Reentry support in Victoria, Australia: Managing risk, or fostering agency?

K. Kennedy[a]*, L. Sandy[b], and M. Martinovic[c]

[a]School of Global, Urban & Social Studies, RMIT University, Melbourne, Australia, https://orcid.org/0000-0003-2899-6068, kate.kennedy2@rmit.edu.au; [b]School of Sociology and Social Policy, University of Nottingham, Nottingham, United Kingdom, https://orcid.org/0000-0001-9341-1711, larissa.sandy@nottingham.ac.uk; [c]School of Global, Urban & Social Studies, RMIT University, Melbourne, Australia, https://orcid.org/0000-0003-1257-483X, marietta.martinovic@rmit.edu.au.

Running head: Reentry Support: Managing Risk or Fostering Agency

Kate Kennedy (B.A. [Hons.] Justice and Criminology; B.A. Criminology and Psychology) is a PhD student in the discipline of justice and criminology within the School of Global, Urban, and Social Studies at RMIT University, Melbourne, Australia. She teaches Corrections at RMIT University and has been an advocate in the criminal justice sector for over a decade. Research interests: The reentry sector, risk assessment, and narrative/identity desistance.

Larissa Sandy, PhD (B.A. [Hons.] Social Sciences; B.A. Asian Studies) is an Assistant Professor in Criminology at the University of Nottingham. Before this, she was a Senior Lecturer in Criminology & Justice Studies at RMIT University in Melbourne, Australia. Prior to joining RMIT, she was a Vice Chancellor's Postdoctoral Research Fellow in Criminology at Flinders University, and a research analyst at the Australian Institute of Criminology. Research interests: Critical criminology, sex work, and human trafficking.

Marietta Martinovic, PhD (M.A. Applied Criminology; B.A. Criminal Justice Administration) is a Senior Lecturer in Criminology and Justice in the School of Global, Urban, and Social Studies, RMIT University, Melbourne, Australia. She started the first and only Australian Inside-Out Prison Exchange Program in Australia, and has established and is leading four prison-based and one community-based Think Tank. Research interests: Teaching in prisons, electronic monitoring, and reentry processes.

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More than half of Australia's prison population have experienced prior incarceration. Factors such as homelessness, mental illness, and poverty compound the challenges of reentry. Reentry support in Victoria, Australia is state funded, yet delivered via three non-governmental organizations. In this article we explore practitioners' experiences of working with people who were incarcerated in the liminal phase of reentry - where one is neither prisoner nor citizen but in-between. Practitioners reported trust and rapport are the central pillars of practice and choose to utilize strengths-based approaches instead of risk-based approaches, but felt that service brokerage is impeded by associated professionals' concerns around risk.

Keywords: reentry; desistance; stigma; strengths-based practice; risk-need-responsivity

Introduction

The reentry sector aims to assist people who were incarcerated in their return to the community, and thereby reduce future offending and social harm. High recidivism rates suggest neither the prison experience nor reentry programs have had a universal effect of deterrence or rehabilitation (Cannonier et al., 2021; Cook & Haynes, 2021). In the last two decades, the knowledge and understanding around the challenges people who were incarcerated face has readily increased (Visher & La Vigne, 2020). The post-release space is one where someone is no longer a prisoner, yet also not accepted – nor generally identifying – as a citizen. This transitional space of reentry has led some researchers to use Turner's (1995) concept of 'liminality' which denotes an in-betweenness; in other words, being between two clearly defined phases, that of 'prisoner' and 'citizen' (see Johns, 2017).

1

Challenges for people who were incarcerated range from the tangible, such as homelessness, lack of family support, and criminal history checks impeding employment; to the less tangible, such as constructing a post-prison identity, developing a social circle, and building ties with the community (Johns, 2015; Mowen et al., 2020). These barriers to integration mean people who were incarcerated often need professional support when returning to the community to help navigate these difficulties. Theoretical approaches to the provision of reentry support broadly fall into two categories: the risk-need-responsivity (RNR) model, and strengths-based practices. RNR remains the dominant approach in custodial settings, while strengths-based practices are the preferred approach to case management by community providers. When reentry programs are funded by corrections departments yet community-delivered, it mandates program key performance indicators (KPIs) drawn from RNR for organizations that traditionally implement strengths-based practices. This has the potential to create tension for practitioners at community-based non-governmental organizations (NGOs). The RNR framework directs practitioners to monitor and manage risks for best practice, while strengths-based frameworks direct practitioners to develop trust and promote client agency for best practice (Burnett & Maruna, 2006)

This Australian study presents the perspectives of reentry practitioners who were employed by NGOs in receipt of state funding to deliver post-custodial programs. We conducted semi-structured interviews with reentry practitioners between September and October 2020. First, the setting of this research is described, which is at an intersection of theoretical frameworks that guide reentry practice – the RNR/risk-focused approach, and the self-actualizing strengths-based approach used by community providers. We then explain the methodology, before the findings are presented and discussed.

Theoretical approaches to reentry practice

RNR remains the leading approach to rehabilitating offenders in correctional settings (Ziv, 2019). According to Andrews et al. (1990), RNR has four principles: 'risk' refers to matching treatment intensity to risk level; 'need' relates to ensuring treatments target criminogenic needs i.e., factors likely to increase risk; 'responsivity' involves tailoring interventions; and 'professional override' permits practitioners to use situational judgement. Practitioners assess the individual, and then mandate proven treatments to target dynamic risk factors, which are defined as changeable characteristics that predict reoffending (Andrews et al., 1990). Standardized risk assessments produce an actuarial risk level on a five-point Likert scale (Drawbridge et al., 2021). Andrews and Bonta (2010) argue that when RNR is delivered correctly, it can reduce recidivism by up to 35%. RNR was revolutionary to risk assessment, which had previously only considered static/unchangeable risk factors. The addition of dynamic/changeable factors, such as gang membership or education level, improved prediction by allowing for some assessment of change over time (Cording et al., 2016).

Despite an abundance of praise and support for RNR, the model has been criticized for impeding the client/worker relationship through creating distrust, as well as undermining collaborative practice and client self-determination (McNeill, 2006; Ward & Maruna, 2007). These criticisms characterized RNR as focused on 'curing' deficits with treatments, which then produced alternate 'non-treatment' models known as strengths-based models (Burnett & Maruna, 2006; Ward & Brown, 2004). Strengths-based approaches are characterized by an absence of coerced or mandated treatment, and a focus on client agency (Tyler et al., 2020; Vandevelde et al., 2017). This transfers the objective of practice from reducing recidivism by targeting risk factors, to a more

holistic approach that aims to improve the client's experience of their own life with the underlying theory this will facilitate desistance from offending (Ward & Brown, 2004).

Strengths-based models view desistance from offending as a process, rather than an event. This developed from research indicating that one of the most crucial aspects of reentry was a psychosocial shift in the individual whereby they come to view themselves as an ex-prisoner rather than a prisoner (Liu & Bachman, 2021; Paternoster & Bushway, 2009). Desistance literature considers the relationship between structures and agency in the process of desistance, and in these framings, the process of reentry is not purely an individual journey, but one which requires reciprocity from the community (Johns, 2017; Weaver & McNeill, 2015). The focus on both structure and agency in the process of desistance has produced speculation that prosocial labelling facilitates this psychosocial shift (Willis, 2018). Strengths-based practices are designed to enable this journey by not pathologizing clients, focusing on trust and rapport, and fostering self-worth, agency, and self-determination through collaborative case plans.

Divergent conceptualizations of best practice

One factor complicating the reentry sector is community service providers receiving state correctional funding, as implementing risk-based practices can inadvertently foster a carceral environment. Hamlin (2020) found staff at a Chicago pilot program designed to assist in finding housing were afraid of losing funding if a client made a mistake. This led them to select people based on whether they believed candidates would be 'successful'. After nearly two years, one person had been housed. Hamlin argued this environment created an extension of custody, not only for clients, but also for staff who were so focused on risk it impeded the program's goal.

When strengths-based frameworks are used in conjunction with risk-based frameworks it presents two conceptualizations of best practice, which can create role

conflict for practitioners (Burnett & Maruna, 2006). A Canadian study explored coexisting attitudes of surveillance and support among workers at state-funded NGO reentry halfway houses (Maier, 2020). Maier found curfews and monitoring/reporting were not conceptualized as carceral acts, and workers framed their role as supportive. This was 'tied to the idea that residents needed to be molded and formed' by workers (Maier, 2020, p. 420). Hamlin and Maier's studies illustrate the potential for tension with dual frameworks to practice, particularly regarding client agency (Burnett et. al.).

RNR and strengths-based approaches also produce two different measures of success for reentry. The overarching objective of reentry services is to reduce recidivism and thereby reduce risk to the community, yet those who deliver strengths-based practice often frame success in terms of the client, such as harm minimization and improved quality of life (Carlton & Segrave, 2016; Nhan et al., 2017). The current lack of theoretical consensus in the reentry sector can produce both disparate measures of program efficacy and divergent approaches to best practice.

The reentry sector in Victoria, Australia

In contrast to the US, Australia has a comprehensive health and welfare system. All Australian citizens are eligible to receive ongoing federal unemployment payments, free healthcare and 10 sessions with a psychologist each year. However, the Victorian prison system recognizes the cycle of imprisonment and disadvantage, offering support to those deemed to be at high-risk of reoffending – which is ascertained by an RNR assessment administered pre-release (Kennedy, 2021).

Corrections Victoria delivers transitional programs under the Corrections Victoria Reintegration Pathway (CVRP). Since 2014, ReConnect has been the post-release arm of the CVRP, and is delivered via three NGOs (Corrections Victoria, 2019).

ReConnect practitioners must fulfill KPIs for each client and report to Corrections Victoria (Kennedy, 2021). The KPIs relate to seven domains: housing, employment, education and training, independent living skills, mental health, alcohol and other drugs (AOD), and family/community connectedness. ReConnect practitioners connect clients to external services to fulfil the KPIs, yet the way this is accomplished is at the discretion of the NGOs. Prior studies documented practitioners' concerns regarding time limits on support, and disclosure requirements (Carlton & Segrave, 2016; Franich et al., 2021). Many practitioners felt the sector lacked holistic, client-centered, trauma-informed approaches (Carlton et al.; Franich et al.; Stone et al., 2017). Both practitioners and people who were incarcerated reported finding the service sector difficult to navigate (Carlton et al.; Franich et al.; Stone et al.). Our research aimed to document how workers understand and negotiate potential tensions arising from fulfilling funder requirements while simultaneously responding to client needs. The research questions were:

- How does Corrections Victoria define social integration for people who were incarcerated?

- How do post-release workers define social integration for people who were incarcerated?

- What are the experiences of post-release workers in providing social integration assistance to people who were incarcerated in Victoria?

Methods

Data collection and sample

This project was granted ethics approval by the RMIT University Design and Social Context College Human Ethics Advisory Network (CHEAN) in 2020 (NHMRC Code:

6

EC00237). Informed by a critical realist approach, our aim was not to generate findings which were generalizable, but rather to gain a rich understanding of practitioners' experiences (Archer, 2007; Danermark et al., 2019). This does not mean each practitioner's insight is an objective depiction, yet each practitioner's perspective captures an aspect of the reality of reentry work. Despite the small sample which could be seen as a limitation, Guest et al. (2006) argue that meta-themes can be generated from as little as six interviews.

Participants were recruited via email by contacting the three NGOs providing reentry support in Victoria. Each NGO was sent a flyer explaining that the study aimed to explore the definitions of social integration, the experiences of providing social integration support, and the challenges faced by providers. No incentives were offered for participation. The flyer was distributed by the organization to practitioners who worked directly with people who were incarcerated. Of the three NGOs, two allowed staff to participate during work hours, and one requested participation occur outside of work hours. There was a total of eight respondents:

Participant	Job Title	Duration in Sector
Eugene	Case manager	1 year
Freja	Case support worker	7 months
Steve	Senior practitioner	1 year
Sandra	Program coordinator	7 years
Phoebe	Case support worker	2 years
Damien	Case support worker	5 years
David	Case manager	7 years
Patricia	Senior practitioner	1.5 years

Participants chose a time and date to be interviewed over the phone or Skype, and either returned the signed participant information and consent form or gave recorded verbal consent prior to researcher Kate Kennedy commencing the interview. Interview questions sought participant opinions regarding risk-based practice, strengths-based practice, definitions of social integration, and ways of supporting social integration.

Pseudonyms were chosen by participants or assigned, and participants reviewed and edited the transcripts prior to inclusion in the data set.

In-depth interviews

Eight in-depth interviews of 60-100 minutes were conducted with reentry practitioners between September and October 2020. We were influenced by narrative interviewing, whereby an interview is seen as a collaborative creation produced by both interviewer and interviewee (Presser & Sandberg, 2015). Building rapport was prioritized while actively engaging in conversation with interviewees, allowing them to guide the conversation to topics they saw as important.

Analysis

We analyzed the data using inductive, reflexive thematic analysis. Parallel data collection and analysis consisted of logging preliminary themes and field notes during interviews, which meant initial themes acted as guides for more extensive analysis (Tuckett, 2014). Once transcriptions were completed, a thorough analysis of all data was undertaken. Data was coded using a six-step procedure (Braun & Clarke, 2006), and conducted a second thorough analysis with the assistance of two theories: the exclusive society (Young, 1999), and the morphogenetic approach (Archer, 1995). Young (1999) charts the rise of actuarial criminology in late modernity and argues this has contributed to patterns of exclusion whereby contact with the criminal justice system permanently limits and regulates social participation. Archer (1995) deliberates the potential for exerting agency within structures arguing one does not supersede the other, and there is in fact a complex, ongoing interplay between the two which provides the capacity for both change and stasis within institutions. The goal of analysis was not to pinpoint consensus between interviewees nor to produce reliable and replicable

coding (Braun & Clarke, 2021). Rather, our aim was to engage thoughtfully and reflexively with the data, and to generate rich and nuanced understandings of the concept under study.

Results

Five key themes were generated from analysis. Practitioners spoke about the relationships they had with clients, measuring and reporting successful reentry, supporting desistance from offending, the challenges of service brokerage, and experiences of working at the intersection of RNR and strength-based practice.

'You and I are equals': Client/worker relationship dynamics

When asked about the dynamics of the relationships with clients, all interviewees said trust and rapport were the central components of reentry practice. Pre-release work was seen as vital to the client/worker relationship: 'You really sort of establish that trust in there, and then it extends to the community' (Eugene). Freja and Damien elaborated on the importance of trust: 'Sometimes they have had experiences where they've been let down, or there hasn't been follow through' (Freja). 'I just think they're so not used to people being genuine' (Damien). Freja and Damien overcame this by showing their personalities: 'Crack a joke, be friendly, show your humanness … the justice system is very dry, very impersonal. The humanness is really removed from it' (Freja). 'What I keep discovering works best is when I kind of step outside of the role' (Damien).

Phoebe noted a potential barrier to rapport building was clients' relationship with the justice system: 'If you work in a prison, if you work with police, if you're parole, you're all part of the same system that incarcerated them' (Phoebe). Damien overcame this by changing from the NGO's form-based assessment during pre-release visits to general conversation: 'Everybody seems to revel in the fact of … "It's not just

another person asking me a whole lot of shit questions I've already answered; this is somebody who actually wants to hear what I've got to say."' (Damien). David and Eugene overcame justice-related trauma by differentiating themselves from justice employees: 'I'll tell people straight up "Look, I don't work for Corrections Victoria … I'm purely here to help you"' (David). 'We sort of remind them along the way that we're not here to manage any compliance' (Eugene).

When asked about building that trust and rapport, interviewees described the purposeful conversations they instigated with clients on their day of release: 'The first thing we talk about is that basically, now the playing field is equal. "You and I are equals now. Your opinion's as valuable as mine."' (Damien). 'Get them all new clothes if that's what they want … "Who do you wanna be? ... You're not that person anymore, you're out."' (Phoebe). David noted that first day is busy – acquiring ID, reactivating bank accounts, registering with welfare and Medicare, checking driver's license status:

> You can then summarize back to them 'Hey, what a bloody epic day that's been! You've done this, you've got that' and then when you summarize it back to them, you start seeing the hair on their arms start lifting up, like 'Wow. I've done all that.' (David).

'That's not ever recorded': Measuring and reporting successful reentry

We were interested in how interviewees measured and reported successful reentry. Interviewees stated they were required to fill out standardized forms with tangible outcomes for each client which related to the seven domains of the ReConnect program: housing, employment, education and training, independent living skills, mental health, alcohol and drugs, and family/community connectedness. No difficulty was reported in fulfilling the domain of family/community connectedness: 'That can even be "talking to family"… Normally, in terms of the KPI and how that's measured, that's one of our

easiest ones' (Patricia). However, interviewees did not feel the KPIs were capturing successful reentry:

> When you do work with somebody that you feel does become socially reintegrated, it is one of the most amazing experiences but it's also something that's not ever recorded; it's not something that anybody's looking for, it's not a KPI, it's just an experience that you feel personally with the person you're working with (Phoebe).

In addition to fulfilling the required quantifiable outcomes for the Corrections Victoria, interviewees also used personal measurements of successful reentry to determine if their clients were becoming integrated into the community. They used qualitative measures for this, such as assessing if clients felt safe in the community, e.g., 'using public transport for the first time … those little steps are actually the big steps' (Steve). Most interviewees gauged successful reentry on whether clients felt supported by friends, family, and services, such as: 'having a sense of connectedness and community, feeling valued, and also knowing how to participate and how to navigate society' (Patricia). Interviewees used the rapport they had built with clients to observe clients' progression on this journey: 'It is 100% about your ability to build rapport with somebody, and creating a safe space for them to speak about those things' (Phoebe).

'Everyone has their own journey': Supporting desistance
We asked what they did when clients were not meeting these qualitative goals. Interviewees described instances of using the rapport they had built to tailor interventions. David used one client's love of coffee; taking him to cafés and choosing specific times and places to incrementally increase the amount of people present:

> Until one day, it would've been about three months in, I got a random text message from him saying 'Hey David, guess where I am?' and he sent through a selfie of

11

him in a busy [city] café, absolutely packed chock-full of people, holding his coffee with a big smile on his face (David).

Phoebe took a client for pedicures until she felt safe to continue going on her own:

At the start, I thought she was just going to cry … She was shaking … Then a few weeks later, she messaged me saying that she went there by herself – got a pedicure, manicure, and a haircut – and that now she's going to go there regularly (Phoebe).

In line with desistance theory, interviewees saw reentry as a process, with initial reoffending not necessarily jeopardizing that process: 'We may view somebody's success in this role as staying out of prison, but … that's not necessarily the case' (Damien).

Everybody has their own journey … as long as we can steer them back to that main road to take, that is successful in my eyes. And if we can also keep them out of prison, that's also a positive [laughs] (Steve).

Yet, interviewees were conscious that ultimately, only one measurement mattered: 'The justice idea [of successful reentry] would be them not offending' (Freja).

'We don't do your kind of people': Accessing services

We spoke with interviewees about service referral for their clients, and seven interviewees (87%) reported most of their time went to advocating for clients to have access to services. Sandra expressed frustration with a psychologist wanting to treat someone at a police station after reading about his risk level: 'This guy's finally opened up about what's going on inside his head and asking for support, and you're going to make him go to a police station, which is the least therapeutic space in the entire world?' (Sandra). Freja had trouble finding a doctor 'open to seeing' her clients: 'Even

if they're not on suboxone or a methadone program, sometimes they don't want our [clients] sitting in the waiting room' (Freja).

Interviewees described circumstances of clients being excluded from hotels, rooming houses, even trailer parks. This created a dilemma regarding how much to reveal: 'I can't lie to save my life … So, what I would generally do is encourage people to apply on their own' (Damien). Phoebe now asks housing services to make referrals to rooming houses after being told '"we don't do your kind of people" … Most of the time it is the service providers that are the hardest when it comes to that - the stigma' (Phoebe).

Interviewees also discussed another consequence of people who were incarcerated being viewed as 'risky', noting peer mentoring was lacking in the sector:

> A lot of people actually want to peer mentor, but I think Corrections are a bit of a stubborn old mule. … The fear is that as soon as we put two crims together, they'll plan something. That's the belief. And I don't think that's true (Damien).

Freja similarly dismissed that concern: 'People can be exposed to people anywhere. I wish there was more mentoring, cuz I've often heard people say that it's important to be heard and understood and have someone that can relate to their experience' (Freja).

'It can be a bit dehumanizing': RNR meets strengths-based practice

When we asked about practice frameworks, interviewees described their work as influenced by 'trauma-informed practice, narrative practices, and strengths-based practices' (Patricia) delivered with 'a person-centered approach' (Eugene). However, Patricia noted that strengths-based practice can be challenging to implement with an adult forensic cohort: 'A lot of what happens in custody is risk-averse and compliance driven. And our funders are Corrections, so… [laughs]' (Patricia).

13

When asked about RNR, interviewees said they received an abridged RNR assessment with each referral, but they had contrary opinions on its usefulness. Four interviewees related RNR to custody, disassociating it from their practice: 'It's not something that we incorporate a huge amount into our work' (Sandra). Freja and Patricia looked at the summary version, but Phoebe and Damien said they ignored it. No one mentioned accessing the full version, which Corrections Victoria made available to them: 'It can be a bit dehumanizing … to be hypersensitive of the risk that someone poses' (Eugene). Damien and Phoebe believed their practice would be undermined by utilizing a risk-centric framework: 'Generally, I ignore it. Because I think if I fill my head too much with these ideas of risk, that's all I see' (Damien). 'I've just never let that narrative get anywhere near my work. It plays no role in anything I do' (Phoebe).

Interviewees also reported that in-custody risk assessments can be inaccurate. Eugene had a client who was repeatedly questioned about his friends: 'The parole officer was very much focused on his companions, as that was highlighted in custody from that assessment tool as a major risk factor, when in reality, it just wasn't something that was relevant' (Eugene). Interviewees said parole officers did not give their opinion the same validity as an RNR assessment: 'If I was to say, 'Oh no, I think that what you're talking about in terms of risk is wrong' they always challenge me and go "No, we know what we've got here."' (Damien). Patricia thought RNR assessments took precedence because it produces a definitive answer, even if it may be inaccurate:

> When we look at someone's needs, that can shift quite significantly in the post-release space … I think it's [RNR] flawed in practice, for sure. I get it, and I think you know, it's great- I think in terms of a measurable tool, sure, everyone likes that, you know? [laughs] (Patricia).

14

When we asked about managing public safety while integrating high-risk people who were incarcerated, Patricia disclosed she found this challenging:

> I feel like that's one of, like, that's the hardest bit of my job … We don't want someone sleeping on the streets because that's not why any of us are working in this job, but we also have some sort of obligation to the community (Patricia).

Steve conceptualized this aspect of his work as having three clients; the individual, Corrections Victoria, and the community: 'We have to kind of look at it from those three different points of views' (Steve). Damien explained he was initially hypervigilant about public safety, but after five years of practice he was now more concerned about the safety of his clients, giving the example of someone who received death threats as a result of media coverage: 'He may have committed a crime, but this retribution and this sort of outrage is equally as horrible' (Damien).

Sandra and David said they increased public safety by supporting people to feel genuinely integrated: 'One of the highest risks of reoffending is when someone feels alone, isolated, and feels that they don't fit in' (David). 'If we can do anything to build their stability, and help them integrate into society, as far as I'm concerned that's going to lower their risks to reoffending' (Sandra). Eugene felt people cannot transform their lives unless given the space to do so: 'That's the whole conflict of risk; you do have to take a chance on someone to give them the opportunity to make a change' (Eugene).

Discussion

To reflect on the findings, we discuss desistance practices in reentry support, practitioner approaches to risk and public safety, and the ways practitioners have the power to transform their role.

Desistance practices

When reentry practitioners accept a position at a state-funded NGO, they inherit two conceptual frameworks to practice. Our findings show how strengths-based practice and RNR are experienced by some interviewees as conflicting; presenting a choice to either provide support focused on the process of self-actualization or to monitor risk while targeting risk factors. This divergence was epitomized in interviewee definitions of successful reentry compared to the described 'justice definition'. Interviewees unanimously subscribed to a narrative desistance definition which states desistance from offending is a process facilitated by external changes in someone's life, and how that person perceives and experiences those changes (McNeill, 2006). Although we weren't seeking consensus, this was discussed in every interview, with all practitioners defining successful reentry by how someone feels and relates to their world. Prior research in Victoria had found practitioners felt the sector lacked holistic approaches (Carlton et al., 2016; Franich et al., 2021; Stone et al., 2017), however, it appears that interviewees for this study were making their practice holistic, even without direction to do so. Interviewees distinguished their own definitions of successful reentry from that of Victoria Corrections, which they noted as defined by recidivism. Yet, despite the provision of state funding, it is clear that interviewees did not view their practice as administering custodial rehabilitation, but rather, as supporting people who were incarcerated on their own personal journey of desistence (McNeill, 2006).

Sublimating RNR in favor of a narrative-identity/strengths-based approach was influenced by interviewees' definitions of successful reentry, as well as their personal beliefs – informed by their professional experience – that people who were incarcerated are a vulnerable population to be viewed more as 'at risk' rather than 'risky'. All interviewees prioritized building a respectful therapeutic alliance. Rather than

monitoring clients, interviewees worked to create a space to cultivate post-prison identities, sometimes referred to as assisted desistance in the de-labelling process (Villeneuve et al., 2021; Willis, 2018). ~~Some strengths-based reentry programs are purposefully designed to facilitate such staff-assisted identity changes where practitioners shape ex-prisoners' desistance narratives through their interactions (Mullins & Kirkwood, 2021). In Australia, research on the Cultural Mentoring Program found Aboriginal Elders used unstructured, individualized cultural activities which assisted desistance narratives associated with culture and the collective (Richards et al., 2020). Desistance theory was also recently found to best explain the effective mechanisms of VACRO's delivery of the ReConnect program in Victoria (Gelb et al., 2021). Taken together, these studies~~ Some strengths-based reentry programs are purposefully designed to facilitate such staff-assisted identity changes where practitioners shape people who were incarcerated' desistance narratives through their interactions (Mullins & Kirkwood, 2021). This data supports the theory of assisted desistance – particularly the focus on the interplay between structures and agency in constructing desistance narratives – suggesting that desistance narratives are influenced by culture, context, professional supports, and the community.

Risk and public safety

Although interviewees reconciled competing frameworks to practice by subordinating RNR in favor of strengths-based practice, the ways they understood and experienced this process varied. Three interviewees (Steve, Sandra, and David) acknowledged the goal of public safety might appear to conflict with integrating people who were incarcerated labelled as high-risk; however, they resolved this conflict through the belief that genuine integration would increase public safety. This seems to suggest that for them, implementation of strengths-based practice would, by proxy, fulfil the

17

objective of a risk-based approach. A similar perspective was found in Connecticut where reentry practitioners were given a pre-release risk assessment yet were mindful of risk without being fixated on it, instead prioritizing strengths-based practice in the belief this would increase safety for both their clients and the public (Hunter et al., 2016).~~A similar perspective was also found in Connecticut, where reentry practitioners were given a pre-release risk assessment yet were mindful of risk without being fixated on it, instead prioritizing strengths-based practice in the belief this would increase safety for both their clients and the public (Hunter et al., 2016).~~

The remaining five interviewees experienced more tension from what they perceived as philosophical incompatibility between risk-based and strengths-based approaches. Eugene spoke about focusing on risk as dehumanizing, Freja highlighted the importance of trust, while Damien and Phoebe consciously rejected the risk 'narrative' as a whole. These perspectives support critiques of the 'treatment' model for hindering the development of client/worker trust and rapport by pathologizing clients and eliminating agency (McNeill, 2006). It appears that while some interviewees may have thought delivering strengths-based practice would ultimately fulfil the aim of risk-based practice, other interviewees seemed to feel risk-based practice impeded the delivery of strengths-based practice.

Yet, while Eugene, Freja, Damien and Phoebe saw ontological conflict between the two frameworks, they did not seem to wrestle with the ethical implications of subverting one for the other. Patricia, however, found it challenging to implement a strengths-based approach with an adult forensic cohort. It may be worth noting Damien's experience over his years of practice, and Patricia's shorter time in the role. Damien's thoughts on risk changed over time, which suggests increased experience may affect understandings of risk. This perspective – which focused on client safety rather

than client risk – echoes research on risk assessment/management in psychiatry. Rose (1998) defined public safety as protecting a particular population by incapacitating individuals from other populations, arguing this obscures the importance of reciprocity and disguises violence perpetrated *by* the so-called 'community'. Damien's shift in focus from client risk to client vulnerabilities shows how reentry practitioners' positions towards the risk paradigm are not fixed, and can change over time and with experience. This is perhaps not surprising, given reports of risk classification hindering service brokerage. Being newer to the sector, Patricia may be observing these impacts and starting this questioning by describing RNR as 'flawed in practice', indicating a wavering belief in its validity.

Assessing and managing stigma

When reflecting on our conversations with interviewees, we saw that the risk paradigm is not simply located within correctional institutions, but is in fact as Jock Young (1999) argues engrained in society, and exemplified by a broader social actuarial stance towards risk. The wider social perspective of associating danger with people who were incarcerated compounded stigma for interviewees' clients. The prevalence of stigma was a universal theme across interviews, and six interviewees observed concerns about risk resulting in exclusionary practices from services. Prisoners needed to be classified as 'high-risk' to be offered reentry support, yet that very classification hindered access to assistance. ~~Reports of medical, mental health, and housing service providers using exclusionary tactics which prevent ex-prisoners from accessing services is not unique to Victoria. When female ex-prisoners were interviewed in New South Wales, Australian about accessing healthcare, they described instances of seeking mental health treatment and doctors assuming they were looking for drugs, which sometimes resulted in clinics~~

~~barring them (Abbott et al., 2017). Some women revealed they no longer sought healthcare after these experiences.~~

It appears that people who were incarcerated being framed as risky is ubiquitous throughout the community, which, as Young (1999) claims, leaves no genuine path to a full restoration of citizenship once the label of 'offender' has been applied (see also Johns, 2017). Although not expressly part of their role, interviewees took on partial responsibility to challenge the paradigm that framed their clients as risky and led to their exclusion from services. When interviewees encountered concerns about risk producing stigma from service providers, they advocated for clients to receive access in a way which minimized stigma and maximized dignity.

Transforming the role

Although Corrections Victoria issued an RNR assessment for each client, the implementation of this was shaped by interviewees choosing not to incorporate that into their practice (Archer, 1995). Interviewees explained this in several ways, such as associating RNR with justice institutions; observing in-custody assessments as inapplicable to reentry needs; or believing it would undermine the goal of integrating clients. Damien and Eugene even acted to challenge the narrative of dangerousness around their clients by questioning parole officers on mandated interventions and hyper-surveillance. They chose to do this knowing their opinions would not been given the same legitimacy as the RNR assessment. In Canada, Quirouette (2021) found reentry practitioners felt obstructed by risk assessments and employed discretionary tactics in attempts to resist using what were viewed as tools of the justice sector. In contrast, Maier (2020) and Hamlin (2020) documented reentry programs which adopted the paradigm of risk, where interactions with clients were characterized by distrust and

20

surveillance. ~~. In Canada, Quirouette (2021) found reentry practitioners felt obstructed by risk assessments and employed discretionary tactics in attempts to resist using what were viewed as tools of the justice sector. In contrast, Maier (2020) and Hamlin (2020) documented reentry programs which adopted the paradigm of risk, where interactions with clients were characterized by distrust and surveillance.~~ Although reentry practitioners enter a context not of their own making, as active agents they are presented with moments where they can either reproduce or transform that situation (Archer, 1995). Most interviewees chose not to reproduce risk-centric practices, even when delivered the tools to do so, believing this would undermine the process of successful reentry. Instead, they chose to challenge the narrative of risk in both the community and justice sector. These decisions shaped the delivery of the reentry program and their relationships with clients, which in turn, re-shaped the role and impact of reentry practitioners themselves (Archer, 1995).

Limitations

~~The~~ A limitation of our study is the possibility that the practitioners who volunteered to participate were those most committed to their practice, potentially skewing the data.~~As such, interviewees' perspectives cannot be generalized to the entirety of the Victorian reentry sector.~~

Conclusions and implications

Our findings demonstrate reentry practitioners can experience a conflict between risk-based and strengths-based practice, with interviewees consistently choosing to implement strengths-based practice. Interviewees sought to humanize their clients in the eyes of society and the justice system, and thus challenge the narrative of dangerousness which facilitated their social exclusion (Archer, 1995; Young, 1999). Despite this

commitment to assisting genuine integration, interviewees found stigma still impeded client access to services; ironically heightened by RNR classifications. Those the justice system had identified as needing the most support were also those who were most excluded from accessing support. Interviewees' strengths-based role then became three-fold: advocating for client access to services; lobbying parole officers to have an accurate picture of their client; and building client self-worth and confidence to engage with society. They worked to challenge the risk paradigm in the community, the justice sector, and even in clients' perceptions of themselves. Rather than simply targeting criminogenic needs identified by the justice system, they reportedly built genuine trust and rapport while managing to discount risk narratives if and when they chose. As practitioners are choosing to implement strengths-based practices, it makes sense to bring the KPIs into line with those practices in order to more accurately and effectively measure true reentry outcomes.

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The authors do not have any disclosures to make.

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