81 ** | −1.38 – −.24 |
| Nationality (non-Dutch = ref) | | | | | | | | |
| Dutch | .33 ** | .17 – .49 | .39 ** | .13 – .64 | .21 | −.03 – .44 | .25 | −.00 – .49 |
| Unknown | −.02 | −.36 – .32 | .07 | −.48 – .62 | .30 | −.17 – .76 | −.33 | −.91 – .26 |
| Index offence (non-violent = ref) | | | | | | | | |
| Violent | .09 | −.08 – .24 | .12 | −.13 – .37 | .78 ** | .54 – 1.01 | .24 | −.01 – .49 |
| Unknown | −.65 ** | −1.05 – −.26 | .02 | −.53 – .57 | .04 | −.53 – .61 | .14 | −.39 – .67 |
| Time served | −.00 | −.01 – .00 | −.00 | −.01 – .00 | −.00 | −.01 – .00 | .00 | .00 – .01 |
| Time to release (< 3 months = ref) | | | | | | | | |
| 3-6 months prior to release | .39 ** | .13 – .64 | .08 | −.30 – .47 | .20 | −.18 – .57 | .14 | −.27 – .55 |
| >6 months prior to release | .28 ** | .11 – .46 | −.15 | −.43 – .12 | .13 | −.13 – .39 | .05 | −.23 – .33 |
| End date of sentence unknown | −.36 * | −.71 – −.01 | −.65 * | −1.22 – −.07 | −.32 | −.81 – .18 | .19 | −.27 – .65 |

**Table 4.3**
*Continued*

| | Parole Officer[1] | | Municipal Officer[1] | | Health Professional[1] | | Volunteer[1] | |
|---|---|---|---|---|---|---|---|---|
| | B | 95% CI | B | 95% CI | B | 95% CI | B | 95% CI |
| Regime (prison = ref) | | | | | | | | |
| Pre-trial | −.08 | −.26 – .10 | −.44 ** | −.73 – −.16 | .21 | −.07 – .48 | −.43 ** | −.72 – −.13 |
| Persistent | −.57 ** | −.97 – −.17 | −.43 | −1.03 – .18 | .72 ** | .25 – 1.19 | −.74 * | −1.43 – −.05 |
| Extra care | .38 ** | .10 – .66 | −.33 | −.79 – .13 | 1.21 ** | .88 – 1.54 | .52 | .17 – .88 |
| Short-stay | −2.51 ** | −3.36 – −1.67 | −1.47 ** | −2.34 – −.60 | −1.02 | −2.09 – .05 | −.08 | −.81 – .65 |
| Minimum security | .53 ** | .17 – .89 | −.46 | −1.11 – .20 | −.71 | −1.56 – .16 | −.23 ** | −.82 – .36 |
| Variance(Intercept) | .04 | .01 – .14 | .41 * | .17 – .95 | .21 * | .09 – .53 | .10 | .03 – .34 |
| ICC | | .01 | | .11 | | .06 | | .03 |

**$p<.01$. *$p<.05$. [1] Parole Officer: N(yes) = 1,196; Municipal Officer: N(yes) = 355; Health Professional: N(yes) = 435; Volunteer: N(yes) = 361

## 4.5 Discussion

Our study makes an important contribution to the literature on interagency collaboration and professional visitation for purposes of offender management and supporting prisoners in preparing for release. In particular, we showed that two important constructs, visit facilitation and accessibility, can be reliably measured with a combination of data. Our questionnaire-measurement of facilitation consists of a newly-developed 25-item questionnaire, which can be used to calculate separate scores on five domains (friendly reception, communication, information sharing, work facilities, and suitability of visiting hours), as well as an overall score on visit facilitation. While suitability of visiting hours was empirically distinct from facilitation, it was included as a separate measure due to its theoretical relevance. We also outlined how a prison score on accessibility can be calculated, using standardised measures of travel time, location (urban/rural), and ease of access with public transport. Although facilitation and accessibility appeared unrelated to receiving visits from most types of professionals, it was positively related to receiving a visit from a parole officer and community-based professionals' self-reported visiting frequency.

The development of instruments to measure facilitation and accessibility can help with the identification of barriers to interagency collaboration and prisoner support. Previous (qualitative) research identified institutional factors that hindered external organisations in the effective provision of support to prisoners, including poor information sharing, communication, problems with accessibility, and a lack of appropriate facilities (Hancock et al., 2018; Hean et al., 2018; Saia et al., 2010). Our new instruments can assist in mapping problem areas and identifying good institutional practices on a large scale. Given our findings on the validity and reliability of these tools, they can be used in further research on reintegration support and service coordination in prisons, linking facilitation and accessibility to other outcomes. For example, a friendly and welcoming environment might contribute to job satisfaction, which in turn can lead to better job performances (Molleman & Van der Broek, 2014) .

Our study identified that prisons differed in terms of facilitation and accessibility; the variable nature of visit facilitation reflects the fact that they are allowed to set their own rules on visiting hours and whether or not they provide a work office inside. This also means that facilitation is amenable to efforts to improve it; indeed, some prisons have reportedly implemented initiatives to improve the communication and information sharing between the criminal justice system and community-based professionals (CBPs) (Buysse et al., 2018; Lünneman et al., 2016). The institutions where these initiatives were implemented did not necessarily do better on facilitation. However, it may take more time than three years to see a true cultural shift towards better collaboration. In any case, our findings suggest scope for improvement, particularly in the areas of information sharing and work facilities, which is congruent with previous research that mainly identified

problems in information sharing. Since previous research identified problems in the area of facilitation, such as information sharing (e.g., Hancock et al., 2018; Hean et al., 2018), it is worthwhile to implement initiatives to improve these aspects and use our questionnaire on facilitation to evaluate them. Interestingly, some of the less accessible institutions were rated higher on facilitation. Perhaps, relatively inaccessible institutions compensate for long distances by proper information sharing and by providing a work office inside. Alternatively, there may be cultural differences in communication between prisons in rural (generally less accessible) and urban (generally more accessible) locations. Yet, higher facilitation was not found in all institutions that were less accessible. Thus, for relatively inaccessible institutions in particular, it is advised to pay more attention to facilitation.

A noteworthy finding is that facilitation and accessibility were associated with receiving a visit from a parole officer, but not with visits from municipal officers, health professionals and volunteers. At first, this result may seem striking, given that parole officers were the only criminal justice partner included. Their duty to visit institutions is clearer and their entering requirements easier. Also, their work is regionally organised, and therefore, institutions should always be relatively accessible. Conversely, non-criminal justice professionals may experience more difficulties with access, their responsibilities during imprisonment may be less clear, and municipal officers may have longer travel times. However, it could be precisely because of their greater overall visiting frequency, that parole officers may be more influenced by facilitation and accessibility in deciding *who* to visit, *when*, and *how often*. Given the benefits of professional support from one's parole officer (Bares & Mowen, 2020), prisons should certainly seek to facilitate their visits, for example by making sure they have access to appropriate rooms and can easily contact their clients.

Furthermore, it turned out that there were individual differences among prisoners in receiving visits. First, these findings give us valuable insights on groups that are at risk of remaining overlooked by CBPs, such as prisoners not born in the Netherlands. Moreover, prisoners who had multiple needs were more likely to report visits. It thus seems that CBPs prioritise in whom they visit, and that they are informed on who needs their support, at least to some extent. Yet, the low overall amount of reported visits means that many prisoners remain unsupported. Future research could investigate self-reported motivations of CBPs on whom they visit, when and under what circumstances. Although our additional analyses began to investigate this, we were unable to control for crucial factors, such as the number of clients they had in a particular institution. More information on their visiting motivations may clarify why some prisoners are visited more often than others.

A few limitations of our study should be noted. First, we were unable to differentiate between responses of different types of professionals. Not all types of professionals were represented in all prisons. Although the various CBPs had shared experiences within the particular institutions,

we also identified a few differences between their experiences. Therefore, if shared experiences were, for instance, mainly based on the responses of parole officers, this might have had an effect on the facilitation scores of that particular institution. Also, the experiences of volunteers were underrepresented in the sample and only a few municipal officers were involved. Future research should tap into the details of the varying experiences and how these relate to visitation. Moreover, the number of participating CBPs per prison institution varied between 5 and 128. Although the results remained unchanged when selecting institutions with more than 20, 40 or 70 participants, this decreased the number of included prisons to 17, 11 and 6, respectively. While low numbers may still yield unbiased level-2 estimates (Schunk, 2016), more clusters and higher cluster sizes with representative samples of prisoners and CBPs will enhance the external validity of the findings. A final issue to reflect on, is that prisoners who only recently entered prison had less time to receive visitors than prisoners who served at least six months. Therefore, in additional analyses we checked the results for time served. No great differences in results were found, except that in the group that served less than six months, time served was positively related to the number of professional visitors received, whereas only for the group that served longer than six months, time to release was negatively related to the number of professional visitors.

It is very well possible that a replication of our study elsewhere may identify greater fluctuations in facilitation and accessibility, and as a result, find a stronger association with professional visits. There has been much debate, for instance, about quality differences between private and state-run prisons in the United States, the UK and Australia (e.g., Harding, 2018). In the Netherlands, all prisons are run by the Dutch Custodial Institutions Agency, which is part of the Ministry of Justice and Security. This may also partly account for the finding that there appears to be a minimum standard regarding facilitation, even though prisons were allowed to set their own rules within these boundaries. Moreover, in other parts of the world, there are often complaints about poor infrastructure and little attention to rehabilitation (Villagra & Droppelmann, 2016). In such contexts, the facilitation of prisons might be evaluated more poorly, increasing the chances of a deterrent effect on professional visitation. Also, the Netherlands is a relatively small country where travel distances likely form smaller barriers to visitation than in larger countries. It would therefore be very interesting if similar studies are conducted in different contexts.

In conclusion, our study explored the facilitation and accessibility across prison settings and showed that, in the Netherlands, there are institutional differences in facilitation and accessibility. Although these institutional barriers do not appear to withhold most professionals and volunteers from visiting, there are indications that visit facilitation and accessibility may go some way in accommodating visits from CBPs. Considering the low amount of in-prison contact between prisoners and CBPs (Pasma et al., 2021), the pressing question what can be done to advance their in-prison involvement,

remains. Our instrument can be used to relate facilitation and accessibility to other key outcomes, and it can be used in other settings where the results may be different. Finally, the finding that CBPs in the Netherlands seem relatively satisfied with visit facilitation and accessibility, and that most CBPs visit prisoners irrespective of such factors, is a positive finding considering the well-established problems with in-prison involvement of external organisations.

# Part 3

# The Outcomes of Adequate Professional Support

# 5 Professional Support and Re-Entry Preparedness among Prisoners[1]

## 5.1 Introduction

One major concern for policy makers, practitioners and criminologists continues to be the resettlement of prisoners in terms of employment, housing, finances, healthcare and valid identification. Worldwide, many prisoners experience multiple problems in these areas prior to imprisonment (Beerthuizen et al., 2015; McSweeney & Hough, 2006; Visher & Courtney, 2007). For others, these problems increase or emerge due to collateral damages that imprisonment itself can bring (Pinard, 2010). As a consequence, because of limited job or educational experiences, criminal records, stigmatization, poor relational networks and addictions or mental health issues, many prisoners face re-entry difficulties upon release (Visher et al., 2017). Leaving these re-entry needs unmet upon release is problematic, as it might hamper social reintegration (Visher & Travis, 2003). Unfortunately, prisoners usually feel ill-prepared for release concerning these re-entry needs (Lloyd et al., 2015; Smith et al., 2018).

Successful re-entry is often found to be a protective factor for reoffending. First, multiple scholars showed that unstable employment and housing (Visher, Debus-Sherrill & Yahner, 2011; Ward, Stallings & Hawkins, 2021), financial problems (Aaltonen, Oksanen & Kivuvori, 2016) and health problems (Wallace & Wang, 2020) are related to reoffending. Second, practical needs usually cause stress, leaving little space to work on the pro-social cognitive or behavioural changes that are believed to reduce the risks of recidivism (Andrews & Bonta, 2006). Finally, the desistance literature holds that prisoners will only desist from crime when they feel heard, seen and treated as human beings (Maguire & Raynor, 2006; McNeill, 2006). It is thus important to pay attention to the factors that prisoners themselves deem crucial in their successful reintegration, on top of solely focusing on 'fixing' their personality deficits. Prisoners themselves often mention employment, a stable place to live, financial assistance, healthcare plans and valid identification as key preconditions to reintegrate back into society (Luther et al., 2011; Visher, LaVigne & Travis, 2004).

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1 Pasma, A. J., Van Ginneken, E. F. J. C., Palmen, H., & Nieuwbeerta, P (In press). *Professional Support and Re-entry Preparedness among Prisoners.* Accepted for publication in Criminology & Criminal Justice.

Professional support is crucial in targeting the abovementioned needs, because prisoners often rely on professionals to gain access to community resources. Moreover, different types of professionals are trained and educated to provide proper support to prisoners. Therefore, as we describe in the following section, a multiagency team of professionals who provide re-entry support through the gate is likely to contribute to feeling better prepared for release. The aim of the current study is to examine the extent to which re-entry support from a multiagency team of professionals is in fact related to better re-entry preparedness among prisoners in terms of employment, housing, finances, healthcare and valid identification.

## 5.2 Professional Support in Prison

With the influential works of scholars such as Carter (2003) and Maguire and Raynor (2006) on how to effectively manage offenders in England and Wales, there has been increasing attention for through the gate support to prisoners, addressing their individual needs, and for interagency collaboration to achieve this. As Carter (2003) points out, different actors within the criminal justice system need to work closer together so that resources can be pooled and used more effectively. He suggests a new approach in which offenders are managed throughout their whole sentences and in which correction services and probation services cooperate more strongly. In integrated offender management (OM) models, partnerships with local agencies, and health- and voluntary organisations were also promoted (Hadfield et al., 2020). Maguire and Raynor (2006) add to this that attention for the *individual needs* of prisoners is more important in providing support than a one-size-fits-all approach.

Since the Carter report (2003), several forms of offender management policies have been adopted internationally, such as in European countries (ICPR, 2011), Australia (Day et al., 2012) and the USA (Hamilton & Belenko, 2016). These policies stress that prisoners should be assisted by a team of professionals, including both prison-based professionals, such as case managers and mentors, and community-based professionals, such as parole officers, municipal officers, health professionals and volunteers. In general, most OM policies consider the following five principles to be paramount in providing support: 1) having a prison-based case manager who is responsible for the coordination of reintegration support, 2) multi-agency support with the help of community-based agencies, 3) sustained support throughout the whole of the sentence and after release, 4) paying attention to individual needs, and 5) maintaining good prisoner-staff relationships. It is assumed that support from this range of professionals and their pooled expertise, resources and connections to services, is essential in targeting the diverse and often complex needs of prisoners (Hadfield et al., 2020; McSweeney & Hough, 2006). Both prison-based and community-based professionals are thus expected to cocreate personalised plans for prison-

ers throughout the whole sentence and through the gate. Evidence-based practices support this idea that interagency collaboration, and continued and one-to-one care are vital in providing adequate support (ICPR, 2011; Maguire & Raynor, 2017).

## 5.3 Empirical Research

Unfortunately, evaluation studies have often identified problems in the actual implementation of the abovementioned policies (e.g., Bullock & Bunce, 2020; Maguire & Raynor, 2017). These evaluations criticise that professionals collaborate poorly in pre-release planning and that in-prison involvement of community-based professionals is limited. For instance, Maguire and Raynor (2017) mention that, in the UK, the different departments of prisons still operate as 'silos' with no clear communication or cooperation, and that community-based professionals seem unable to implement their services from a distance. This poor interprofessional collaboration is often caused by unclear communication pathways, lack of information sharing, inaccessibility of prisons or poor work facilities inside for community-based professionals, or a reluctance among prison staff to welcome the rehabilitative work of community-based professionals (e.g., Hancock, Smith-Merry & McKenzie, 2018; Watson, 2010).

Furthermore, inadequate rehabilitation is often caused by difficulties with resources and recruiting staff (Bullock & Bunce, 2020). In case of understaffing, re-entry support is often the first thing that is cancelled (Cracknell, 2021). Also, prisoners have reported that professionals do not reach out actively and that prisoners are expected to take control over their own reintegration processes (Bullock & Bunce, 2020). Yet, taking responsibility and initiative may not be a realistic option for prisoners with complex needs (McSweeney & Hough, 2006). Prisoners with complex needs often possess lower levels of human capital, which means a lack in work experiences, skills and assets to maintain a stable life (Becker, 1962). For them, it may be more difficult to navigate the prison system and to find the right professional networks to support them. This can lead to cumulative disadvantage, as prisoners who need support the most, may miss out on the support they need.

While the ineffective implementation of multiagency professional support in practice is worrisome, not much attention has been given to the *outcomes* in case re-entry support *is* offered by prison-based and community-based professionals. Moreover, studies that do focus on the professional support provided, primarily examine staff-prisoner relationships in terms of trust, openness, respect and procedural justice (e.g., Crewe, Liebling & Hulley, 2015; Haas & Spence, 2017). Although these aspects have proved important in motivating prisoners and in improving post-release outcomes, the professional support that is provided during imprisonment in relation to *re-entry challenges*, remains an underexplored area.

By exception, a few studies have examined in-prison re-entry support from correctional staff, parole officers, volunteers, mentors, therapists, social agency staff or counsellors. Some of these studies found a positive association between professional re-entry support and re-entry preparedness, whereas others did not. For example, a survey study among 496 offenders who were within 90 days of their release date, and were held across 11 correctional institutions in one state in the USA, showed that they felt better prepared for release in terms of employment, housing and paying bills when correctional staff adhered to Core Correctional Practices (CCP) (Haas & Spence, 2017). On top of being open, caring and respectful towards prisoners, the effective use of community resources, such as advocacy and brokerage, was related to a higher preparedness in terms of employment, housing, and paying debts. Yet, another survey-study in Catalonia in Spain, using questionnaire data among 538 prisoners who were about four months before their release, found that support from professionals and volunteers was unrelated to future optimism about health and income (Cid et al., 2020). Also, among 145 prisoners in a pilot study of the *Returning Home* project in Baltimore state, only 3.4% and 6.9% considered support from parole officers and religious organisations, respectively, useful in their re-entry process (Visher, LaVigne & Travis, 2004).

Anecdotal reports of prisoners also show mixed opinions on the usefulness of professional re-entry support. In an interview study in Oregon state, conducted among 26 recently released prisoners who were transitioned to a housing facility, most prisoners were positive about assistance from social services staff, mentors, parole officers and community volunteers (Kjellstrand et al., 2021, 2022). These professionals had helped them regarding employment, education, housing, health insurances and social benefits. Yet, a few mentioned that professional support was absent or that they had to arrange housing themselves. Furthermore, among 51 returning prisoners in the Indianapolis area, affected by substance abuse or HIV, most found it difficult to distinguish between different types of professionals that had supported them during re-entry (Luther et al., 2011). Nevertheless, aside from friends and peers, they mentioned case managers and community-based mentors as potential facilitators of successful re-entry. In addition, according to 47 successfully reintegrated ex-prisoners in Milwaukee state, support by religious voluntary organisations motivated them to aspire to conventional goals (Hlavka et al., 2015). At times, these networks were also able to connect ex-prisoners to employment opportunities. Finally, among 20 female parolees in a Southern State in the USA, most of them appreciated support from clergy, volunteers and mentors, who helped them materially and emotionally (Bui & Morash, 2010). Yet, although most reported positive relationships with their parole officer, parolees did not consider referrals from parole officers to employment or other services particularly helpful (Bui & Morash, 2010).

## 5.4 Limitations of Prior Research and Current Study

As mentioned, most previous literature on professional support in prison evaluated whether the implementation of support systems was in line with OM policies. Yet, thus far, it remains unclear to what degree prisoners who do report receiving (adequate) professional support actually feel better prepared than prisoners who do not receive professional support or are unsatisfied about this support. The few studies that did cover the topic of re-entry support from professionals, highlighted support from only one type of professional or placed all professionals within one category, without distinguishing between prison-based or community-based professionals. Moreover, findings from the anecdotal reports were often based on very specific groups of prisoners, such as HIV-patients or female parolees, or based on recollections of re-entry experiences in the past. Others solely focused on a single reintegration need (e.g., employment), instead of examining multiple facets of re-entry preparedness.

Overall, the literature on professional re-entry support is scarce, very fragmented and findings are mixed. Thus, although these studies give us valuable insights on the potential roles of professionals in the re-entry process of prisoners, an encompassing understanding of the extent to which re-entry support by an interdisciplinary team of professionals is related to a better re-entry preparedness among prisoners, is missing.

To fill this gap, the current study aims to relate professional support by prison-based and community-based professionals to the self-reported re-entry preparedness among 1,442 Dutch female and male prisoners. Second, because professional support might be particularly helpful for prisoners who already had needs prior to imprisonment, we compare the results for prisoners with and without needs prior to imprisonment. Prisoners who already had needs may possess lower levels of human capital. As mentioned, this can make it more challenging for these prisoners to communicate their needs and to find appropriate support (McSweeney & Hough, 2006). However, it may be precisely these prisoners who would benefit from receiving support.

By establishing whether receiving adequate professional support in fact helps prisoners to prepare for release, we can determine the need to organise professional support in line with OM ambitions. For instance, establishing the contribution of the perceived support to the re-entry preparedness of prisoners, determines the need for better implementation of both prison-based support and community-based support. Moreover, establishing differences between prisoners with and without needs prior to imprisonment determines the relevance of considering individual needs.

Concerning professional support, we established whether someone received support or not, and distinguished between general satisfaction with support and satisfaction with instrumental support. Previous research indicated that both the general satisfaction with support (e.g., contact pleasantness and general usefulness of the support), as well as satisfaction

with specific instrumental support received (e.g., support in employment or housing) can be relevant in relation to re-entry preparedness. For instance, prisoners were sometimes satisfied with their relationships with parole officers, while unsatisfied with the instrumental support received from them (Bui & Morash, 2010). More details on the precise measurements are found in the methods section. What follows first is a brief description of how professional support is organised in Dutch prisons.

## 5.5 Professional Support in Dutch Prisons

From 2013 onwards, the Dutch Custodial Institutions Agency (DJI) has explicitly targeted the re-entry needs of prisoners in terms of employment, housing, finances, healthcare and valid identification (DJI, 2013, 2019). In 2019, official agreements between DJI and the Association of Netherlands Municipalities (VNG) on the roles of various professionals in targeting these needs were written down in a policy document (DJI, 2019). According to this document, case managers are expected to perform intake assessments with prisoners within two weeks of entry. In case re-entry needs are identified, the case manager should refer prisoners to specialised support from community-based professionals (DJI, 2019). In addition, correctional staff are appointed as mentors for prisoners, with whom they should have mentoring meetings regularly. Prison-based case managers and mentors also regularly discuss prisoners' situations together in multidisciplinary meetings, and are responsible for guiding prisoners throughout the whole of their sentences (DJI, 2019).

At the same time, increasing attention is paid to interprofessional collaboration and to intensifying the involvement of community-based professionals in preparing prisoners for release. For example, it is stated that the case manager should cooperate with parole officers and municipal officers in setting up detention and reintegration plans for prisoners (DJI, 2019). Moreover, parole officers, who are often already involved in giving advice in court hearings and in supervision on conditional release, should also help prisoners with employment or housing in case re-entry needs are detected (DJI, 2019). In addition, the municipality of return is responsible for a smooth transition from prison to free society, and should arrange a suitable place to live and issue a valid identity document (DJI, 2019). Additional help from healthcare professionals and volunteers, and their physical presence inside the prisons, is also promoted. Community-based health professionals can provide psychological and medical care and can discuss discharge plans for after release (DJI, 2019). Finally, voluntary organisations often have housing options available for after release and offer a wide range of social services to prisoners, such as assistance in applying for jobs (DJI, 2019).

Offender Management ideas on creating personalised reintegration plans with a team of professionals are thus clearly reflected within the Dutch rehabilitation policies. Nevertheless, a recent study in the Nether-

lands showed that the implementation of these policies are still under development, and that the *amount* of professional support provided to prisoners does not reflect these policy ambitions yet (Pasma et al., 2021). For instance, about one third of the prisoners did not report contact with prison-based professionals. Moreover, in-prison involvement of community-based professionals was very limited, and prisoners with health-, ID-, and complex needs most often remained invisible (Pasma et al., 2022). To follow up on these results, the current study zooms in on the received re-entry support and whether prisoners who are (better) supported also feel better prepared for release compared to prisoners who report no or inadequate support. Dutch policy not only holds that professional support should be provided, but also that this support should be helpful, and ease the re-entry process of prisoners.

## 5.6 Methods

### 5.6.1 Data

To examine the association between professional support and re-entry preparedness, we use survey data from the Dutch Prison Visitation Study, part of the second wave of the Life in Custody Study. Since 2017, the Life in Custody Study periodically measures the quality of life in all Dutch correctional facilities using the prison climate questionnaire (PCQ) (Van Ginneken et al., 2018). The data of the second wave was collected between February and May 2019, including multiple questionnaires handed out to prisoners and to their personal and professional visitors. In addition to completing the PCQ, prisoners in the Dutch Prison Visitation Study were surveyed on their opinions regarding visitation and in-prison support from family, friends and professionals. For the current study, we focus on the self-reported information of prisoners. Administrative data (e.g., on time served, time to release, violent index offence and regime) were also included for prisoners who gave informed consent.

### 5.6.2 Sample

In total, 5,953 female and male prisoners across 26 Dutch prisons were approached, which was 76% of the total prison population excluding psychiatric units. We were unable to reach prisoners who were released, transferred, in solitary confinement, or who had language barriers, other appointments or psychiatric issues during the data collection. Of these 5,953 approached prisoners, 4,546 prisoners were willing to participate (76%), of whom 4,309 prisoners gave informed consent for obtaining administrative data (95%). For the current aim of examining re-entry preparedness, we selected a sample of 2,125 respondents who were released in 2019. For

these prisoners, re-entry preparedness was relevant as they were close to returning at the time of data collection; at least within 11 months of their release date. After deleting cases that had missing information on any of the included items of interest, a sample of 1,442 prisoners was used for the current study. The average age of our sample is 35 years and the sample consists mainly of men (93%), people with a Dutch nationality (65%), and prisoners in pre-trial (33%) or prison (40%) regimes.[2]

### 5.6.3 Measures

*Re-entry preparedness*

From 2013 onwards, the Dutch policy on tackling re-entry challenges has particularly focused on targeting five areas that are considered key in successful resettlement. These areas included employment, housing, finances, healthcare and valid identification. Therefore, the dependent variable *re-entry preparedness* was measured by a 5-point Likert scale, reflecting the mean score of answers to the following five items: 'After my release I expect to have… 1) a job or find a job, 2) a stable place to live, 3) my finances in order, 4) access to healthcare, and 5) a valid identity document' (strongly disagree to strongly agree). A higher score means that participants feel better prepared.

*Professional support*

As a first step, the presence or absence of support was determined by the question whether prisoners had contact with a case manager or a mentor (the prison-based professionals), and with a parole officer, municipal officer, health professional or volunteer (the community-based professionals) at least once in the past six months of imprisonment, or up until the point of data collection. Prisoners who reported contact within this period were asked to follow-up on the support that they received from these specific types of professionals. A distinction was made between general satisfaction with the support received, and satisfaction with the instrumental support received.

2 The remaining group of 1,442 prisoners formed a representative group compared to the total sample of 2,125 prisoners regarding self-reported professional support, re-entry preparedness, and regarding gender, time served, and time to release. Yet, they were slightly younger, more often had reintegration needs, more often were Dutch, more often had a violent index offence, more often resided in prison regimes and less often in short-stay regimes.

First, in relation to the general satisfaction with support, we created a scale that includes items on contact frequency, pleasantness and usefulness, to get a general sense of how satisfied prisoners are with the support received from a specific type of professional. OM policies emphasised frequent contact throughout the whole sentence, and positive relationships between prisoners and professionals. Moreover, interview studies on re-entry support from professionals suggested that received support was not necessarily useful (Bui & Morash, 2010). Therefore, the questions included in the 5-point Likert scale on general satisfaction with support are as follows: '[This professional] sufficiently helps me with my reintegration', 'I see [this professional] often enough', 'Contact with [this professional] is pleasant', 'I am satisfied with the contact with [this professional]' and 'Speaking with [this professional] is useful to me'. Higher mean scores on these items reflect greater general satisfaction with the support received.

Second, we zoomed in on satisfaction with the instrumental support received more specifically in relation to the five re-entry needs. Regarding instrumental support, prisoners were asked on a 5-point Likert scale to report the degree to which they agreed with the following statements: '[This professional] helps me to, after my release, have… 1) a job or find a job, 2) a stable place to live, 3) my finances in order, 4) access to healthcare, and 5) a valid identity document'. The mean score on these items indicated the level of satisfaction with instrumental support, for which higher scores mean higher satisfaction.

Factor analysis confirmed that the abovementioned ten questions on general support and instrumental support are divided over two different components. In other words, the two scales convincingly measure two separate aspects of support. Both scales appear reliable, with Cronbach's Alphas ranging from .90 to .97 for satisfaction with support from the six various types of prison-based and community-based professionals. Because the results showed similar patterns for support from the different types of prison-based professionals (i.e., the case manager and mentor) and the community-based-professionals (i.e., the parole officer, municipal officer, health professional and volunteer), we only differentiated between support from prison-based or community-based professionals, instead of displaying the results for the six types of professionals separately.

Finally, for the purpose of including prisoners who had reported no contact with a type of prison-based or community-based professional, and therefore had no score on the support scales, we converted the Likert-scales into four categories: 1) unsatisfied, 2) neutral, 3) satisfied, and 4) not applicable. The distances between every answering option on a 5-point Likert scale is .80 (5 – 1 = 4; 4 / 5 = .80). Therefore, we consider average scores between 1.00 and 2.60 (strongly disagree and disagree) as being unsatisfied, scores between 2.60 and 3.40 as neutral and scores between 3.40 and 5.00 as satisfied (agree and strongly agree).

*Individual characteristics*

For our second research question, we considered results separately for prisoners who reported that they did and did not have reintegration needs prior to imprisonment. This was measured by a dichotomous variable, indicating whether prisoners reported that they had any of the five abovementioned reintegration needs prior to imprisonment. Finally, other characteristics include age, gender, nationality, time served in months, time to release in days, index offence and regime.

### 5.6.4 Analyses

For our first research question we analyse the association between professional support and re-entry preparedness. Both general satisfaction with support and satisfaction with instrumental support are included, received from both prison-based and community-based professionals. For our second research question, we split the results for prisoners with and without reintegration needs prior to imprisonment. We display bivariate associations (one-way ANOVA) as well as multivariate linear regression analyses, including multiple models where we insert general support and instrumental support from prison-based and community-based professionals one-by-one, together, and controlled for other characteristics. Finally, in additional analyses, we also checked the results for support from the six separate types of professionals (e.g., parole officers or health professionals), and for preparedness on the separate life domains (e.g., employment or housing). All analyses were performed using IBM SPSS version 27.

## 5.7 Results

### 5.7.1 Re-entry preparedness, professional support and reintegration needs

First, the descriptive statistics in Table 5.1 show that in general, prisoners are positive about their re-entry preparedness (4.15). Second, almost one third of the prisoners did not report contact with any prison-based professional (30%), and more than half of the prisoners did not report contact with any community-based professional (57%). Prisoners who did report contact were more often satisfied about the general support received (31% and 30% for prison-based and community professionals respectively) than about the instrumental support received (15% and 23%). Concerning reintegration needs, many prisoners reported having at least one reintegration need prior to imprisonment (66%).

### 5.7.2 Bivariate associations between professional support and re-entry preparedness

For our first research question, we were interested in the relationship between professional support and re-entry preparedness. The one-way ANOVA results show that both general satisfaction with support and satisfaction with instrumental support were positively related to re-entry preparedness. This holds for support from prison-based (Figure 5.1) and community-based professionals (Figure 5.2). As displayed in Figure 5.1 and 5.2 (total group), prisoners who were satisfied about general support and instrumental support scored higher on re-entry preparedness than prisoners who were neutral or unsatisfied about this support. For instance, prisoners who were satisfied about instrumental support from prison-based professionals felt better prepared (4.33) than prisoners who were neutral (4.19) or unsatisfied (4.14). These differences were statistically significant.[3]

3 Prison-based general support ($N$ = 1,014): [satisfied – neutral, mean difference = .13, $p$<.05; satisfied – unsatisfied, mean difference = .18, $p$<.01; F(2, 1011) = 4.28, $p$<.05].
Prison-based instrumental support ($N$ = 1,014): [satisfied – neutral, mean difference = .15, $p$>.05; satisfied – unsatisfied, mean difference = .20, $p$<.05; F(2, 1011) = 3.61, $p$<.05].
Community-based general support ($N$ = 615): [satisfied – neutral, mean difference = .19, $p$<.05; satisfied – unsatisfied, mean difference = .18, $p$<.05; F(2, 612) = 3.28, $p$<.05].
Community-based instrumental support ($N$ = 615): [satisfied – neutral, mean difference = .32, $p$<.01; satisfied – unsatisfied, mean difference = .27, $p$<.01; F(2, 612) = 7.37, $p$<.01].

**Table 5.1**
*Descriptive Statistics*

| | N | Min | Max | Mean | SD | % (% without n/a group) |
|---|---|---|---|---|---|---|
| Re-entry preparedness | 1,442 | 1 | 5 | 4.15 | .85 | |
| **Support from prison-based professionals** | | | | | | |
| Not applicable | 1,442 | 0 | 1 | | | 30% |
| *General support* | | | | | | |
| Unsatisfied | 1,442 | 0 | 1 | | | 21% (31%) |
| Neutral | 1,442 | 0 | 1 | | | 27% (38%) |
| Satisfied | 1,442 | 0 | 1 | | | 22% (31%) |
| *Instrumental support* | | | | | | |
| Unsatisfied | 1,442 | 0 | 1 | | | 34% (49%) |
| Neutral | 1,442 | 0 | 1 | | | 25% (36%) |
| Satisfied | 1,442 | 0 | 1 | | | 11% (15%) |
| **Support from community-based professionals** | | | | | | |
| Not applicable | 1,442 | 0 | 1 | | | 57% |
| *General support* | | | | | | |
| Unsatisfied | 1,442 | 0 | 1 | | | 15% (36%) |
| Neutral | 1,442 | 0 | 1 | | | 15% (35%) |
| Satisfied | 1,442 | 0 | 1 | | | 13% (30%) |
| *Instrumental support* | | | | | | |
| Unsatisfied | 1,442 | 0 | 1 | | | 19% (46%) |
| Neutral | 1,442 | 0 | 1 | | | 13% (32%) |
| Satisfied | 1,442 | 0 | 1 | | | 10% (23%) |
| **Individual Characteristics** | | | | | | |
| Reintegration needs prior to imprisonment | 1,442 | 0 | 1 | | | 66% |
| Age | 1,442 | 18 | 75 | 35.47 | 11.43 | |
| Male | 1,442 | 0 | 1 | | | 93% |
| Dutch | 1,442 | 0 | 1 | | | 65% |
| Nationality unknown | 1,442 | 0 | 1 | | | 3% |
| Violent index offence | 1,442 | 0 | 1 | | | 31% |
| Index offence unknown | 1,442 | 0 | 1 | | | 5% |
| Time served in months | 1,442 | 0 | 121 | 5.34 | 8.66 | |
| Time to release in days | 1,442 | 0 | 323 | 93.75 | 81.21 | |
| Regime: prison | 1,442 | 0 | 1 | | | 33% |
| Regime: pre-trial | 1,442 | 0 | 1 | | | 40% |
| Regime: persistent | 1,442 | 0 | 1 | | | 3% |
| Regime: extra care | 1,442 | 0 | 1 | | | 7% |
| Regime: short-stay | 1,442 | 0 | 1 | | | 12% |
| Regime: minimum security | 1,442 | 0 | 1 | | | 4% |

### 5.7.3 Results for individuals with or without reintegration needs

Yet, in answer to our second research question on the differences between prisoners with or without reintegration needs prior to imprisonment, the positive association between professional support and re-entry preparedness only holds for prisoners who had reintegration needs. Figure 5.1 and 5.2 show that prisoners who had no needs prior to imprisonment and were unsatisfied about general support and instrumental support from either prison-based or community-based professionals, scored about the same on re-entry preparedness as prisoners who were satisfied about this support. Differences in re-entry preparedness between prisoners who were unsatisfied, neutral or satisfied with support were statistically significant for the group who already had needs prior to imprisonment[4], but not for the group who had no needs prior to imprisonment.[5] Moreover, in models controlled for individual characteristics, it was confirmed that better perceived support was related to better re-entry preparedness for prisoners with needs, but not for prisoners without needs. To illustrate this, prisoners with needs who were satisfied about the instrumental support from community-based professionals felt better prepared for re-entry than prisoners who were unsatisfied about this support (see Table 5.2a: B = .45, $p$<.01). In contrast, for prisoners without needs, this association was absent (see Table 5.2b: B = .09, $p$>.05).

4 Prison-based general support: F(2, 654) = 4.78, $p$<.01; prison-based instrumental support: F(2, 654) = 5.23, $p$<.01; community-based general support: F(2, 420) = 3.75, $p$<05; community-based instrumental support: F(2, 420) = 10.23, $p$<.01.

5 Prison-based general support: F(2, 354) = 1.69, $p$>.05; prison-based instrumental support: F(2, 354) = .49, $p$>.01; community-based general support: F(2, 189) = 1.00, $p$>.05; community-based instrumental support: F(2, 189) = .83, $p$>.05.

**Figure 5.1**
*Professional Support and Re-entry Preparedness among Prisoners who Reported Contact with Prison-based Professionals (n = 1,014), Total and Split for Reintegration Needs Prior to Imprisonment*

**Figure 5.2**
*Professional Support and Re-entry Preparedness among Prisoners who Reported Contact with Community-based Professionals (n = 615), Total and Split for Reintegration Needs Prior to Imprisonment*

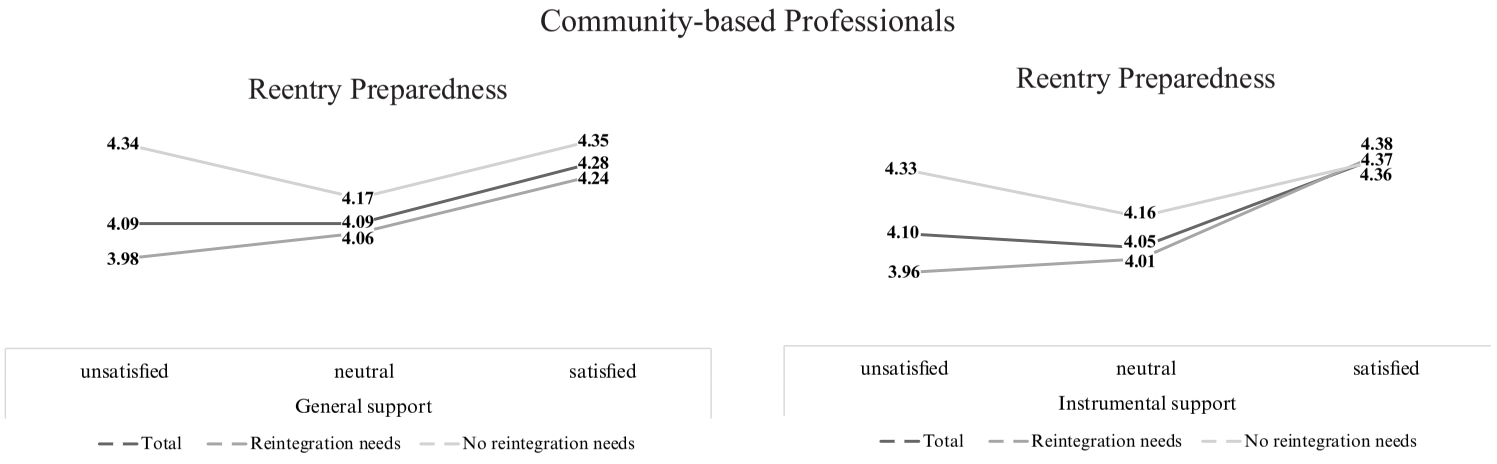

**Table 5.2A**
*Re-entry Preparedness Regressed on Professional Support[1] - with Needs Prior to Imprisonment*

| PRISONERS WITH REINTEGRATION NEEDS ($n$ = 958) | Model 1 | | | Model 2 | | | Model 3 | | | Model 4 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | B | 95% CI | | B | 95% CI | | B | 95% CI | | B | 95% CI | |
| **Prison-based professionals**[i] | | | | | | | | | | | | |
| Not applicable | .06 | [−.10 | .21] | .04 | [−.10 | .18] | | | | | | |
| *General support* | | | | | | | | | | | | |
| Neutral | .10 | [−.06 | .26] | | | | | | | | | |
| Satisfied | .22* | [.05 | .39] | | | | | | | | | |
| *Instrumental support* | | | | | | | | | | | | |
| Neutral | | | | .11 | [−.04 | .25] | | | | | | |
| Satisfied | | | | .29** | [.10 | .48] | | | | | | |
| **Community-based professionals**[i] | | | | | | | | | | | | |
| Not applicable | | | | | | | .08 | [−.08 | .24] | .11 | [−.04 | .26] |
| *General support* | | | | | | | | | | | | |
| Neutral | | | | | | | .05 | [−.15 | .24] | | | |
| Satisfied | | | | | | | .26* | [.06 | .47] | | | |
| *Instrumental support* | | | | | | | | | | | | |
| Neutral | | | | | | | | | | .02 | [−.17 | .21] |
| Satisfied | | | | | | | | | | .45** | [.24 | .65] |

[i] unsatisfied = ref. category; **$p$<.01, *$p$<.05; [1]all models are controlled for individual characteristics (not in Table)

**Table 5.2B**

*Re-entry Preparedness Regressed on Professional Support[1] - without Needs Prior to Imprisonment*

| PRISONERS WITHOUT REINTEGRATION NEEDS (*n* = 484) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Model 1 | | Model 2 | | Model 3 | | Model 4 | |
| | B | 95% CI | B | 95% CI | B | 95% CI | B | 95% CI |
| **Prison-based professionals**[i] | | | | | | | | |
| Not applicable | −.14 | [−.35 .08] | −.10 | [−.29 .09] | | | | |
| *General support* | | | | | | | | |
| Neutral | −.12 | [−.32 .08] | | | | | | |
| Satisfied | .06 | [−.16 .27] | | | | | | |
| *Instrumental support* | | | | | | | | |
| Neutral | | | −.04 | [−.22 .14] | | | | |
| Satisfied | | | .10 | [−.15 .34] | | | | |
| **Community-based professionals**[i] | | | | | | | | |
| Not applicable | | | | | .08 | [−.13 .29] | .10 | [−.08 .28] |
| *General support* | | | | | | | | |
| Neutral | | | | | .16 | [−.42 .11] | | |
| Satisfied | | | | | .02 | [−.24 .32] | | |
| *Instrumental support* | | | | | | | | |
| Neutral | | | | | | | −.14 | [−.39 .12] |
| Satisfied | | | | | | | .09 | [-.23 .40] |

[i] unsatisfied = ref. category; ***p*<.01, **p*<.05; [1]all models are controlled for individual characteristics (not in Table)

### 5.7.4 Full multivariate models

Taking general support as well as instrumental support from both prison-based and community-based professionals together, controlled for individual characteristics, the positive association between support and preparedness is most robust for instrumental support from community-based professionals. As Table 5.3 shows, among the group with reintegration needs, prisoners who were satisfied about instrumental support from community-based professionals felt better prepared for re-entry than prisoners who were unsatisfied about their instrumental support (B = .38, $p<.01$). This finding was absent for prisoners without reintegration needs (B = .02, $p>.05$).

The other associations between support and re-entry preparedness (general and instrumental support from prison-based professionals, and general support from community-based professionals) disappeared when adding both forms of support from both types of professionals together.

Likely, this is due to the finding that general and instrumental support from prison-based and community-based professionals correlate with each other (although the VIF values were below 5).[6] In any case, instrumental support from community-based professionals is the only form of support that distinctively seems to account for differences in re-entry preparedness, holding the other support forms constant. Apparently, these other forms of support do not explain any differences in re-entry preparedness on top of the instrumental support from community-based professionals. Finally, Table 5.3 also reveals that among prisoners with reintegration needs, those with a violent index offence felt better prepared for re-entry than prisoners with a non-violent index offence (B = .13, $p<.05$), while those in persistent-offender regimes felt less prepared than in regular prison regimes (B = −.33, $p<.05$). Among prisoners without reintegration needs, prisoners in extra-care regimes felt less prepared than in regular prison regimes (B = −.36, $p<.05$).

Last of all, in additional analyses, we found that the better re-entry preparedness among prisoners with reintegration needs who were satisfied about general and instrumental support from prison-based and community-based professionals, holds across most separate life domains (i.e., employment, housing, financial situation, healthcare, and valid ID). By exception, prisoners who were satisfied about general and instrumental support from community-based professionals, did not feel better prepared in terms of

6 Prison-based general and instrumental support ($N$ = 1,014): $r$ = .65, $p<.01$.
Prison-based and community-based instrumental support ($N$ = 519): $r$ = .45, $p<.01$.
Prison-based instrumental support and community-based general support ($N$ = 519): $r$ = .32, $p<.01$.
Community-based instrumental support and prison-based general support ($N$ = 519): $r$ = .24, $p<.01$.
Community-based general and instrumental support ($N$ = 615): $r$ = .63, $p<.01$.

**Table 5.3**
*Re-entry Preparedness Regressed on Professional Support and Individual Characteristics among Prisoners with (n = 958) and without (n = 484) Reintegration Needs Prior to Imprisonment*

| | Reintegration needs | | | No reintegration needs | | |
|---|---|---|---|---|---|---|
| | B | 95% CI | | B | 95% CI | |
| Constant | 3.83** | [3.50 | 4.16] | 4.27** | [3.77 | 4.76] |
| **Prison-based professionals**[i] | | | | | | |
| Not applicable | .06 | [−.09 | .22] | −.15 | [−.36 | .07] |
| *General support* | | | | | | |
| Neutral | .05 | [−.12 | .23] | −.10 | [−.32 | .12] |
| Satisfied | .11 | [−.09 | .31] | .08 | [−.18 | .34] |
| *Instrumental support* | | | | | | |
| Neutral | .06 | [−.11 | .22] | −.01 | [−.21 | .20] |
| Satisfied | .14 | [−.08 | .36] | .00 | [−.30 | .30] |
| **Community-based professionals**[i] | | | | | | |
| Not applicable | .10 | [−.07 | .27] | .07 | [−.15 | .29] |
| *General support* | | | | | | |
| Neutral | −.03 | [−.23 | .18] | −.15 | [−.43 | .13] |
| Satisfied | .02 | [−.22 | .26] | .01 | [−.35 | .37] |
| *Instrumental support* | | | | | | |
| Neutral | .01 | [−.20 | .22] | −.11 | [−.40 | .17] |
| Satisfied | .38** | [.14 | .63] | .02 | [−.37 | .41] |
| **Individual Characteristics** | | | | | | |
| Age | −.00 | [−.01 | .01] | .00 | [−.00 | .01] |
| Male | −.11 | [−.31 | .10] | .08 | [−.26 | .42] |
| Dutch | .08 | [−.04 | .20] | .09 | [−.07 | .24] |
| Nationality unknown | −.27 | [−.59 | .04] | −.16 | [−.62 | .30] |
| Violent index offence | .13* | [.01 | .26] | −.01 | [−.17 | .14] |
| Index offence unknown | .02 | [−.23 | .27] | .16 | [−.20 | .51] |
| Time served in months | .00 | [−.00 | .01] | −.00 | [−.01 | .01] |
| Time to release in days | .00* | [.00 | .00] | .00 | [−.00 | .00] |
| *Regime (prison = ref)* | | | | | | |
| Regime: pre-trial | −.05 | [−.19 | .09] | −.02 | [−.19 | .15] |
| Regime: persistent | −.33* | [−.62 | −.03] | −.05 | [−.66 | .56] |
| Regime: extra care | −.18 | [−.40 | .04] | −.36* | [−.70 | −.03] |
| Regime: short-stay | −.08 | [−.27 | .12] | .04 | [−.22 | .31] |
| Regime: minimum security | .16 | [−.16 | .48] | −.14 | [−.44 | .17] |

[i] unsatisfied = ref. category; **$p$<.01, *$p$<.05.

obtaining a valid identity document. Also, prisoners who were satisfied about general support from prison-based and community-based professionals, did not feel better prepared regarding employment. Additional analyses also showed comparable patterns for support from the six separate types of professionals (i.e., a case manager, mentor, parole officer, municipal officer, health professional or volunteer). However, prisoners who were satisfied

with general support from parole officers or health professionals, or with support from volunteers (general and instrumental), did not feel better prepared for release than prisoners who were unsatisfied.[7]

## 5.8 Discussion

Prisoners often face hardships in terms of employment, housing, financial situation, healthcare and valid identification prior to imprisonment and upon release. In trying to tackle these problems during imprisonment, OM policies emphasise the support of both prison-based and community-based professionals in preparing prisoners for release (ICPR, 2011; Maguire & Raynor, 2017). Although previous research identified problems in the implementation of such policies (e.g., Hadfield et al., 2020), thus far, the actual contribution of professional support to the re-entry preparedness of prisoners received little attention. The current study, which found a positive relationship between professional support and re-entry preparedness, underpins the importance of proper implementation of OM policies. Moreover, our study showed the relevance of distinguishing between support from prison-based and community-based professionals, between general and instrumental support, and between prisoners with or without reintegration needs prior to imprisonment.

First, our findings suggest that professional support is related to re-entry preparedness for prisoners who reported reintegration needs prior to imprisonment. These findings are in line with the idea that especially vulnerable prisoners with complex needs should receive professional support (McSweeney & Hough, 2006). It seems promising that the provided professional support is related to a better feeling of re-entry preparedness among this group. Nevertheless, previous research showed that the number of prisoners who have reintegration needs and receive relevant assistance is limited (Pasma et al., 2022). The current study stresses the urgency to provide re-entry support especially to prisoners who already enter prison with reintegration needs.

In contrast, professional support was not related to the re-entry preparedness of prisoners *without* reintegration needs prior to imprisonment. First, the provided re-entry support may look different for prisoners with reintegration needs than for prisoners without reintegration needs. Second, it may point to a higher possession of human capital among this group. The fact that this group reported no problems in essential life domains prior to imprisonment, suggests that this group is more capable of maintaining a stable life, perhaps with the help of personal social networks. In some cases, these life skills or personal networks may be equally helpful during imprisonment in case of collateral consequences, making the support of

7 The results of these additional analyses can be requested from the first author.

professionals less needed. Finally, prisoners without needs prior to imprisonment were very positive about their re-entry preparedness; a ceiling effect may also partly explain why no relation was found between support and preparedness for this group, given that there was little variation in their reported preparedness.

Moreover, it turned out that instrumental support from community-based professionals was most clearly related to the re-entry preparedness of prisoners. This corresponds to the call for interagency collaboration between prison institutions and community-based professionals in the reintegration process of prisoners (Hadfield et al., 2020). According to OM policies, community-based professionals should be included early-on in the reintegration process to provide access to community resources and use their expertise and networks to refer prisoners to services. This coincides with our finding that their *instrumental* support seems to matter the most in re-entry preparedness. Anecdotal reports had already indicated that instrumental support from community-based professionals was considered useful according to some prisoners (Hlavka, 2015; Kjellstrand et al., 2021, 2022; Luther et al., 2011). Yet, similar to other previous findings (Cid et al., 2020; Visher, LaVigne & Travis, 2004), the results also show room for improvement in this aspect. Many prisoners reported no contact with community-based professionals or were unsatisfied about their provided instrumental support. The alarming reports (e.g., Bullock & Bunce, 2020; Maguire & Raynor, 2017) on inadequacies in the implementation of multiagency collaboration are thus underscored by our findings that this support may in fact contribute to the re-entry preparedness of prisoners. Therefore, we support the wish of the Dutch policy agreement (DJI, 2019) to increase the early-on involvement of community-based professionals in the reintegration process of prisoners.

While prisoners were relatively satisfied about the general support received from prison-based and community-based professionals, this played no distinctive role in the re-entry preparedness of prisoners. This is in line with previous mixed findings in the anecdotal reports of prisoners that even when (ex)-prisoners were satisfied about the contact with community-based professionals, this did not necessarily lead to meaningful job referrals (Bui & Morash, 2010). Our results did show that the perceived general support was correlated to the perceived instrumental support. In other words, frequent, pleasant and useful conversations may contribute to needs assessments, proper referrals, and to the ability and willingness of community-based professionals to provide instrumental support (i.e., arrange job opportunities or housing options). Therefore, although no direct association was found on top of instrumental support from community-based professionals in the re-entry preparedness of prisoners, we still believe that it is important to pay attention to the frequency, pleasantness and usefulness of re-entry support.

Furthermore, the results held steady across the felt preparedness in most life domains (i.e., housing, healthcare, finances), except for some

expectations regarding employment and valid identification. Previous research showed that prisoners without a valid ID most often had multiple needs (Pasma et al., 2022). Perhaps, for complex cases, professional support during imprisonment alone is not sufficient in increasing their re-entry preparedness. Another explanation is that in the Netherlands applying for a valid ID requires an in-person visit to a counter of the municipality of registration. However, prisoners are not granted furlough to take care of this. An alternative route is that an officer from that municipality visits the prisoner. Yet, this may be hampered by workload, poor information sharing between prison institutions and municipalities, or long distances between the prison institution and the issuing municipality. Fortunately, a recent initiative was undertaken to ease this process by allowing the municipality of where the prisoner is held to issue a valid ID (Rijksdienst voor Identiteitsgegevens, 2022). Our study supports the need of such an initiative, given that without valid identification, other life domains are at stake as well.

Finally, a few limitations are worthwhile mentioning. First, we examined the subjective opinions of prisoners regarding their prior needs, received support and re-entry preparedness. Similar to what is observed in other research, prisoners often tend to be overoptimistic about their future. Their subjective feeling of being prepared for release may not accurately reflect the future of prisoners in terms of employment, housing, financial situation, healthcare and having a valid ID. Although previous research pointed out that being optimistic about the future is related to better post-release outcomes (Graffam et al., 2004), future research may want to further examine objective accounts of reintegration needs prior to, during, and after imprisonment. Another limitation is that the nature of our questionnaire made it impossible to detect problems that may emerge during imprisonment. Therefore, we were unable to identify prisoners who reported no prior needs but developed such needs during imprisonment. Nevertheless, the results suggest that it was relevant to distinguish between prisoners who already enter prison with problems and those who do not. Yet, future research should map the exact timing of reintegration needs and the provided professional support, to find out whether that support helped tackling the reintegration problems. Moreover, although we controlled for several individual and detention characteristics, additional factors may also relate to re-entry preparedness, such as whether prisoners were released for the first time. Finally, the results may not be generalisable to other contexts, given the relatively short sentences in the Netherlands. While short spells of imprisonment are often associated with needs complexity, the damage of imprisonment may increase over time. Therefore, it may still be important for both short-stay and long-stay prisoners to provide re-entry support.

To conclude, our study was able to bring forth valuable insights regarding in-prison support from various professionals and its relationship with the re-entry preparedness of prisoners. Given that re-entry challenges are reported worldwide, our results may provide useful lessons for other contexts as well. Our results stress the proper implementation of OM policies,

in particular the early-on involvement of community-based professionals, who can provide instrumental support and access to resources. We also stress paying special attention to prisoners who already entered prison with reintegration needs. Future research should seek to find out whether professional support and subjective or objective re-entry preparedness are related to lower reoffending rates.

# Part 4

# Conclusion

# 6 General Discussion

## 6.1 Introduction

It has been widely recognised within correctional research that prison staff is central to prison work, since they carry out interventions and government policy. Moreover, during imprisonment, they are one of the few who are in contact with prisoners and may thus have a great impact on them. Also, prisoners rely on professionals for access to community resources and for pre-release planning (Crewe, Liebling & Hulley, 2015). However, while there is a relatively large amount of research on the quality, dynamics and nature of prisoner-staff relationships, less was known about the roles of various prison-based professionals (e.g., case managers and mentors) and community-based professionals (e.g., parole officers, municipal officers, health professionals and volunteers) in providing reintegration support and in preparing prisoners for release. This is striking, especially in light of the re-entry problems often reported worldwide in the transition from prison to society regarding important areas such as employment, housing, financial situation, healthcare and valid identity documentation (e.g., McSweeney & Hough 2006; Visher & Courtney, 2007; Weijters, Rokven & Verweij, 2018). These re-entry challenges hamper social reintegration and increase the likelihood of recidivism (e.g., Aaltonen, Oksanen & Kivuvori, 2016; Boschman, Teerlink & Weijters, 2020; Visher et al., 2017).

More recently, a few studies began to investigate professional support in relation to re-entry challenges (e.g., Bares & Mowen, 2020; DJI, 2019; Kjellstrand et al., 2021). Yet, given the fragmented nature of this literature and the small scope of these studies, much remained unknown. The current dissertation aims to advance our understanding of professional reintegration support in the Netherlands and beyond, by conducting comprehensive empirical assessments of the prevalence, determinants, and outcomes of support from various prison-based and community-based professionals. The core aim was to find the factors and mechanisms that may improve reintegration support from professionals.

This dissertation was thus one of the first to methodically assess professional support in prison and thereby addressed several unexplored research questions. The first part described the Dutch policy on professional support in prison, and presented the actual prevalence of and satisfaction with the support received according to prisoners. The second part examined individual and contextual factors related to receiving professional support. It was examined to what degree prisoners who had reintegration needs in

any of the five key areas were more likely to receive professional support. Next, the contextual factors that may facilitate visits from community-based professionals were assessed. For instance, institutional factors such as a friendly reception, clear communication pathways, information sharing, proper work facilities inside, suitability of visiting hours, and accessibility may increase professional visits and thus the amount of support received by prisoners. The third part of this dissertation studied the outcomes of professional support. It was examined to what degree support from various professionals contributed to the re-entry preparedness of prisoners.

To map the prevalence, determinants and outcomes of professional support, nationwide survey data from the Dutch Prison Visitation Study (DPVS), part of the largescale Life in Custody study (LIC-study), were collected and combined with various administrative and open data sources. This resulted in a large amount of data from more than 4,000 prisoners and more than 1,000 community-based professionals. The high response rates of 76% and 72%, respectively, contributed to the representativity of the samples and thus provided a near-to-complete picture of prisoner and professional opinions. These survey data included self-reported information on prison climate, the reintegration needs of prisoners, the support received from various professionals, the re-entry preparedness of prisoners, and institutional visitation factors according to community-based professionals. Administrative data contained detailed information on the demographics, current stay, and the criminal trajectories and histories of prisoners. Altogether, this dissertation had a uniquely rich amount of information to draw from.

The current chapter summarises the findings of this dissertation, and the theoretical considerations that follow from this. Moreover, strengths and future recommendations are discussed, as well as the practical implications.

## 6.2 Summary of the Findings

### 6.2.1 Part 1 – The prevalence of and satisfaction with professional support

Chapter 2 addressed the first research aim to map the amount of contact between prisoners and professionals, and the degree to which prisoners were satisfied with this contact. This was specified for various regimes and phases of imprisonment and it was evaluated whether the amount of provided support was in line with Dutch policy.

The results showed that despite growing attention among Dutch policy makers for professional support in prison, the amount of support received according to prisoners seems somewhat below what was strived for. Furthermore, this chapter showed some positive findings, as well as some points of improvements in relation to the professional support provided in Dutch prisons.

More specifically, based on 3,689 prisoners included in this study, Chapter 2 found that around 60 percent of the prisoners reported contact with

case managers or mentors within the past six months of imprisonment. This means that the majority of the prisoners reported contact with the prison-based professionals. Yet, this also means that around 40 percent reported no contact, whereas Dutch policy held that all prisoners should be contacted by these prison-based professionals. According to the Dutch rehabilitation principle, prison sentences should be used to reintegrate prisoners back into society, on top of retributive purposes (art. 2 sect 2, Penitentiary Principles Act). The Dutch Custodial Institutions Agency (DJI) gave substance to this rehabilitation principle by specifying that case managers should do needs assessments with all prisoners within two weeks of entry, and that mentors had to guide all prisoners every other week (DJI, 2019; Inspectorate of Justice and Security, 2018). Although these policy goals were not entirely met according to this self-reported amount of contact, prisoners who reported contact were satisfied about the support they received from these prison-based professionals.

Moreover, Chapter 2 showed that contact with community-based professionals was limited. Less than half of the prisoners reported contact with a parole officer, and about one fifth of the prisoners reported contact with municipal officers, health professionals, or volunteers. This finding is remarkable, given that the physical presence of community-based professionals was promoted in policy agreements between DJI and external agencies. For instance, parole officers and municipal officers were expected to discuss detention- and reintegration (D&R) plans together with all prisoners within four weeks of entry (DJI, 2019). These policy goals were not entirely met according to the self-reported information of prisoners. Also, prisoners who reported contact were relatively unsatisfied with the support received from parole officers and municipal officers. Nevertheless, some positive findings were found as well. Prisoners who reported contact were satisfied about the support received from health professionals and volunteers. Moreover, contact with one type of professional was related to contact with other types of professionals, which may be an indication of interprofessional collaboration.

Finally, in relation to support across regimes and phases of imprisonment, short-stay prisoners and those who had only served a short period of time at the point of data collection, least often reported contact with professionals. Yet, prisoners in extra care and persistent regimes, who often need more support, were in contact with community-based professionals relatively often.

### 6.2.2 Part 2 – The factors related to receiving professional support

The second part of this dissertation examined the individual and contextual factors related to receiving support. Chapter 3 examined the degree to which individuals with particular reintegration needs were assisted by professionals who were able to address those needs. Chapter 4 investigated the

contextual factors that may facilitate visits from community-based professionals, controlled for reintegration needs and characteristics of prisoners.

Chapter 3 demonstrated that prisoners with reintegration needs were not more likely to receive support from prison-based professionals, but that their needs were, to some extent, related to receiving more support from community-based professionals. Although the latter seems promising, the overall limited amount of support from community-based professionals makes that many prisoners who had reintegration needs still reported no support from these community-based professionals. Support for prisoners who had reintegration needs also appeared limited in the pre-release phase, in which preparing for transition becomes highly relevant. In line with previous research (Brosens et al., 2019; McSweeney & Hough, 2006), prisoners at the start of imprisonment, prisoners with complex needs, and those with a foreign nationality received support least often. According to previous research, visitation barriers may partly account for the overall limited amount of support from community-based professionals (Hancock, Smith-Merry & McKenzie, 2018; Hean, Willumsen & Ødegård, 2018; Saia, Toros & DiNitto, 2020). The results of Chapter 4 were, however, somewhat ambiguous on this. Most community-based professionals did not seem to visit more often in case institutions facilitated their visits or in case institutions were better accessible. Moreover, community-based professionals were, in general, already satisfied about the way in which institutions facilitated their visits. This suggests that improving visit facilitation may not necessarily lead to increased professional support. Yet, parole officers did appear to be influenced by these institutional factors, and self-reported visiting frequencies also indicated that institutional factors may go some way in accommodating visits. These ambiguous results raise questions on what can be done to increase in-prison support from community-based professionals.

In more detail, Chapter 3 found that, based on information from over 3,500 prisoners, prison-based professionals were more often in contact with prisoners *without* needs compared to prisoners with needs. Contrarily, community-based professionals (and in particular health professionals) were more often in contact with prisoners *with* corresponding needs. For instance, health professionals were more often in contact with prisoners with health needs than with prisoners without such needs, municipal officers were more often in contact with prisoners with unstable housing, and volunteers more often with prisoners with financial issues. Yet, because of the overall low amounts of community-based support, many prisoners who had reintegration needs reported no contact with these professionals. Moreover, one in five prisoners, and especially those with health, identity documentation, and complex needs (i.e., multiple needs), reported no contact with any of the six types of professionals. Finally, prisoners with reintegration needs were expected to receive more attention by prison-based professionals at the *start of imprisonment*, and more from community-based professionals in the *pre-release phase*. The results showed that lower amounts of contact were reported with all types of professionals within the first six

weeks of incarceration. Moreover, except for contact with municipal officers, the reported amount of contact was not necessarily higher three months prior to release. Also, in the pre-release phase, prisoners with reintegration needs more often reported no contact with any of the professionals than in the middle phase of imprisonment.

In Chapter 4, based on aggregated information from 1,077 community-based professionals across 24 prisons, visit facilitation (i.e., friendly reception, clear communication, information sharing, proper work facilities) and accessibility scores of prisons were assessed. It turned out that most prison institutions scored relatively high on the visit facilitation factors. Only few institutions scored somewhat lower on information sharing and the work facilities inside. Moreover, these institutional scores on visit facilitation and accessibility were unrelated to whether prisoners reported receiving visits from most community-based professionals. Only for reported visits from parole officers, prisoners received visits more often when institutions properly facilitated visits and were better accessible. Moreover, self-reported visiting frequencies of community-based professionals indicated that visit facilitation and accessibility may indeed accommodate their visits. Finally, controlling for prisoner characteristics, it turned out that demographics, such as being female or being born in the Netherlands, and risks and needs factors, such as having multiple needs or being convicted for a violent index offence, were positively related to receiving visits from various community-based professionals.

### 6.2.3 Part 3 – The outcomes of adequate professional support

Finally, Chapter 5 aimed to provide insights on the outcomes of adequate professional support for the re-entry preparedness of prisoners, regarding employment, housing, financial situation, healthcare and having a valid identity document. A distinction was made between general satisfaction with professional support, such as frequent, pleasant and useful reintegration support, and satisfaction with instrumental support more specifically, such as assistance in finding employment or a stable place to live.

Chapter 5 showed that prisoners who are more satisfied with the support received from both prison-based and community-based professionals, felt better prepared for release. This was found for general satisfaction with support as well as for satisfaction with instrumental support. Yet, it seemed that instrumental support from community-based professionals contributed most directly to feeling better prepared, and that especially prisoners who already had needs prior to imprisonment benefitted from adequate professional support.

More precisely, based on information from a subsample of 1,442 soon-to-be-released prisoners, re-entry support from professionals was related to a better perceived re-entry preparedness of prisoners. This was only the case for prisoners who already had reintegration needs prior to

imprisonment. This better perceived preparedness was found in relation to all separate reintegration areas, except for the feeling of being prepared in terms of obtaining a valid identity document upon release. Moreover, distinguishing between support from prison-based and community-based professionals, and between general satisfaction with re-entry support and satisfaction with instrumental support, it turned out that *instrumental support* from *community-based professionals* was most robustly related to a better perceived re-entry preparedness. At the same time, prisoners were relatively unsatisfied with this instrumental support received from community-based professionals.

## 6.3 Theoretical Considerations

The Offender Management framework was used to discuss how support should be organised in prisons. Five OM principles were considered key in providing professionals support: 1. support from a prison-based case manager who coordinates the reintegration process, 2. involvement of community-based professionals, 3. support throughout all phases of imprisonment, 4. attention to individual needs of prisoners, and 5. positive prisoner-professional relationships. What follows, is a discussion of the Dutch version of OM and the degree to which it was implemented across the lines of OM principles.

In relation to adherence to the *first OM principle*, which emphasises *prison-based support and contact with a case manager*, findings were mixed. Comparable to what was indicated in previous international research (Hamilton & Belenko, 2016; Lattimore & Visher, 2013; Visher et al., 2017), more than half of the prisoners reported contact with a case manager or mentor. This means that even though the majority of the prisoners reported contact, a substantial group did not report prison-based contact within the past six months of imprisonment (Chapter 2). Moreover, prisoners who had reintegration needs did not necessarily report contact with case managers and mentors more often (Chapter 3). Considering that Dutch policy recognises the importance of prison-based support, these results raises the question of why it appears challenging to fully implement prison-based support in line with the first OM principle. Possible explanations include practical barriers, such as high caseloads and heavy workloads of case managers and mentors (Hanrath et al., 2019; Petersilia, 2000; Turley et al., 2011), and attitudinal barriers, such as unwillingness among prisoners to cooperate (McSweeney & Hough, 2006). Also, previous research, leaning on street-level-bureaucrats theory, indicated that frontline staff may not always be aware of or agree with stated policy. Instead, they may sometimes base decisions regarding support on gut feelings and on real-world experiences (Bosma et al., 2018; Viglione, Rudes & Taxman, 2015).

Implementing the *second OM principle*, which highlights *interprofessional collaboration and involvement of community-based professionals*, appeared chal-

lenging. The amount of contact reported with community-based professionals was very limited, especially with municipal officers, health professionals and volunteers (Chapter 2). On the other hand, it was shown that contact with one type of professional increased the chances of contact with other professionals, which may be a sign of referrals and collaboration. Also, prisoners who had reintegration needs reported contact with community-based professionals somewhat more often (Chapter 3). This suggests that community-based professionals were, to some extent, notified on who needed their support. Nevertheless, given the overall limited amount of community-based support, the current dissertation sought to find contextual factors that could facilitate in-prison visits from community-based professionals.

Previous research suggested that one major problem of implementing OM policies within prison institutions, is that prison-based professionals sometimes lacked the know-how to implement OM strategies, whereas community-based professionals, who were better trained to offer support in line with OM strategies, often had problems getting involved in prison (Maguire & Raynor, 2017). Yet, compared to previous findings (e.g., Hancock et al., 2018), community-based professionals in the Netherlands were relatively satisfied about institutional factors, such as the reception, communication, information sharing and work facilities of prisons (Chapter 4). Also, these visit facilitation factors appeared unrelated to the amount of visits received from most types of community-based professionals. Interestingly, visit facilitation factors were related to the likelihood of visits from parole officers, who visited prisoners most frequently (Chapter 4).

Perhaps, institutional barriers only have a deterrent effect in case community-based professionals have to deal with these barriers relatively often. Considering the contribution of community-based support to the re-entry preparedness of prisoners (Chapter 5), further explanations for the limited involvement of municipal officers, health professionals and volunteers are worthwhile examining.

In relation to adherence to the *third OM principle*, which emphasises *end-to-end management*, some issues were found as well. Prisoners at the start of imprisonment usually reported contact with professionals least often (Chapter 2 and 3). It thus seems that intake assessments and setting up reintegration plans may take longer than the two and four weeks mentioned in policy goals. Moreover, reported contact with community-based professionals was not necessarily higher in the pre-release phase (Chapter 3). These findings coincide with previous indications of intake assessments and pre-release planning as absent or inadequate (Hamilton & Belenko, 2016; Lloyd et al., 2015; Visher et al., 2017). Possible explanations are similar to aforementioned issues regarding time, staff and resources. Timely delivery of services needs careful planning, including sufficient time, staff and resources to set up clear infrastructures of support and referrals. Also, it probably takes time to build and sustain social relationships with prisoners throughout the whole of their sentences.

The results in relation to the *fourth OM principle*, which stresses a focus on *individual needs*, were mixed. On the one hand, prisoners who already had reintegration needs prior to imprisonment *less often* reported contact with prison-based professionals and parole officers, compared to prisoners without needs (Chapter 3). On the other hand, prisoners who had particular needs *more often* reported contact with community-based professionals, such as with municipal officers, health professionals and volunteers.

Yet, because of the overall low amount of reported contact with these professionals, many prisoners who had reintegration needs still reported no contact with these professionals. Moreover, prisoners with health, identity documentation, and complex needs most often reported no contact with any of the six types of professionals (Chapter 3).

According to social support theory, professional support was able to provide prisoners with the social- and human capital required to deal with re-entry challenges (Cullen, Wright & Chamlin, 1999). Having reintegration needs prior to imprisonment may be an indication that these individuals possess lower levels of social- and human capital, as it appears that they already struggled with employment, housing, finances, healthcare or valid identity documentation in free society. Especially these individuals may need professional support to increase their social- and human capital, so that they can better handle re-entry challenges. The current dissertation showed that prisoners who already had needs prior to imprisonment, indeed benefitted the most from support from professionals (Chapter 5). Yet, at the same time, these prisoners may be less capable to actively reach out to professionals, precisely because of these lower levels of social- and human capital.

Previous research had indicated that prisoners with complex needs are less capable to navigate the prison system (McSweeney & Hough, 2006). Overall, the findings match the idea of the rich getting richer and the poor getting poorer, or the Matthew effect of accumulated disadvantage (Merton, 1968), because prisoners who have needs prior to imprisonment, seem less likely to receive professional support, even though they would benefit the most from receiving support. The results suggest to continue considering the individual needs that are most important to prisoners, conform the offender-centred approach of OM models.

Finally, in relation to the *fifth OM principle*, which was about *positive prisoner-professional relationships*, findings were also mixed. It was shown that prisoners are generally satisfied about their contact with case managers, mentors, health professionals and volunteers. Contact with these professionals was, for instance, frequent, pleasant and useful (Chapter 2). However, prisoners were less satisfied about their contact with parole officers and municipal officers (Chapter 2), and less satisfied with instrumental support in, for example, employment or housing, from prison-based and community-based professionals (Chapter 5). Yet, this instrumental support from community-based professionals seemed particularly helpful to the perceived re-entry preparedness of prisoners (Chapter 5).

According to social support theory, both instrumental support and emotional support should enhance coping mechanisms to handle re-entry challenges (Cullen, Wright & Chamlin, 1999). Although the current work found more evidence for the contribution of instrumental support, contact frequency and pleasantness seemed related to the re-entry preparedness of prisoners more indirectly, and correlated with satisfaction with the instrumental support received (Chapter 5). Perhaps, contact frequency and pleasantness, which usually lead to better prisoner-professional relationships, improve the instrumental support provided by professionals.

In conclusion, whereas implementing support in line with OM principles appears challenging at some points, various elements of it seem able to contribute to the re-entry preparedness of prisoners. The present dissertation has set an example of how to methodically assess professional support along the lines of OM principles.

## 6.4 Strengths and Suggestions for Future Research

### 6.4.1 Strengths

Overall, this dissertation was able to present an overarching picture of what happens in prison in terms of professional reintegration support and pre-release planning. For the first time, it was presented on a national level who is in fact in contact with whom, during which phases of imprisonment, based on which types of needs, and how this relates to Dutch policy goals and OM perspectives. Distinctions were made between support from various prison-based and community-based professionals, including the perspectives of both prisoners and community-based professionals. Also, it was taken into account that prisoners often have complex needs, by including the five reintegration areas that prisoners most often struggle with prior to imprisonment and in their transition to free society. Moreover, both individual-level and contextual-level factors were investigated in relation to receiving support, and various aspects of support were included. Finally, it was examined what the provided support may mean for the re-entry preparedness of prisoners. Altogether, this dissertation illustrates how to thoroughly study professional reintegration support in prison.

More specifically, an important contribution of this work is that several unexplored questions were addressed. Previous research had typically focused on relationship quality (i.e., trust, openness and fairness) between prisoners and frontline staff (e.g., Beijersbergen et al., 2015; Crewe, Liebling & Hulley, 2015; Molleman & Leeuw, 2012), while the potential value of various prison-based and community-based professionals in preparing prisoners for release was largely ignored. This is striking, because re-entry challenges in employment, housing, financial situation, healthcare and valid identity documentation were reported worldwide (e.g., Abbott, Magin & Hu, 2016; McSweeney & Hough, 2006; Visher, La Vigne & Travis, 2004;

Weijters, Rokven & Verweij, 2018). Moreover, studies on the prevalence, determinants and outcomes of social support were mainly focused on support from friends and family, even though a substantial part does not receive support from their personal networks (Berghuis, Palmen & Nieuwbeerta, 2021). Also, prison-based and community-based professionals may be in a better position than friends and family to provide instrumental support through direct access to community resources. Finally, studies about reintegration support from professionals were often about support *after release* (e.g., Doekhie et al., 2018; Viglione, Rudes & Taxman, 2015). The current thesis thus fills an important knowledge gap by studying reintegration support in prison, from prison-based and community-based professionals.

A second asset is that this dissertation was able to use national data from the Dutch Prison Visitation Study, part of the largescale Life in Custody study. Data from 4,309 prisoners and 1,077 community-based professionals across all 26 Dutch prisons were obtained and complemented with administrative and open source data. Whereas previous findings were mainly based on interview data or on small samples, this dissertation was thus able to provide a largescale picture of professional support. The extensive data collection also allowed for including the perspectives of both prisoners and community-based professionals, and for introducing a new instrument which measured visitation barriers for these community-based professionals. To our knowledge, no previous work exists that measures these institutional barriers for professionals, nor linked these institutional barriers to visitation numbers. Moreover, previous work usually focused on support from one type of professional, on support regarding one type of reintegration need, or on very specific groups of prisoners (e.g., Bares & Mowen, 2020; Bui & Morash, 2010; Kjellstrand et al., 2021). The current work was able to present a complete picture, including multiple types of professionals, and multiple types of needs among all female and male Dutch prisoners and across all regimes. Such a largescale picture is needed to find out exactly where improvements can be made in the amount of professional support provided and in preparing prisoners for release, taking into account that support and re-entry outcomes may look different for different types of prisoners, and across various regimes and phases of imprisonment.

Third, this dissertation added to our theoretical understanding of best reintegration practices in prison. The current study responded to the growing attention for offender-centred support. Whereas risk-centred approaches often focused on the deficits of prisoners, such as antisocial personality traits (Andrews & Bonta, 2006), various OM models started to focus on what prisoners themselves say they need to desist from crime, which includes targeting re-entry challenges and individual attention (Maguire & Raynor, 2017; McNeill, 2006; Ward, Mesler & Yates, 2007). In line with these developments, the delivery of professional support in the Netherlands was held across the lines of the five OM principles deemed most important in providing adequate support to prisoners. According to these principles,

support should be provided with a team of prison-based and community-based professionals. Yet, previous studies on OM policies mainly came from England and Wales or the USA (e.g., Day et al., 2012; Hadfield et al., 2020; Maguire & Raynor, 2017; McNeill, 2006). Moreover, they typically focused on *implementation* failures of OM programmes, whereas the current dissertation also adds to our understanding of the mechanisms of social support that may *contribute* to the re-entry preparedness of prisoners.

Finally, the current work has made an important contribution to our understanding of professional support within rehabilitative environments. The Dutch prison system is historically known for its relative focus on rehabilitation, compared to the often more punitive or retributive prison environments in England and Wales or the USA (Byrne, Pattavina & Taxman, 2015; Tonry & Bijleveld, 2007). It is important to gain more insight into professional support within rehabilitative prison environments. For example, support provided in a rehabilitative context may be more beneficial to the re-entry preparedness of prisoners than in contexts where the general consensus is that safety and risk management are most important in prison work. Support itself may look different in such contexts, as well as have a different effect on how prisoners experience professional support.

### 6.4.2 Suggestions for future research

Although this dissertation showed many strengths, some limitations should be mentioned and considered in making suggestions for future research. Suggestions in relation to data and methodology are discussed, as well as suggestions to enhance theoretical knowledge on what happens and works in terms of professional support in prison.

First, a few *data* related suggestions for future research are made. It is, for instance, suggested to assess changes in needs throughout imprisonment, and the timing of professional support in respondence to these changes. The exact timing of reintegration needs and professional support was not obtained. Prisoners were asked to report their needs in the five reintegration areas *prior* to imprisonment and their *expectations* in these areas after release. Yet, reintegration problems may emerge or be solved during imprisonment. It was argued, however, that having reintegration needs prior to imprisonment may point towards complex problems and a lower amount of social- and human capital to solve these problems during imprisonment without professional support (Cullen, Wright & Chamlin, 1999). Therefore, it was considered necessary to make a distinction between prisoners who either had or did not have problems prior to imprisonment.

Also, administrative data on the actual amount of professional visits in a particular institution or the actual post-release outcomes in terms of having a job or a place to live, would be a welcome addition to subjective accounts. Self-reported information is subjective by nature, and may include socially desirable answers, incorrect memories, or misinterpretations of questions

asked. For instance, prisoners may not remember the amount of contact correctly or may find it difficult to distinguish between the six types of professionals. In part, these issues were addressed by including information from both prisoners and community-based professionals. For one to three weeks, professional visitors were approached at the entrance of 24 prison institutions to participate in the DPVS study. The participants consisted of lawyers (47%)[1], parole officers (17%), municipal officers (3%), health professionals (21%) and volunteers (12%), with a total response rate of 75% of all visitors approached. This seems to match the reported higher amount of contact with parole officers, compared to, for instance, with municipal officers. However, considering the low amount of contact reported with community-based health professionals, the relatively high amount of health professionals in the DPVS is somewhat unexpected. Administrative data could provide more detailed information on who visits whom and how often.

Furthermore, future research should examine how professional support can contribute to obtaining a *relevant* job, and to targeting *particular* health issues, since survey data may oversimplify the types of needs that prisoners have. For example, measuring reintegration needs dichotomously as either having a particular problem or not, is only able to roughly indicate a person's level of needs. Although this provides insight into the proportion of prisoners who reported problems without receiving support, further details would be worthwhile exploring. From previous research, it is known that type of work or the perceived meaningfulness of a job matters (Ramakers, 2014), and that health problems may consist of addictions or various psychological or physical problems (Jansen, 2018; Kendall et al., 2018).

Finally, future research could use interviews to uncover why particular groups seem to stay under the radar. The data contained missing cases due to missing information on items included, which has implications for the generalisability of the results. Prisoners who served less time at the point of data collection, who had reintegration needs, non-native prisoners, and prisoners who reported no contact with professionals, were underrepresented in the samples. This suggests that prisoners who struggle the most in completing questionnaires, are also hardest to reach for professionals. On top of generalisability issues, missing information resulted in a smaller amount of professional responses that could be linked with prisoner surveys. This made it difficult in terms of power to differentiate between receiving support from the various types of community-based professionals, whose visiting numbers were already low in general.

1 As part of the larger Dutch Prison Visitation Study, lawyers were included in the visitor survey. Also, their opinions on institutional factors (e.g., friendly reception, information sharing, and travel time towards the institution) were included to assess institutional scores on visit facilitation and accessibility (Chapter 4). However, they were excluded from the study when it concerned reintegration support, since lawyers are not formally tasked with providing reintegration support.

Second, in relation to *methodology*, qualitative research could follow up on additional questions raised by the current work. The first two empirical chapters of this dissertation were explorative in nature, because relatively little was known about in-prison professional support. It was necessary to first explore the amount of contact between prisoners and professionals, for various groups of prisoners, before more advanced multilevel and multivariate assessments could relate individual and contextual factors to receiving support, and to the outcomes in terms of re-entry preparedness. Now that the prevalence, determinants and outcomes of professional support have been established on a large scale, interview or focus group studies could unpack the mechanisms of how contact is established, such as who takes initiative to schedule an appointment and what happens in case an appointment was missed. Moreover, it would be worthwhile to untangle what contact means exactly, from a narrative perspective. For instance, with whom do prisoners speak during and after imprisonment, how do they feel about these conversations with professionals, what is discussed during these conversations, and how has it helped them in their re-entry and reintegration? Fortunately, a forthcoming study by Doekhie, Koenraadt and Den Besten at Leiden University, financed by the WODC, aims to answer many of these questions.

Another methodical recommendation is to pay more attention to the professional perspective. Although perspectives from community-based professionals were used to identify visit facilitation and accessibility issues, for visit or contact frequencies we depended on the prisoner perspective. Moreover, although it was assessed how community-based professionals evaluated prison factors, such as communication with prisons, interprofessional collaboration *between* the various community-based professionals (e.g., between parole officers and municipal officers) remained unexplored. In addition, the point of view of prison-based professionals on collaboration with community-based professionals would be relevant to include as well.

A final methodical issue to reflect on concerns the measurements of satisfaction with the received support and re-entry preparedness. Although a factor analysis confirmed that general satisfaction with support (e.g., pleasantness and usefulness of contact) and satisfaction with instrumental support (e.g., finding a job) form two distinct elements of satisfaction with the support received, future research could further untangle the complex aspects of satisfaction. For example, according to the literature on satisfaction, expectations and the affective state that may or may not follow from satisfaction, are important aspects (Santos & Boote, 2003). In addition, re-entry preparedness was based on a scale used by Haas and Spence (2017), and on the policy ambitions of DJI to prepare prisoners for release regarding work and income, housing, healthcare, financial situation and valid identity documentation. Yet, feeling prepared for release encompasses more than feeling prepared on these five reintegration needs. Moreover, it is not fully clear to what extent the answers given here differ from a more general positive outlook on the future. Nevertheless, in terms of criterion validity,

the results do reveal that there is a relationship between satisfaction with support received and feeling better prepared for release regarding the five reintegration needs, only for the group who already had such needs prior to imprisonment.

Finally, a few suggestions are made to further enhance our *theoretical understanding* of what works in preparing prisoners for release. For instance, it would be interesting to further examine what exactly contributes to reentry preparedness or to post-release outcomes. Do prisoners particularly benefit from being in contact with multiple types of professionals, who each have their own expertise and resources available, or from frequent, continuous and positive contact with fewer types of professionals? Within the Offender Management framework, it has been debated which OM principles are most important for successful reintegration. Models focused on *management* usually emphasise referrals to specialised treatment, collaboration, pooled expertise, and assessing and monitoring needs, whereas models focused on the relational basis stress continuous and positive relationships between prisoners and professionals (e.g., Robinson, 2005). Although it falls outside the scope of the current dissertation to solve this debate, it would be worthwhile to explore this further.

Lastly, future research may want to actually assess the recidivism rates in case adequate support in prison is provided. Post-release outcomes were beyond the scope of the current work, as this dissertation was interested in portraying what happens *in prison* in terms of preparation for release. Also, in line with the OM critique on risk management, the current study was offender-centred rather than risk-centred. Nevertheless, taking the safety of society into account, reducing recidivism rates naturally remains an important objective within correctional research. Future research could further our theoretical understanding of 'what works' by relating professional reintegration support to the risks of recidivism.

## 6.5 Policy Implications

The findings of the current dissertation call for several important policy recommendations, including recommendations on who should receive support in particular, as well as ways to increase the amount of support offered by prison-based and community-based professionals.

### 6.5.1 More adequate support for prisoners with specific needs

One important recommendation is to support prisoners with specific needs. In recent decades, DJI mainly focused on five key areas in enhancing the resocialisation of (ex-)prisoners: work and income, stable housing, financial situation, healthcare, and possession of a valid identity document (DJI, 2013, 2014, 2019). The results of the current dissertation underpin the

importance of addressing the reintegration needs of prisoners. It was shown that professional support is particularly helpful in the perceived re-entry preparedness of prisoners who already had needs prior to imprisonment. At the same time, it was found that many prisoners struggle in these areas, and that prisoners with health, identity documentation, and complex needs most often reported remaining unseen by the six types of professionals usually involved in the reintegration process of prisoners. Moreover, it was shown that prisoners in short-stay regimes and prisoners who recently entered prison, are less likely to report contact. It is thus advised to pay increased attention to prisoners who have specific reintegration needs, and to start up contact sooner.

Although there is growing attention for needs complexity in the Netherlands (Ministry of Justice and Security, 2017), the current work showed that it may still be helpful to offer professionals training on how to support prisoners with complex needs. It is also suggested to address any obstacles in providing access to particular resources. In the Netherlands, for instance, for applying for a valid identity document, it is required to physically pay a visit to a counter of the municipality where an individual is registered (Rijksdienst voor Identiteitsgegevens, 2022). However, at the time of this research project, prisoners were usually not granted furlough to take care of this. Fortunately, a recent initiative was undertaken to ease this process by allowing the municipality of where an individual is incarcerated to issue a valid identity document, instead of the municipality of return. This should tackle geographical issues for municipalities to provide valid identity documentation (Rijksdienst voor Identiteitsgegevens, 2022).

Our study supports the need of such an initiative, given that without valid identification, other life domains are at stake as well. Also, with the introduction of the Dutch Law on Punishment and Protection (*Wet Straffen en Beschermen*) in 2021, reintegration leave can be granted to prisoners to work on reintegration issues. During this reintegration leave, prisoners are expected to, for example, arrange housing or employment (DJI, 2021). Although specific conditions apply to receiving reintegration leave, this could hopefully increase prisoners' motivations and possibilities to prepare their return to society. The results of the current study, however, warn for inequalities between prisoners with lower and higher levels of social and human capital. Prisoners with lower levels of social and human capital may experience difficulties in filing a request for reintegration leave or in understanding the conditions that apply. Any new initiative or law aimed at the reintegration of prisoners should consider such individual differences, and professionals should help vulnerable prisoners navigate through the prison system.

### 6.5.2 Increase the amount of support for all prisoners from prison-based professionals

It is also recommended to increase the amount of contact between prisoners and professionals in general. Prisoners should be made well-aware of who can help them in which particular life areas and how, when, and under what conditions they can get in contact with the right professionals. The finding that some prisoners did not know whether they had contact with, for instance, a case manager or a mentor, suggests that improvements in this regard may be possible.

Moreover, it is advised to find ways to increase the level of support provided by prison-based professionals. According to Dutch policy, all prisoners should undergo intake assessments by a case manager at the start of imprisonment, and all prisoners should be mentored by mentors every other week (DJI, 2019; Inspectorate of Justice and Security, 2018). Intake assessments and guidance throughout the whole of prisoners' sentences are essential, because identifying and monitoring needs is needed to refer prisoners to proper additional support and community resources. Considering that prison-based professionals may function as important gate keepers in admitting prisoners to additional support, several suggestions are made to increase prison-based support.

For instance, it is recommended to adopt a more pro-active approach of professionals working with prisoners who may be unwilling or lack the skills to initiate contact. Previous research had shown that case managers differ in their opinion on whether case managers or prisoners are responsible for initiating contact (Hanrath et al., 2019). In order to adopt a more pro-active approach, it may be necessary to reduce the often high caseloads and heavy workloads of case managers and mentors (Hanrath et al., 2019; Petersilia, 2000; Turley et al., 2011).

Another way to increase prison-based support could be the placement of case managers at the units in closer proximity to prisoners, so that they can be more easily approached by prisoners, without the intervention of correctional officers or an official request. In several Dutch institutions, case managers already work on the unit instead of in the front building. However, one drawback of case managers on the unit could be that it may increase caseloads even further if prisoners are able to approach case managers more often. Institutions could share their experiences and inform each other on the advantages and disadvantages of case managers working on the unit.

Finally, as previous research had shown that staff do not always implement policies as intended (Bosma et al., 2018; Viglione, Rudes & Taxman, 2015), it is advised to continue to inform staff on what policy requires from them and why it is relevant to carry out these assignments.

### 6.5.3 More (adequate) support from community-based professionals

Furthermore, it is also recommended to improve reintegration support from community-based professionals. Although the Dutch Custodial Institutions Agency (DJI) and external agencies made several agreements on increasing the physical presence of community-based professionals inside prisons (DJI, 2019; Dutch House of Representatives 2017-2018, paper 29279 no. 439), the amount of contact reported with community-based professionals appeared limited, yet important to the re-entry preparedness of prisoners. The current work thus stresses the need for community-based involvement.

As mentioned, more referrals from prison-based professionals may be one way to increase community-based support. In addition, it would be helpful to clarify who is responsible for addressing particular needs, how often particular community-based professionals should visit, and in which phase of imprisonment. Policy guidelines were somewhat ambiguous on this. For instance, the precise tasks of various community-based professionals were unclear or overlapped (DJI, 2019). Moreover, prison institutions were allowed to set their own rules on visitation hours and whether or not they provided a work office inside for community-based partners (Inspectorate of Justice and Security, 2013). Prisons and external agencies are advised to exchange information on best practices in this regard. Next, a few suggestions are made to increase the involvement of specific types of community-based professionals.

Concerning the roles of parole officers, it is advised to strengthen their position inside prisons. Although prisoners reported contact with parole officers relatively often compared to with other community-based professionals, prisoners who had reintegration needs reported contact with parole officers less often. Moreover, contact with parole officers was most often reported within pre-trial and minimum security regimes. This may be explained by their advisory tasks in court hearings (in pre-trial regimes) and supervisory tasks during conditional release (in minimum-security regimes). Given their case knowledge, increased reintegration support during the entire sentence could benefit the re-entry preparedness of prisoners. Fortunately, recent steps were taken in this regard, such as involving parole officers in drawing up detention- and reintegration plans together with case managers and municipal officers (DJI, 2019).

Another way to encourage the involvement of parole officers is to facilitate their visits, as it was shown that institutional factors, such as a friendly reception, proper information sharing, clear communication pathways and proper work facilities inside, could increase visits from parole officers. Even though the importance of proper information sharing was emphasised in policy programmes of the Dutch Custodial Institutions Agency (DJI, 2013), and although in 2016 initiatives were undertaken to let parole officers work inside prisons again (Geenen et al., 2020), community-based professionals appeared relatively unsatisfied with information sharing and work facilities of prison institutions. Parole officers themselves indicate that working

inside prison allows them to pay more attention to the reintegration needs of prisoners (Reclassering Nederland, 2017). Improvements in information sharing and work facilities inside are thus recommended.

For the other types of community-based professionals, including municipal officers, healthcare professionals, and volunteers, it is recommended to seek contact with prisoners more often. In light of the finding that instrumental support from community-based professionals benefitted the re-entry preparedness of prisoners, their involvement should be encouraged and funded. Previous research had shown that not all municipalities intended to visit their clients during incarceration, and other municipalities may lack staff, resources or infrastructures to provide proper support (De Koning et al., 2016). Yet, even though previous research had found indications of geographical issues in the decisions of municipalities to either visit particular institutions or not (Geenen et al., 2020), this finding was not convincingly supported in the current dissertation. Other explanations for the limited involvement of municipal officers, and also of health professionals and volunteers, should thus be investigated. Finally, regarding support from community-based health professionals, the current work supports the pilots of 2016 in which so-called throughcare officers were placed in several Dutch prisons. These throughcare officers were tasked to bring in community-based professionals more often, to link them to prisoners to discuss discharge plans (Buysse et al., 2018). The presence of such a throughcare officer could decrease the caseloads of case managers and increase in-prison involvement of community-based health professionals. In the meantime, throughcare officers were installed nationally, and it would be interesting to follow-up on whether their presence has actually increased contact between prisoners and community-based health professionals.

A complete overview of the main results and policy recommendations for each empirical chapter can be found in Table 6.1.

**Table 6.1**
*Overview of Research Questions, Main Results and Policy Recommendations*

| Chapter | | Research Questions | Main Results | Policy Recommendations |
|---|---|---|---|---|
| **1. Prevalence of professional support** | 2 | What is the Dutch policy on professional support? In practice, how many prisoners report contact with various professionals? How satisfied are they with this contact? | • One third of the prisoners reported no contact with case managers and mentors, half reported no contact with parole officers, three quarters not with municipal officers, health professionals or volunteers<br>• Contact with one type of professional increased the chances of contact with other types of professionals<br>• Prisoners with shorter or longer times served had less contact, and prisoners in extra care and persistent regimes had more contact with professionals<br>• Prisoners were more satisfied with case managers, mentors, health professionals and volunteers than with parole- and municipal officers | • Intensify contact with prison-based case managers and mentors:<br>◦ Start early on – within two weeks of entry conform policy goals<br>◦ Maintain contact frequently – every other week conform policy goals<br>◦ Decrease the work- and caseloads of these professionals<br>• Intensify contact with community-based professionals:<br>◦ Start early on - within four weeks of entry conform policy goals<br>◦ Clarify guidelines on who should visit whom, for what and when<br>◦ Given their thorough case knowledge: strengthen the role of parole officers throughout the *entire* stay<br>◦ Promote the physical presence of community-based professionals among municipalities and health- or voluntary organisations<br>• Invest in relationships between prisoners and parole- and municipal officers |

**Table 6.1**
*Continued*

| Chapter | | Research Questions | Main Results | Policy Recommendations |
|---|---|---|---|---|
| 2. Factors related to receiving professional support | 3 | To what degree are prisoners who have particular reintegration needs supported by relevant professionals who can help them in that area? | • Prisoner needs: unemployed (42%), financial issues (27%), unstable housing (23%), health- (22%) and ID problems (11%)<br>• Prison-based professionals were more often in contact with prisoners *without* needs, but community-based professionals more often with prisoners *with* corresponding needs<br>• One in five prisoners were overlooked by all types of professionals<br>• Prisoners with health- ID-, or complex needs and in the start or prelease phase most often were invisible | • Train prison-based staff and parole officers in how to navigate between their dual tasks of maintaining safety and providing re-integration support<br>• Given their relative focus on addressing prisoner needs: promote and fund in-prison involvement of community-based professionals (CBPs):<br>◦ Place CBPs inside the prison walls - closer to prisoners<br>◦ Examine and take away obstacles that hamper CBPs to get involved<br>• Adopt a more outreaching approach for prisoners who are least likely to (be able to) take initiative themselves |
| | 4 | To what degree do institutional factors enable CBPs to visit and to what degree is this related to received visits reported by prisoners? | • A new instrument to measure visit facilitation (friendly reception, communication, information sharing, work facilities) and accessibility (self-reported travel time, travel time towards the nearest station, urbanity), was introduced and validated<br>• Based on the shared opinions of CBPs, institutions substantially differed in their visit facilitation and accessibility levels<br>• Better visit facilitation and accessibility were related to a greater likelihood of receiving a visit from a parole officer, but not from other types of CBPs<br>• Prisoner demographics (i.e., females, natives) and risk and needs factors (i.e., multiple needs, a violent index offence), were positively related to receiving visits from various CBPs | • Considering that institutional factors may go some way in accommodating visits from some CBPs, prisons should seek to facilitate their visits<br>• Since prisons differ in their visit facilitation and accessibility, efforts can be undertaken to improve it:<br>◦ Clarify communication pathways and increase information sharing<br>◦ Provide work offices inside and fully equip meeting rooms for CBPs<br>◦ Better access to rural prisons by means of public transport<br>• For relatively inaccessible institutions in particular, it is advised to pay more attention to facilitation factors to compensate for longer travel times<br>• Further investigate and target issues that cause prisoners to remain invisible more often (i.e., language barriers, discrimination, human capital) |

**Table 6.1**
*Continued*

| Chapter | | Research Questions | Main Results | Policy Recommendations |
|---|---|---|---|---|
| 3. Outcomes of adequate support | 5 | To what degree is receiving adequate professional support in prison related to re-entry preparedness? | • Re-entry support from professionals contributed to the perceived re-entry preparedness of prisoners who already had reintegration needs prior to imprisonment<br>• Distinguishing between prison-based and community-based professionals, and between general and instrumental support: *instrumental support* from *community-based professionals* was most robustly related to a better perceived re-entry preparedness<br>• Prisoners were relatively unsatisfied with this instrumental support from CBPs | • Pay special attention to prisoners with reintegration needs in relation to providing re-entry support<br>• Mainly focus on instrumental support from CBPs, given its relevance in the perceived re-entry preparedness of prisoners<br>• Yet, also focus on contact frequency, pleasantness and usefulness of re-entry support by both prison-based and community-based professionals, since that may foster proper referrals and instrumental support<br>• Support initiatives to ease the process for municipalities to issue a valid ID for prisoners |

CBPs=Community-based professionals. ID=Identity Document.

## 6.6 Conclusion

To conclude, there is growing attention among scholars for professional support in preparing prisoners for release. Yet, given the relatively new field of research, many questions remained. The current dissertation has tapped into unaddressed questions by empirically assessing the prevalence, determinants and outcomes of support from both prison-based and community-based professionals. It was shown that professional support can make an important contribution to preparing prisoners for release. More specifically, the current dissertation underscored the relevance of providing instrumental support to prisoners who already had problems prior to imprisonment regarding employment, housing, financial situation, healthcare and valid identity documentation. Whereas community-based professionals play vital roles in providing this instrumental support, prison-based professionals are in closer contact to prisoners and responsible for admitting prisoners to additional support. Prison-based and community-based professionals should thus aim to find ways to deliver reintegration support in a timely and coherent manner.

# Samenvatting (Summary in Dutch)

## Re-integratieondersteuning van interne en externe professionals tijdens detentie

### Inleiding

Zoals beschreven in de Penitentiaire Beginselenwet, is het succesvol resocialiseren van gedetineerden één van de voornaamste doelen van detentie (art. 2 lid 2 Pbw). Om een veilige terugkeer naar de vrije samenleving te borgen, is een goede voorbereiding op de terugkeer essentieel. Eerder onderzoek heeft echter vastgesteld dat een soepele transitie van binnen naar buiten vaak bemoeilijkt wordt door problemen op het gebied van werk en inkomen, huisvesting, zorg, schulden, en het hebben van een geldig ID-bewijs (Petersilia, 2003; Visher & Courtney, 2007). Veel gedetineerden ervaren al problemen binnen deze vijf leefgebieden voorafgaand aan detentie, en de onbedoelde gevolgen van een detentiestraf kunnen deze problemen verergeren (Boschman, Teerlink & Weijters, 2020; Pinard, 2010). Daarbij komt dat vanuit eerder onderzoek bekend is dat juist deze problemen in relatie staan tot een hogere kans op recidive (e.g., La Vigne, Visher & Castro, 2004; Visher et al., 2017). Er is dan ook een sterke behoefte onder beleidsmakers, wetenschappers en professionals binnen de justitiële keten om inzicht te verkrijgen in de mate waarin gedetineerden al tijdens detentie ondersteund worden in het oppakken van hun leven na detentie (e.g., Bares & Mowen, 2020; DJI, 2019; Kjellstrand et al., 2021; Maguire & Raynor, 2006). Het is een gezamenlijke verantwoordelijkheid van interne professionals, zoals de casemanager en de mentor, en externe ketenpartners, zoals de reclassering, gemeenten, zorginstellingen, en vrijwilligersorganisaties om gedetineerden te ondersteunen in hun re-integratietraject.

Hoewel er veel aandacht uit is gegaan naar de rol van penitentiaire inrichtingswerkers in het positief bejegenen en motiveren van gedetineerden (e.g., Beijersbergen et al., 2015; Crewe, Liebling & Hulley, 2015; Molleman & Leeuw, 2012), kent de bestaande literatuur nog veel blinde vlekken omtrent de geboden professionele hulp tijdens detentie. Vooralsnog was bijvoorbeeld onbekend in hoeverre gedetineerden in contact staan met de professionals die hen gericht kunnen helpen bij de vijf leefgebieden. Intern zijn dit met name de casemanager en de mentor. De case manager behoort binnen twee weken na binnenkomst te screenen op de problemen op de vijf leefgebieden (DJI, 2014). De mentor behoort eens in de twee weken een mentorgesprek met gedetineerden te voeren, waarin ook de leefgebieden besproken kunnen worden (Inspectie Justitie en Veiligheid, 2018). Aanvullend wordt volgens een bestuurlijk akkoord tussen de Dienst Justitiële Inrichtingen (DJI) en de Vereniging van Nederlandse Gemeenten (VNG), hulp verwacht van de externe ketenpartners. Zo behoren gemeenten en

de reclassering binnen vier weken na instroom in detentie een detentie- en re-integratieplan (D&R-plan) op te stellen samen met de casemanager en de gedetineerde (DJI, 2019). Ook zorginstellingen en vrijwilligersorganisaties worden in dit akkoord aangespoord om al tijdens detentie op bezoek te komen om de uiteindelijke transitie terug naar de maatschappij voor te bereiden (DJI, 2019). Hoewel al veel onderzoek is verricht naar bezoek van familie en vrienden tijdens detentie (e.g., Berghuis, Palmen & Nieuwbeerta, 2021; Berghuis et al., 2022; Cochran, Mears & Bales, 2017; Cochran & Mears, 2013; Duwe & Clark, 2013), was er tot op heden onvoldoende empirisch inzicht in het bezoek van externe ketenpartners, de factoren die kunnen bijdragen aan hun bezoek, en de effectiviteit van dit bezoek op re-integratiegebied.

Dit proefschrift legt zich daarom toe op de vraag in hoeverre *interne* en *externe* re-integratieprofessionals gedetineerden *tijdens detentie* daadwerkelijk weten te bereiken en voor weten te bereiden op hun terugkeer naar de samenleving middels hulp op *de vijf leefgebieden*. Daarbij richt het eerste deel zich op de mate van contact tussen gedetineerden en de diverse interne en externe professionals en de tevredenheid met dit contact. Hierbij wordt ook onderscheid gemaakt tussen de verschillende regimes en detentieduur, en wordt besproken hoe de mate van contact zich verhoudt tot de beschreven beleidsafspraken. Het tweede deel legt de individuele en contextuele factoren bloot die maken of er wel of geen contact is met de diverse professionals. In dit deel wordt gekeken in hoeverre er bijvoorbeeld contact is met gedetineerden die al problemen hadden op de vijf leefgebieden voorafgaand aan detentie, en of bepaalde inrichtingsfactoren een belemmering kunnen vormen voor bezoek van de externe ketenpartners. Het derde en laatste deel beoogt de effecten van het contact te meten, en legt zich toe op de vraag in hoeverre gedetineerden die (naar tevredenheid) in contact staan met de professionals zich ook beter voorbereid voelen op de terugkeer naar de samenleving wat betreft de vijf leefgebieden. Hiermee vormt dit proefschrift het eerste grootschalige empirische onderzoek naar re-integratieondersteuning van interne en externe professionals tijdens detentie.

## Data

Voor dit onderzoek is gebruik gemaakt van data van de *Dutch Prison Visitation Study (DPVS)*, dat onderdeel is van de *Life in Custody* (LIC) studie. De LIC-studie betreft een grootschalig en langlopend onderzoek naar het leefklimaat in detentie. Binnen deze studie wordt het leefklimaat in kaart gebracht middels de gevalideerde *Prison Climate Questionnaire* (PCQ – zie Bosma et al., 2020). De PCQ bevat een veelvoud aan vragen binnen de zes domeinen die het meest bepalend worden geacht voor het leefklimaat in detentie, zoals de contacten binnen de muren, contacten buiten de muren, veiligheid en orde, een zinvolle dagbesteding, de fysieke leefomgeving, en

de mate van ervaren autonomie (Bosma et al., 2020). Daarnaast bevat de PCQ vragen over de mentale en fysieke gezondheid van gedetineerden, over misdragingen tijdens detentie, en over verwachtingen na detentie. In aanvulling op de PCQ, is in het kader van de DPVS tevens surveydata verzameld onder gedetineerden omtrent het ontvangen van bezoek van externe ketenpartners, en onder externe ketenpartners zelf omtrent hun bezoekervaringen. De surveymetingen vinden sinds 2017 om het jaar plaats in alle penitentiaire inrichtingen van Nederland en bieden een unieke inkijk in de ervaringen van gedetineerde mannen en vrouwen en hun bezoekers. Dit proefschrift maakt gebruik van de landelijke gegevens van de tweede meting in 2019, waaraan een representatieve groep van ruim 4.000 gedetineerden en 1.000 externe ketenpartners heeft deelgenomen. Om de ervaringen van gedetineerden uit te kunnen splitsen naar persoons- en detentiekenmerken, zijn de vragenlijstgegevens tevens gekoppeld aan registratiedata omtrent detentieduur, delict geschiedenis, regime, leeftijd en sekse. Deze rijke combinatie van gegevens heeft het mogelijk gemaakt om een grondig inzicht te bieden in de mate van contact tussen gedetineerden en professionals gedurende het detentietraject, in de individuele en contextuele factoren die bijdragen aan dat contact, en in de effecten van dit contact op de voorbereiding op de terugkeer.

## Samenvatting van de resultaten

*Deel 1: de mate van contact tussen gedetineerden en interne en externe professionals*
Het eerste deel van dit proefschrift, hoofdstuk 2, onderzoekt op beschrijvende wijze, en met behulp van verkennende bivariate analyses, in hoeverre gedetineerden tijdens detentie in contact staan met interne en externe professionals, en in welke mate zij tevreden zijn met dit contact. De resultaten zijn ook langs de Nederlandse beleidsdoelen gelegd omtrent de ondersteuning van diverse professionals tijdens detentie.

Met betrekking tot het contact met *interne professionals*, laat hoofdstuk 2 zien dat ongeveer 60 procent van de gedetineerden contact rapporteert met de casemanager of de mentor in de afgelopen zes maanden van detentie. Dit betekent dat de meerderheid van de gedetineerden contact rapporteert met de interne re-integratieprofessionals. Dit betekent echter ook dat ongeveer 40 procent aangaf geen contact te hebben, terwijl in het Nederlandse beleid werd gesteld dat *alle* gedetineerden in contact horen te staan met de interne professionals. Volgens het resocialisatiebeginsel van de Penitentiaire Beginselenwet dienen gevangenisstraffen, naast vergeldingsdoeleinden, te worden benut om gedetineerden voor te bereiden op hun terugkeer naar de samenleving (art. 2 lid 2 Pbw). De Dienst Justitiële Inrichtingen (DJI) gaf invulling aan dit resocialisatiebeginsel door te specificeren dat casemanagers binnen twee weken na binnenkomst de problemen op het gebied van werk en inkomen, huisvesting, zorg, schulden, en het hebben van een geldig ID-bewijs behoren te screenen, en dat mentoren met alle gedetineer-

den om de week een mentorgesprek voeren om onder meer deze problemen te monitoren (DJI, 2019; Inspectie Justitie en Veiligheid, 2018). Hoewel deze beleidsdoelen dus niet volledig werden gehaald volgens de gerapporteerde mate van contact, waren gedetineerden die wel contact rapporteerden tevreden over de ondersteuning die zij kregen van de interne professionals.

Daarnaast laat hoofdstuk 2 zien dat het contact met *externe professionals* beperkt is. Minder dan de helft van de gedetineerden rapporteerde contact met een reclasseringswerker en slechts een vijfde van de gedetineerden rapporteerde contact met de gemeente, zorgprofessionals of vrijwilligers. Deze bevinding is opvallend, aangezien de fysieke aanwezigheid van externe professionals werd gepromoot in beleidsafspraken tussen DJI, de Vereniging van Nederlandse Gemeenten (VNG) en externe ketenpartners. Zo werd van de reclassering en de gemeente verwacht dat zij binnen vier weken na binnenkomst met alle gedetineerden een detentie- en re-integratieplan (D&R) opstellen (DJI, 2019). Deze beleidsdoelen worden volgens de gerapporteerde informatie van gedetineerden dus niet geheel gehaald. Ook waren gedetineerden die contact rapporteerden relatief ontevreden over de ondersteuning van de reclassering en de gemeente. Desondanks zijn er ook enkele positieve bevindingen in relatie tot contact met de externe professionals. Gedetineerden die aangaven contact te hebben gehad, waren bijvoorbeeld tevreden over de ondersteuning van zorgprofessionals en vrijwilligers. Bovendien hing contact met één type professional samen met contact met andere typen professionals, wat een aanwijzing kan zijn voor interprofessionele samenwerking.

Tot slot rapporteerden kortgestraften en gedetineerden die nog maar kort in detentie verbleven op het moment van de surveyafname het minst vaak contact met professionals. Een positieve bevinding is dat gedetineerden in EZV en ISD regimes, die vaker hulpbehoevend zijn, relatief vaak in contact staan met de externe professionals.

*Deel 2: de factoren die bepalen of er contact is met interne en externe professionals*

Het tweede deel van dit proefschrift onderzoekt de individuele (hoofdstuk 3) en contextuele kenmerken (hoofdstuk 4) die kunnen bijdragen aan het ontvangen van professionele ondersteuning. Hoofdstuk 3 onderzoekt met behulp van bivariate analyses de mate waarin individuen die voorafgaand aan detentie al problemen ervoeren op de vijf leefgebieden, tijdens detentie worden bijgestaan door de juiste professionals die hen bij dat probleem kunnen helpen. Vervolgens onderzoekt hoofdstuk 4 met behulp van geavanceerde multilevel analyses de mate waarin contextuele inrichtingsfactoren het bezoek van externe professionals kunnen vergemakkelijken.

Uit de resultaten van hoofdstuk 3 blijkt dat gedetineerden die voorafgaand aan detentie al problemen ervoeren op de vijf leefgebieden, *minder vaak* contact rapporteren met de interne professionals, maar *wel vaker* met de juiste externe professionals, vergeleken met gedetineerden zonder problemen voorafgaand aan detentie. Zorgprofessionals stonden bijvoorbeeld vaker in contact met gedetineerden met een zorgbehoefte dan met

gedetineerden zonder een zorgbehoefte, de gemeente stond vaker in contact met gedetineerden die te maken hadden met onstabiele huisvesting, en vrijwilligers vaker met gedetineerden met financiële problemen. Hoewel dit verhoogde contact met de juiste externe professionals veelbelovend lijkt, zorgt de algemeen beperkte hoeveelheid contact met de externe professionals ervoor dat veel gedetineerden met problemen voorafgaand aan detentie alsnog geen contact rapporteren met externe professionals. Bovendien meldde één op de vijf gedetineerden, en met name gedetineerden met een probleem op het gebied van gezondheid, geldige identiteitsdocumenten, en complexe problemen (i.e., meerdere problemen), met géén van de zes typen interne of externe professionals contact.

Daarnaast werd verwacht dat gedetineerden aan het begin van de detentieperiode meer aandacht zouden krijgen van de interne professionals in de vorm van intakes en monitoring, en meer van de externe professionals vlak voor vrijlating, in het kader van de transitie naar de vrije samenleving toe. De resultaten van hoofdstuk 3 tonen aan dat er binnen de eerste zes weken van detentie echter minder contact werd gemeld met alle typen professionals. Bovendien was, afgezien van contact met de gemeente, de gerapporteerde hoeveel contact drie maanden voorafgaand aan de vrijlating niet noodzakelijkerwijs hoger dan in andere fases van detentie. De bevindingen van hoofdstuk 3 zijn in lijn met eerder onderzoek, waarin ook aanwijzingen werden gevonden voor minder hulp aan gedetineerden met complexe behoeften en aan het begin van de detentie (Brosens et al., 2019; McSweeney & Hough, 2006).

Hoofdstuk 4 gaat verder in op de contextuele factoren die kunnen bijdragen aan ondersteuning van externe professionals tijdens detentie. Volgens eerder onderzoek kunnen institutionele factoren, zoals de mate waarin bezoek gefaciliteerd wordt door de inrichtingen (i.e., een vriendelijk ontvangst, duidelijke communicatie, informatie-uitwisseling, en goede werkfaciliteiten), en de bereikbaarheid van de inrichtingen, bijdragen aan deze ondersteuning (Hancock, Smith-Merry & McKenzie, 2018; Hean, Willumsen & Ødegård, 2018; Saia, Toros & DiNitto, 2020). De resultaten van hoofdstuk 4 geven echter geen eenduidig beeld.

Aan de ene kant suggereren de resultaten van hoofdstuk 4 dat bezoek van externe professionals niet per definitie bevorderd zou worden door een betere facilitering van bezoek, of door een betere bereikbaarheid van de inrichtingen. De meeste inrichtingen scoorden volgens de beoordeling van externe professionals namelijk al relatief hoog op de bovengenoemde institutionele factoren. Slechts enkele inrichtingen scoorden wat lager op informatiedeling en de werkfaciliteiten binnen. Bovendien waren deze institutionele scores niet gerelateerd aan de mate waarin gedetineerden aangaven bezoek te ontvangen van de gemeente, zorginstellingen, of vrijwilligersorganisaties.

Daarentegen rapporteerden gedetineerden wel vaker bezoek van reclasseringswerkers wanneer de inrichting bezoek beter faciliteert, en wanneer de inrichting beter bereikbaar was. Het lijkt er dus op dat voor de profes-

sionals die vaak de inrichtingen bezoeken, zoals reclasseringswerkers, institutionele factoren een belemmering kunnen gaan vormen. Hoewel institutionele factoren dus mee kunnen spelen in het al dan niet bezoeken van gedetineerden, vormt het niet overtuigend de achterliggende reden voor de lage mate van bezoek van gemeenten, zorginstellingen, en vrijwilligersorganisaties. Deze resultaten roepen de vraag op wat er gedaan kan worden om ondersteuning van deze externe professionals tijdens detentie te verhogen.

*Deel 3: De effecten van adequate professionele ondersteuning*
Tot slot gaat het derde deel, hoofdstuk 5, met behulp van multivariate analyses in op de mate waarin professionele ondersteuning bijdraagt aan een goede voorbereiding op de terugkeer naar de samenleving. Er is onderscheid gemaakt tussen *algemene tevredenheid* met de professionele ondersteuning, zoals frequente, prettige, en nuttige begeleiding bij de re-integratie, en meer specifiek de *tevredenheid met de instrumentele support*, zoals hulp bij het vinden van werk of een stabiele woonplek.

De bevindingen van hoofdstuk 5 laten zien dat gedetineerden die tevredener zijn met interne of externe professionele ondersteuning, zich beter voorbereid voelen op de terugkeer naar de samenleving wat betreft de vijf leefgebieden. Dit geldt voor zowel de algemene tevredenheid met re-integratieondersteuning als voor tevredenheid met de instrumentele support. Uit de resultaten blijkt tevens dat de *instrumentele support* van *externe professionals* het meest direct bijdraagt aan het gevoel beter voorbereid te zijn op de terugkeer, en dat vooral gedetineerden die al problemen hadden voorafgaand aan detentie, baat hebben bij adequate professionele ondersteuning. Tegelijkertijd blijken gedetineerden relatief ontevreden te zijn met de instrumentele support van deze externe professionals. Ook hebben de voorgaande hoofdstukken laten zien dat gedetineerden met problemen voorafgaand aan detentie juist minder vaak in contact staan met externe professionals.

## Suggesties voor toekomstig onderzoek

Dit proefschrift heeft empirisch in beeld gebracht wat er tijdens detentie gebeurt op het gebied van professionele ondersteuning. Voor het eerst is op landelijk niveau in beeld gebracht welke gedetineerden met welke interne en externe professionals in contact staan gedurende het detentietraject, hoe dit zich verhoudt tot beleidsdoelen, welke individuele en contextuele factoren maken dat er contact is, en wat de effecten zijn van dit contact op de voorbereiding op de terugkeer. Tegelijkertijd leiden de resultaten van dit proefschrift tot nieuwe vragen en aanbevelingen voor toekomstig onderzoek.

Allereerst wordt aanbevolen om in te zoomen op de ontwikkeling van problemen tijdens detentie en de timing van de geboden professionele

ondersteuning. Dit proefschrift heeft aangetoond dat gedetineerden die voorafgaand aan detentie al bepaalde problemen hadden, minder vaak in contact staan met bepaalde professionals, terwijl zij het meest gebaat zijn bij deze ondersteuning. Het is echter mogelijk dat gedetineerden nog geen problemen hadden voorafgaand aan detentie, maar dat deze problemen zich tijdens detentie ontwikkelen door de onbedoelde gevolgen van detentie. Gedetineerden die pas tijdens detentie problemen ontwikkelen, zijn mogelijk evenveel gebaat bij extra ondersteuning. Andersom is het ook mogelijk dat ten tijde van de surveyafname bepaalde problemen die voorafgaand aan detentie speelden intussen al verholpen waren met behulp van professionele ondersteuning. Het zou dus een welkome aanvulling zijn om de ontwikkeling van problemen en de aansluiting van de geboden hulp tijdens detentie preciezer in beeld te kunnen brengen.

Ten tweede wordt aanbevolen om de daadwerkelijke uitkomsten na detentie verder te onderzoeken. Dit proefschrift heeft aangetoond dat gedetineerden die adequate ondersteuning ontvangen zich beter voorbereid voelen op de terugkeer. Hoewel uit eerder onderzoek blijkt dat positieve verwachtingen in relatie staan tot daadwerkelijk positieve uitkomsten na detentie (Haas & Spence, 2017), zou het interessant zijn om te onderzoeken of gedetineerden die tijdens detentie goed begeleid zijn door interne en externe professionals, na detentie bijvoorbeeld zijn doorgestroomd naar (relevant en stabiel) werk. Hoewel dit proefschrift zich bewust gericht heeft op wat er tijdens detentie gebeurt aan ondersteuning en voorbereiding, zouden ook de verwachte positieve effecten van professionele ondersteuning op het voorkomen van recidive nog nader onderzocht kunnen worden.

Tot slot wordt aanbevolen om met behulp van kwalitatief onderzoek dieper in te gaan op de mechanismen achter de totstandkoming van contact, en op wat er precies tijdens dit contact gebeurt. Nu dit proefschrift de prevalentie, determinanten, en uitkomsten van professionele ondersteuning op grote schaal heeft vastgesteld, kunnen interviews of focusgroep studies bijvoorbeeld verder ingaan op vragen als wie het initiatief tot contact neemt, en wat er gebeurt als een afspraak wordt gemist. Bovendien zou het interessant zijn om vanuit een narratief perspectief te ontrafelen wat er tijdens het contact precies besproken wordt en hoe dit kan bijdragen aan een goede transitie van binnen naar buiten toe.

### Praktijkaanbevelingen

Onder beleidsmakers in Nederland is er groeiende aandacht voor het vroegtijdig in gang zetten van interprofessionele ondersteuning tijdens detentie, ten behoeve van een soepele transitie van binnen naar buiten toe (DJI, 2014, 2019). Tevens is er steeds meer aandacht voor de complexiteit van problemen waar gedetineerden voorafgaand, tijdens, en na detentie mee te maken kunnen hebben (Ministerie van Justitie en Veiligheid, 2017). Desondanks geven de bevindingen van het huidige proefschrift aanleiding

tot enkele belangrijke praktijkaanbevelingen omtrent professionele ondersteuning tijdens detentie.

In de eerste plaats wordt aanbevolen om gericht aandacht te schenken aan gedetineerden die voorafgaand aan detentie al problemen ervoeren binnen de vijf leefgebieden, en aan gedetineerden die kort in detentie verblijven. Met name gedetineerden die voorafgaand aan detentie al problemen ervoeren, blijken baat te hebben bij adequate ondersteuning. Tegelijkertijd blijken gedetineerden met complexe problemen, gezondheidsproblemen, en zonder geldige identiteitsdocumenten, relatief vaak onder de radar te blijven. Dit proefschrift ondersteunt daarmee de initiatieven om belemmeringen in de toegang tot hulpbronnen te ondervangen, zoals het verkrijgen van een geldig ID-bewijs tijdens detentie (Rijksdienst voor Identiteitsgegevens, 2022), en het verlenen van doorzorg van binnen naar buiten toe via een zogeheten doorzorgfunctionaris (Buysse et al., 2018). Mogelijk kan ook het re-integratieverlof zoals beschreven in de nieuwe Wet Straffen en Beschermen, bijdragen aan het gericht inzetten van verlof voor re-integratiedoeleinden, zoals het regelen van huisvesting of werk (DJI, 2021). Daarnaast wordt aanbevolen om professionals te blijven ondersteunen en trainen in het bieden van hulp aan gedetineerden met (complexe) problemen, en om deze ondersteuning vroegtijdig op te starten.

Ten tweede wordt aanbevolen om in het algemeen het contact met de interne professionals verder te intensiveren. Hoewel de meerderheid van de gedetineerden in contact staat met de casemanager en de mentor, en tevreden zijn met dit contact, stond ook een aanzienlijk deel van de gedetineerden nog niet in contact met deze professionals. Intern contact is belangrijk, omdat interne professionals een belangrijke rol kunnen spelen bij het doorgeleiden van gedetineerden naar aanvullende hulp van externe professionals. Een veelgenoemde reden voor gebrek aan intern contact is de hoge caseload en werkdruk onder personeel (Hanrath et al., 2019; Petersilia, 2000; Turley et al., 2011). Daarnaast is het mogelijk dat gedetineerden bijvoorbeeld niet komen opdagen bij afspraken, door gebrek aan motivatie of gebrek aan vaardigheden om programma's en schema's nauwgezet te volgen (Hanrath et al., 2019; McSweeney & Hough, 2006). Dit is problematisch, omdat deze gedetineerden mogelijk juist extra baat hebben bij ondersteuning. Ook vanuit dit oogpunt is het dus belangrijk aandacht te hebben voor de hoge werkdruk onder personeel, zodat een actievere benadering richting ongemotiveerde of niet-zelfredzame gedetineerden, mogelijk wordt gemaakt.

Tot slot wordt geadviseerd om contact met externe professionals sterk te verhogen en vroegtijdig in te zetten. Hoewel DJI en externe ketenpartners afspraken hebben gemaakt over de fysieke aanwezigheid van externe professionals in de inrichtingen (DJI, 2019; Tweede Kamer 2017-2018, paper 29279 nr. 439), blijkt de hoeveelheid contact met externe professionals beperkt. Aangezien juist de instrumentele hulp van deze externe professionals belangrijk is in de voorbereiding van gedetineerden op de terugkeer, benadrukt dit proefschrift de noodzaak van externe ondersteuning. Een drietal aanbevelingen worden gedaan om extern contact te verhogen.

In de eerste plaats wordt aanbevolen om duidelijkere beleidsrichtlijnen op te stellen omtrent de precieze verantwoordelijkheden en noodzakelijke bezoekfrequenties van externe professionals. Zo is er onduidelijkheid over overlap van taken, en kunnen inrichtingen hun eigen regels opstellen over bezoekuren en het beschikbaar stellen van interne werkplekken (Inspectie Justitie en Veiligheid, 2013). Inrichtingen en externe ketenpartners worden geadviseerd om *best practices* te delen op het gebied van goede samenwerking.

In de tweede plaats wordt aanbevolen om bezoek van externe ketenpartners goed te faciliteren. Professionals die doorgaans vaak de inrichtingen bezoeken, lijken minder vaak op bezoek te komen wanneer de ontvangst, communicatie, informatie-deling, werkfaciliteiten, en bereikbaarheid van de inrichting minder goed is. Dit treft met name de reclassering, die relatief vaak in contact staat met gedetineerden in regimes waar advies (Huis van Bewaring) en toezicht ((Z)BBI) een belangrijke rol spelen. Omdat de rol van de reclassering recentelijk verstevigd is in het algehele re-integratieproces van gedetineerden (DJI, 2019), is het noodzakelijk dat zij de inrichtingen goed kunnen betreden, en dat er voldoende werkplekken voor hen beschikbaar zijn. Reclassering Nederland (2017) geeft aan dat re-integratieondersteuning sneller te bieden is wanneer zij in dichte nabijheid van gedetineerden werkzaam zijn. Dit proefschrift moedigt dan ook aan dat de reclassering sinds 2016 weer steeds vaker intern werkzaam is in de inrichtingen (Geenen et al., 2020).

In de derde en laatste plaats wordt aanbevolen om de betrokkenheid van gemeenten, zorginstellingen en vrijwilligersorganisaties aan te moedigen en financieren. Eerder onderzoek heeft uitgewezen dat niet alle gemeenten van plan waren om hun cliënten te bezoeken tijdens detentie, en dat andere gemeenten mogelijk personeel, middelen of infrastructuur missen om de juiste ondersteuning te bieden (De Koning et al., 2016). Ten slotte wordt, zoals eerder vermeld, ondersteund dat er sinds 2016 doorzorgfunctionarissen werkzaam zijn in de inrichtingen, die de schakel kunnen vormen tussen zorg binnen de muren en zorg na vrijlating. Deze doorzorgfunctionarissen kunnen gedetineerden bijvoorbeeld al tijdens detentie in contact brengen met externe zorgprofessionals en vrijwilligers, om een zorgplan voor na detentie te bespreken (Buysse et al., 2018). De aanwezigheid van een dergelijke doorzorgfunctionaris zou de caseload van casemanagers kunnen verminderen en de betrokkenheid van externe zorgprofessionals en vrijwilligersorganisaties kunnen vergroten.

## Conclusie

Wetenschappers en beleidsmakers hebben in groeiende mate aandacht voor het belang van professionele re-integratieondersteuning tijdens detentie. Desondanks ontbrak tot op heden empirisch onderzoek naar de prevalentie, determinanten, en uitkomsten van professionele re-integratieonder-

steuning. Samengevat heeft dit proefschrift aangetoond dat professionele ondersteuning een belangrijke bijdrage kan leveren aan de voorbereiding van gedetineerden op hun terugkeer naar de samenleving toe. Daarbij onderstreept dit proefschrift met name het belang van instrumentele support aan gedetineerden die voorafgaand aan detentie al problemen hadden op het gebied van werk en inkomen, huisvesting, financiële situatie, zorg, en geldige identiteitsdocumenten. Externe professionals blijken een cruciale rol te spelen bij het bieden van deze instrumentele support, terwijl interne professionals nauwer in contact blijken te staan met gedetineerden. Aangezien interne professionals gedetineerden kunnen doorverwijzen naar aanvullende hulp van externe professionals, worden interne en externe professionals aangespoord om gezamenlijk verder invulling te geven aan het succesvol inrichten van re-integratieondersteuning.

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# Curriculum Vitae

Amanda Johanna Pasma was born on the 29th of January 1988 in Amsterdam, the Netherlands. In 2011 she obtained her bachelor's degree in Chinese Language and Culture at Leiden University. In 2013 and 2014 she obtained her bachelor's and cum laude master's degree in Sociology at Tilburg University. After graduation, Amanda worked for two years as a data manager at the Department of Biological Psychology at the VU Amsterdam University. From 2017 until 2018, she was involved in the Life in Custody study at the Department of Criminology at Leiden University as junior researcher. From 2018 until 2022, Amanda worked on her doctoral research within that same project at the Department of Criminology at Leiden Law School of Leiden University. Her dissertation examines professional support in Dutch prisons in relation to the reintegration needs and re-entry preparedness of prisoners. During her research she co-organised the national data collection of the Dutch Prison Visitation Study 2019, part of the largescale Life in Custody study. As of July 2023, Amanda works as policy officer for the Dutch Custodial Institutions Agency (DJI).

In the range of books published by the Meijers Research Institute and Graduate School of Leiden Law School, Leiden University, the following titles were published in 2022 and 2023

MI-382 C.M.F. Mommers, *Voluntary return and the limits of individual responsibility in the EU Returns Directive*, (diss. Leiden), Amsterdam: Ipskamp Printing 2022, ISBN 978 94 6421 583 0

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To ensure a smooth and safe transition from prison to free society, it is important that prisoners are well-prepared for release. Yet, it is known that prisoners often face re-entry challenges regarding employment, housing, financial situation, healthcare, and valid identity documentation. Both prison-based (e.g., case managers) and community-based professionals (e.g., parole officers and municipal officers) are expected to help overcome these issues. Remarkably, empirical research on reintegration support from prison-based and community-based professionals is scarce. Therefore, the current dissertation aims to improve our understanding of in-prison professional support, by examining the prevalence of support, the factors that determine whether there is support, and the role of support in preparing prisoners for release.

The current dissertation reveals that professional support can make an important contribution to preparing prisoners for release. It underscores the relevance of providing support early-on, especially to prisoners who already had problems prior to imprisonment. Although community-based professionals play vital roles in providing instrumental support, their in-prison involvement appears limited. Both prison-based professionals, who are in close contact to prisoners, and community-based professionals, who can provide specialised care and support, are encouraged to cooperate in a timely and coherent manner in preparing prisoners for release.

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