



Universiteit
Leiden
The Netherlands

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

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Citation

Pasma, A. J. (2023, October 11). *Re-entry support from prison-based and community-based professionals*. Meijers-reeks. Retrieved from <https://hdl.handle.net/1887/3643716>

Version: Publisher's Version

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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 (Beerthuisen 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, health-care 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, health-care, 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.

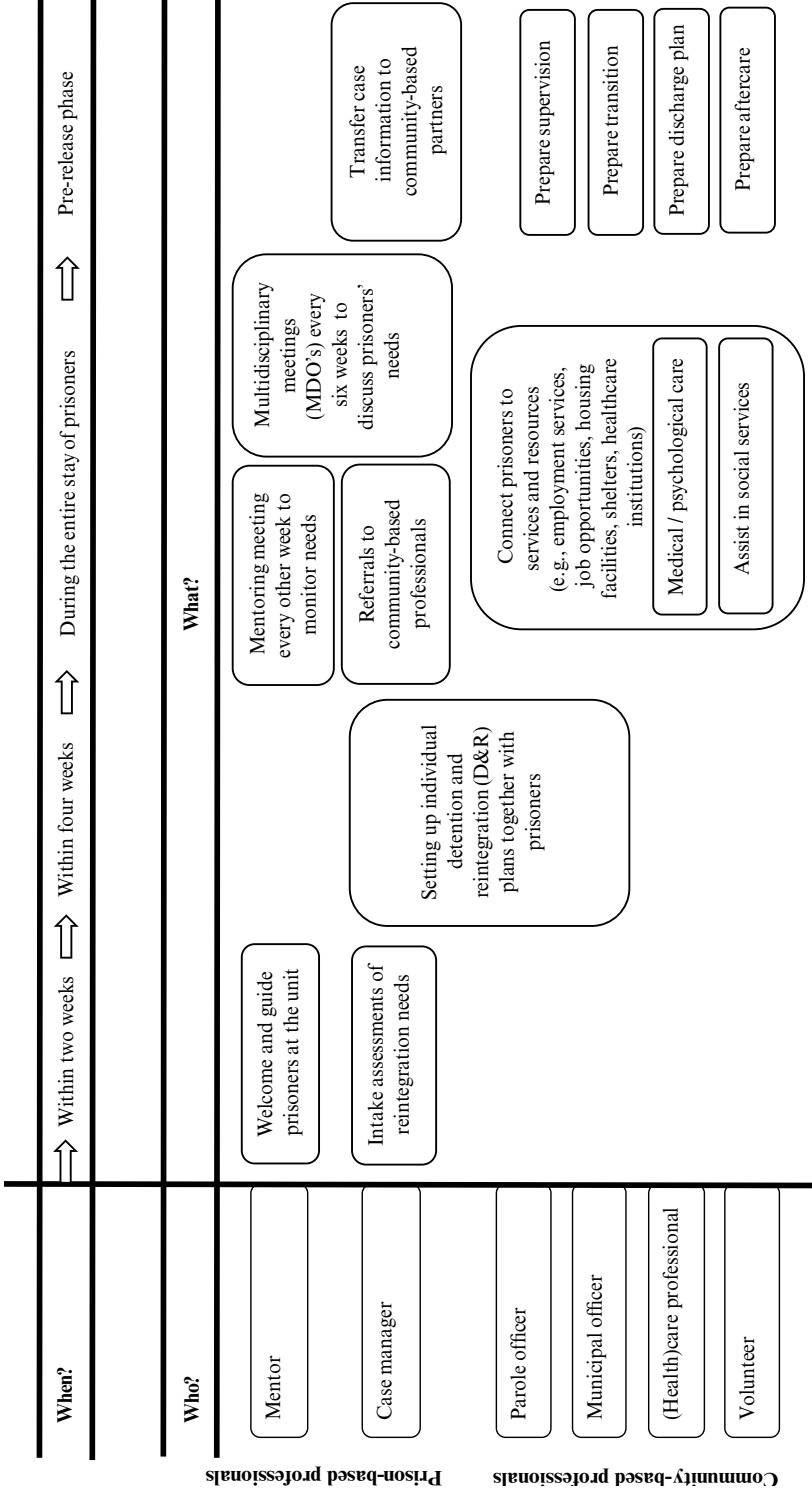
First, parole officers can help prisoners in various ways. Next to their advisory tasks in court hearings and supervisory tasks on conditional release, parole officers can help prisoners in their reintegration. For instance, in case they identify particular needs, they can refer prisoners to healthcare 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



Prison-based professionals
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 questions¹:

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)

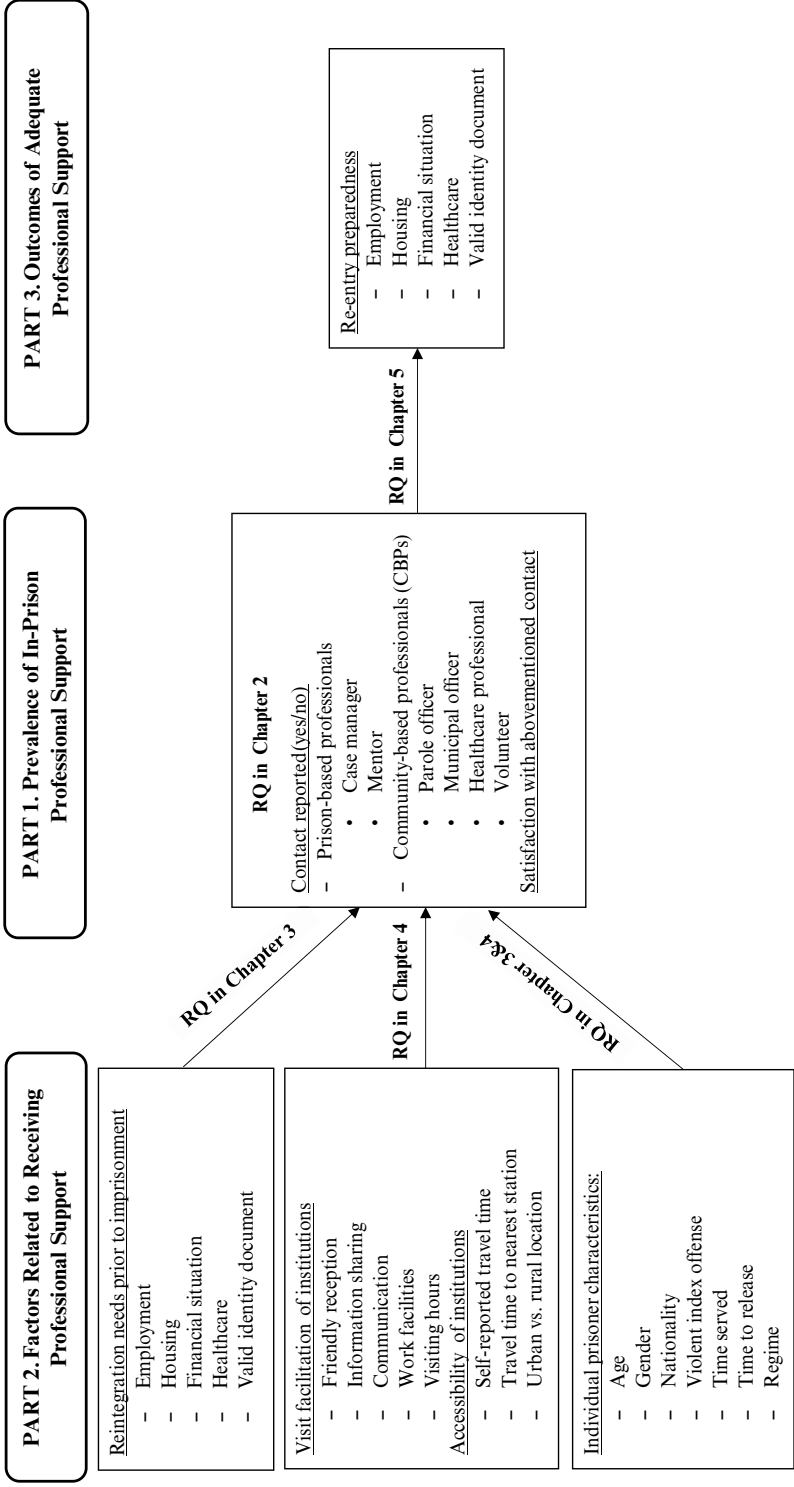
To answer these questions, survey- and registered data were gathered from all adult female and male prisoners held across all 26 prisons in the Netherlands. In addition, survey data was collected among all visitors of prisoners, including various types of community-based professionals across 24 Dutch 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).

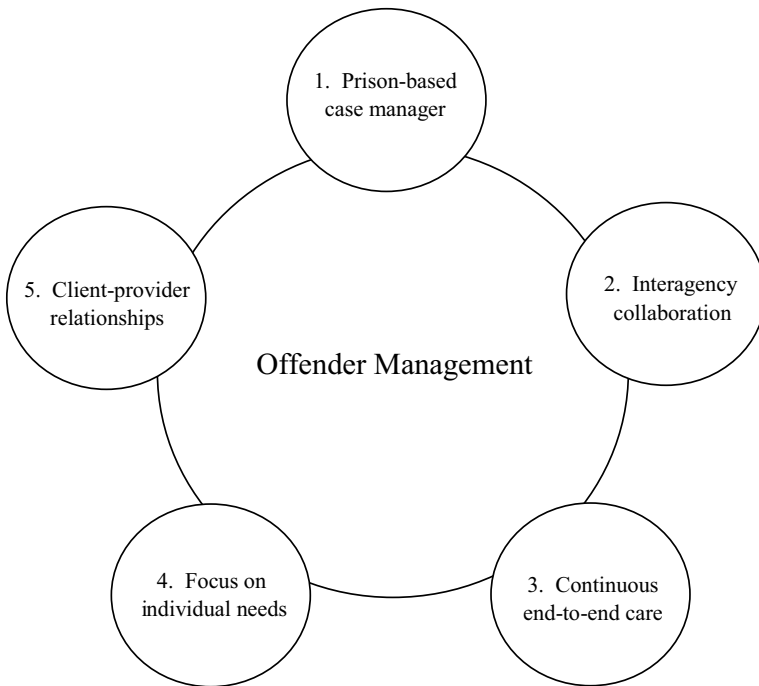
Although several OM models exist, they generally agree on a number of principles that are important in the successful resettlement of prisoners. These principles include (1) the presence of a prison-based case manager who functions as the director of the reintegration process, (2) early on in-prison 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 (Beerthuisen 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 intent 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 & Visser, 2013; Visser 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 Catalanian 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 4,309² 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

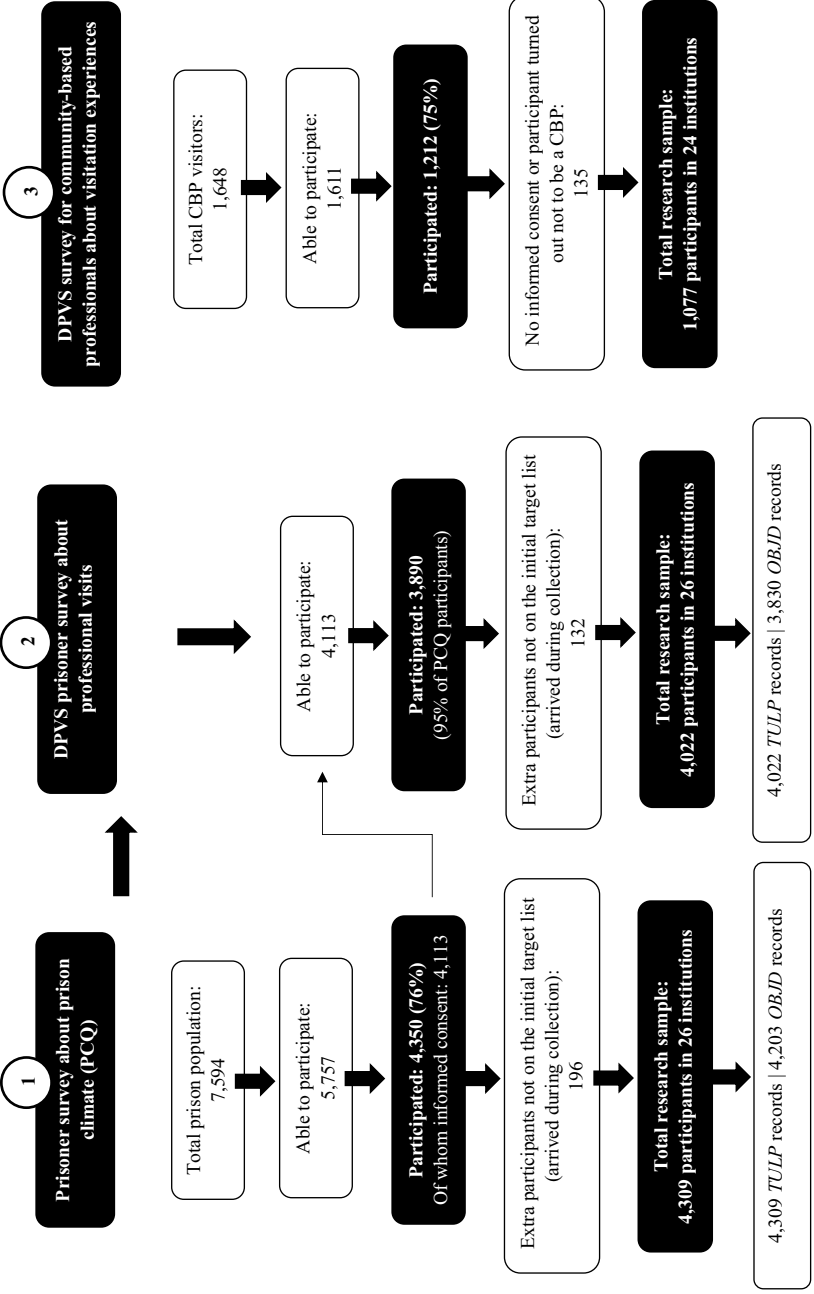
This dissertation aims to make a social contribution in several ways. Given the often problematic transition from prison to free society in terms of employment, housing, financial situation, healthcare and valid identity documentation, it is highly relevant to find ways to help improve reintegration 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)
	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, χ^2 tests, correlation matrix)
2. Factors related to receiving professional support	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	Aggregated prison-level: 1,077; Individual-level: 612	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 cross-tabulation 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. CBP's=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.

