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

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Part 4

Conclusion

6 General Discussion

6.1 Introduction

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

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

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

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

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

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

6.2 Summary of the Findings

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

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

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

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

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

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

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

6.2.2 Part 2 – The factors related to receiving professional support

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

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

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

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

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

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

6.2.3 Part 3 – The outcomes of adequate professional support

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

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

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

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

6.3 Theoretical Considerations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.4 Strengths and Suggestions for Future Research

6.4.1 Strengths

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

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

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

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

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

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

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

6.4.2 Suggestions for future research

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

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

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

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

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

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

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

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

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

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

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

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

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

6.5 Policy Implications

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

6.5.1 More adequate support for prisoners with specific needs

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

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

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

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

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

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

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

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

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

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

6.5.3 More (adequate) support from community-based professionals

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

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

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

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

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

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

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

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

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

Table 6.1
Continued

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

Table 6.1
Continued

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

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

6.6 Conclusion

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