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

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PART 1

THE PREVALENCE OF AND SATISFACTION WITH PROFESSIONAL SUPPORT

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 BACKGROUND²

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., 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)', 'health-care (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*, *Gevangenzorg Nederland*, *Exodus*, and *Humanitas* assist prisoners during and after imprisonment with various reintegration needs. For example, *Bonjo* provides housing, *Gevangenzorg 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 incapable 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 & Lünemann, 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 & Lünemann, 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 (Beerthuisen 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

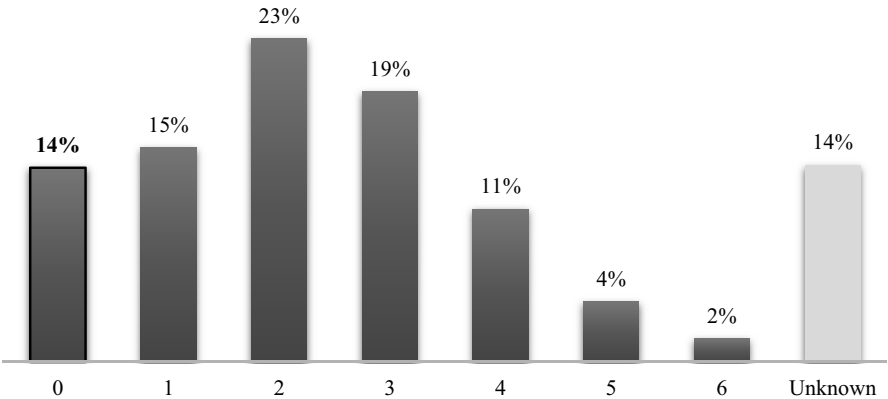
First, the current study focused on the number of professionals with whom prisoners reported contact. Figure 2.1 shows that 14% of the prisoners reported no contact with any of the professionals in the past six months of imprisonment (or up until the point of data collection). Additional analyses

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)

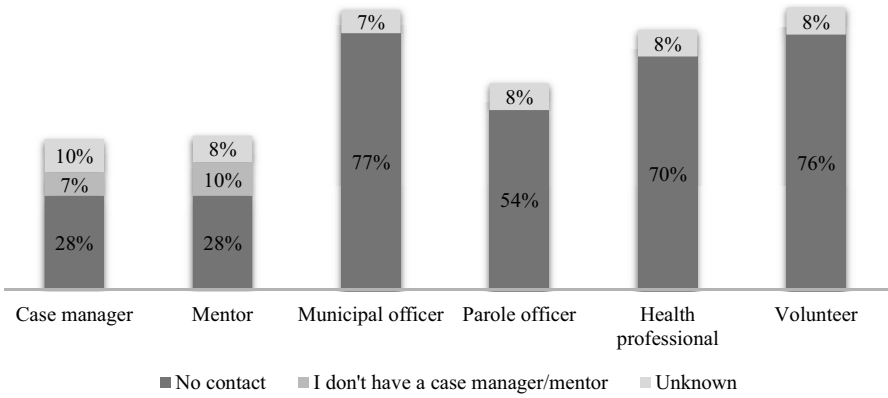


Figure 2.3
Contact Frequency with Prison-based Professionals for Prisoners who Served at least Six Months and Reported Contact within the past Six Months of Imprisonment

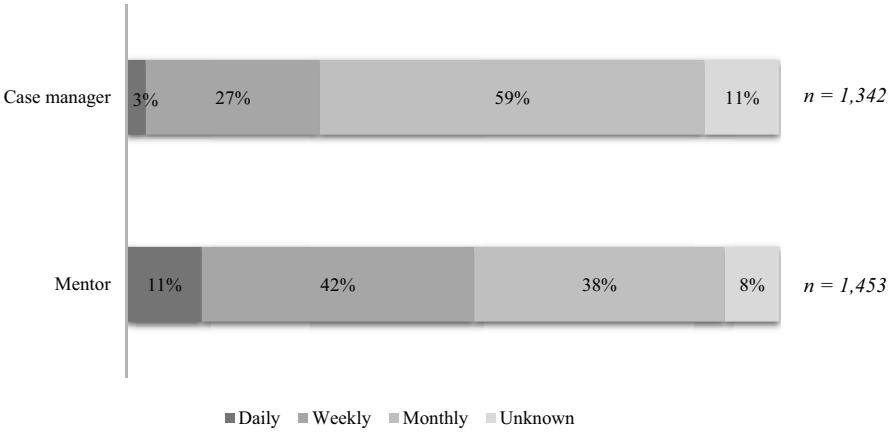
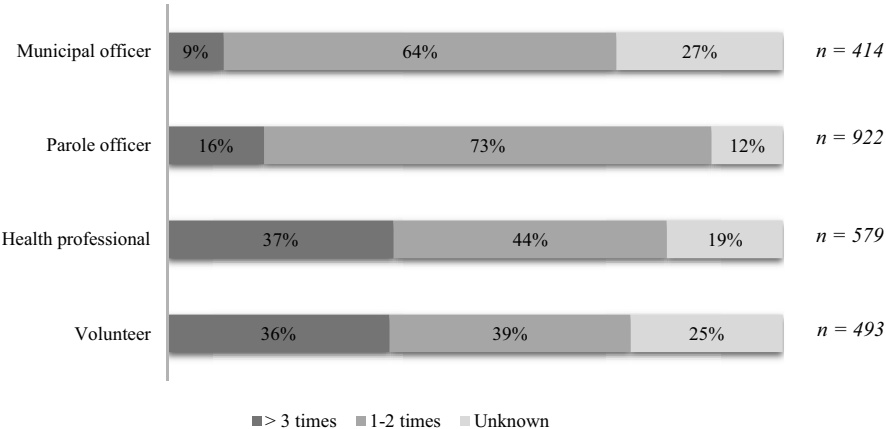


Figure 2.4
Contact Frequency with Community-based Professionals for Prisoners who Served at least Six Months and Reported Contact within the past Six Months of Imprisonment



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	–	–	–	–	–

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

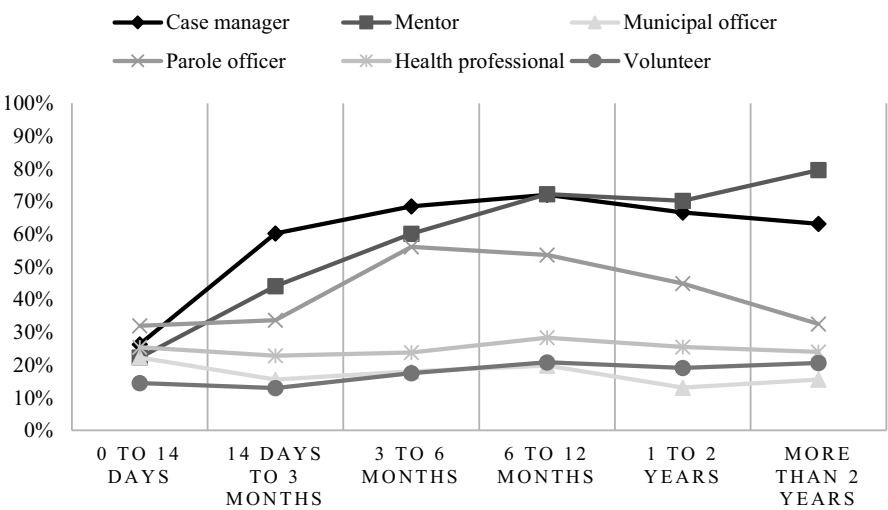
2.6.5 Contact satisfaction with prison- and community-based professionals

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

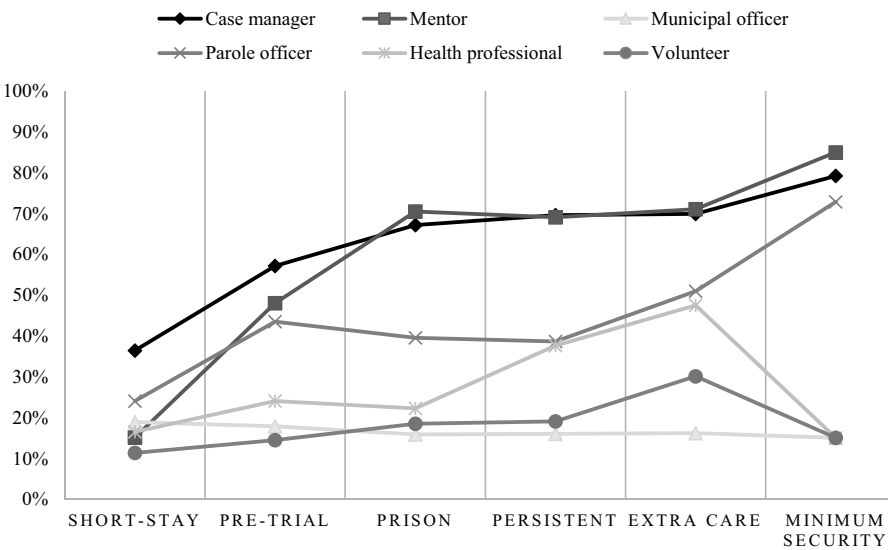
In the last and seventh sub-question, the amount of contact was split by regime. Figure 2.6 shows that, in general, prisoners in the short-stay regimes were less likely to report contact with professionals, followed by prisoners in the pre-trial regimes. Prisoners in the extra care regimes are relatively 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 health-care 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: • 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 : • Municipal officer / Parole officer / Health professional / Volunteer? * <i>If you have been imprisoned for less than six months, then this question refers to the period since your entry into this institution</i>	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] • My [...] sufficiently helps me with my reintegration • I see my [...] often enough • Contact with my [...] is pleasant • I am satisfied with the contact with my [...] • Speaking with my [...] is useful to me	3) Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree <i>Cronbach's alpha = .94 (case manager, n = 2,272; mentor, n = 2,223)</i>
	4) Education level	4) Lower education, medium education, high education [<i>Netherlands Statistics (CBS) classification SOI 2016</i>]
	5) Country of birth	5) Netherlands, Netherlands Antilles, Suriname, Poland, Morocco, Turkey, Other (<i>The questionnaires are offered in: Dutch, English, Spanish, Turkish, Polish and Arabic</i>)

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): • Municipal Officer / Parole officer / Health professional / Volunteer 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	1) No, Yes 2) <u>Municipal officer: employee from a municipality</u> <u>Parole officer: employee from '3RO', 'Salvation Army', 'Probation Service Netherlands', other parole services (drug rehabilitation)</u> <u>Healthcare professional: psychologist, psychiatrist, social worker (e.g., drug treatment, education, debt assistance, youth protection, or other support - not voluntary)</u> <u>Volunteer: volunteer at 'Bonjo', 'Gevangenenzorg', 'Exodus' 'Humanitas', and other voluntary organisations, or clergy</u>
	3) Scale: contact satisfaction with the type of professional mentioned under 1) or 2): • [These people] sufficiently help me with my reintegration • I see [these people] often enough • Contact with [these people] is pleasant • I am satisfied with the contact with [these people] • Speaking with [these people] is useful to me	3) Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree <i>Cronbach's alpha = .92 (municipal officer, n = 334; parole officer, n = 1,157; health professional, n = 422; volunteer, n = 308)</i>
Administrative data from DJI (TULP)	1) Gender 2) Age 3) Time served 4) Regime	1) Male, Female 2) Date of survey - Date of birth 3) Date of survey - Start date of sentence 4) Prison, Pre-trial, Persistent, Extra care, Short-stay, Minimum security