Best Practices for Community Reintegration in the HKPR Region: Identifying Barriers and Best Practices for Justice-Involved Individuals

Includes:

Final Report

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Completed for: HSJCC

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Course Code: FRSC 4890Y

Course Name: Forensic Community-Based Research Project

Completion Date: April 21, 2025

Project ID: 6277

Acknowledgments

Abstract

This community-based research project investigates the barriers, strengths, and service gaps in community reintegration for formerly incarcerated individuals in the Haliburton-Kawartha Lakes-Pine Ridge (HKPR) region, with a particular focus on those living with mental health challenges, substance use disorders, and cognitive impairments. The study was conducted in partnership with the HKPR Regional Human Services and Justice Coordinating Committee. It employed a mixed-methods design, combining a regional survey of service providers with semi-structured interviews.

Findings reveal that housing remains the most urgent and persistent barrier to reintegration, cited by nearly all participants as foundational to stability, health, and recovery. Disruptions in continuity of care, particularly related to medication access and mental health services, were also identified as major obstacles during the transition from custody to community. Despite these challenges, the research highlights promising practices, including strong inter-agency collaboration and client-centered planning models prioritizing autonomy and relationship-building. By drawing connections between local findings and national reintegration literature, the study offers both immediate insights for frontline practitioners and broader implications for policy development. The report concludes with a series of regionally grounded, evidence-based recommendations to improve reintegration outcomes through expanded housing access, coordinated discharge planning, and stigma reduction efforts.

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Key Terms and Acronyms

- **Barriers to reintegration**: Challenges that hinder the successful reintegration of individuals into society after incarceration.

- **Community reintegration officers**: Specialized professionals who focus on supporting individuals as they re-enter the community after being incarcerated. Their role includes coordinating services to ensure that individuals have the necessary resources to successfully reintegrate and reduce the risk of recidivism.

- **Community reintegration planning table (CRPT)**: A collaborative, person-centered approach to help high-needs individuals reintegrate after being released from correctional institutions. It involves coordination between multiple services and sectors, with the goal of providing comprehensive support. CRPTs are implemented at various sites across Ontario.

- **Discharge planner**: A professional who helps individuals with mental health disorders transition from detention to the community by coordinating support services, such as mental health care, housing, and other resources, to ensure successful reintegration.

- **HKPR**: Haliburton Kawartha Pine Ridge Regional HSJCC

- **HSJCC**: Human Services and Justice Coordinating Committee

- **Recidivism**: The tendency of formerly incarcerated individuals to re-offend and return to prison after being released.

- **Reintegration**: The process of helping formerly incarcerated individuals re-enter and adapt to society successfully.

- **Release from custody program**: A structured program designed to provide short-term support to individuals with mental health, addiction, and cognitive impairment who are being discharged from prison. The program provides resources and services to help ease the transition back into the community and ensures they can access essential mental health and addiction services within the community. The goal is to reduce the likelihood of re-offending and facilitate successful reintegration into society.

- **Release from custody workers**: Professionals who work within the release from custody program, responsible for assisting individuals as they transition from incarceration back into the community.

- **Remand**: A legal status where individuals are held in custody while awaiting trial or sentencing, typically because they are considered a flight risk or a danger to society.

- **Re-offending**: The act of committing another crime after being released from prison, often leading to re-incarceration.

1. Introduction

The reintegration of formerly incarcerated individuals into society is a critical topic that intersects public safety, the justice system, and human services. This transition is especially challenging for those with mental health issues, addiction, or cognitive impairments, as these hinder their successful return to society. Successful reintegration reduces recidivism, enhances public safety, and fosters social stability (Griffiths et al., 2007). However, these individuals often face multifaceted challenges that impede their reentry into the community. Barriers such as limited access to healthcare, housing discrimination, and employment restrictions significantly hinder their ability to rebuild stable lives post-incarceration (Griffiths et al., 2007). Without comprehensive reintegration support, many formerly incarcerated individuals experience cycles of reoffending and reincarceration, further straining social and correctional systems. The Haliburton Kawartha Pine Ridge (HKPR) Regional Human Services and Justice Coordinating Committee (HSJCC) plays a pivotal role in addressing these challenges by fostering collaboration among service providers and creating innovative solutions to improve outcomes for these vulnerable populations (Human Services and Justice Coordinating, n.d.).

The Human Services and Justice Coordinating Committees (HSJCCs) operate at local, regional, and provincial levels across Ontario and work to develop community-based strategies for individuals transitioning out of correctional facilities. These committees aim to improve conditions for justice-involved individuals with complex needs, including severe mental illnesses, developmental disabilities, acquired brain injuries, and substance use disorders (Human Services and Justice Coordinating Committee, n.d.). With over 1,500 professionals from diverse sectors, such as mental health, addictions, developmental services, and criminal justice, HSJCCs coordinate resources and address systemic gaps in care (Human Services and Justice

Coordinating Committee, n.d.). Within this broader network, the HKPR Regional HSJCC focuses on collaborative approaches to reduce recidivism and prevent overdoses by addressing the unique needs of individuals reintegrating into the community (Human Services and Justice Coordinating Committee, n.d.). This mandate is particularly urgent given the high rates of mental health and addiction challenges among justice-involved populations.

Despite efforts by organizations like HKPR Regional HSJCC, several barriers continue to hinder successful reintegration. Inadequate mental health support, social stigma, and systemic gaps in services often lead to a cycle of reoffending and reincarceration. Studies indicate that formerly incarcerated individuals with untreated mental health and substance use disorders are at a higher risk of recidivism due to a lack of continuity in care following their release (Murphy et al., 2018). Additionally, employment discrimination remains a significant barrier, as many employers are reluctant to hire individuals with criminal records, despite evidence suggesting that stable employment reduces the likelihood of reoffending (Fontaine & Biess, 2012). Housing instability further complicates reintegration efforts, as individuals released from incarceration often struggle to find affordable and supportive housing due to landlord discrimination and restrictive public housing policies (Fontaine & Biess, 2012). These systemic issues underscore the need for a comprehensive examination of current reintegration practices and the development of effective, evidence-based strategies tailored to the unique needs of formerly incarcerated individuals.

This study seeks to answer three key research questions. First, what are the desired versus achieved outcomes in reintegration practices within the HKPR region? Second, what barriers do service providers encounter in supporting reintegration? Finally, what service models or practices could better support community reintegration in the HKPR region? Addressing these questions

will provide a deeper understanding of the effectiveness of existing reintegration programs and highlight areas where improvements are needed. To answer these questions, this report uses a mixed-methods approach that combines a comprehensive literature review with surveys of Ontario HSJCC service providers and semi-structured interviews with key stakeholders. By integrating quantitative data on current practices with qualitative insights into lived experiences and systemic challenges, this research aims to develop evidence-based recommendations to improve reintegration outcomes, particularly within the HKPR region.

The findings presented in this report will highlight best practices and provide actionable solutions for improving community reintegration efforts. By addressing systemic gaps in mental health care, addiction services, housing stability, and employment opportunities, these recommendations aim to support formerly incarcerated individuals in achieving long-term stability. Ultimately, this work aligns with the HKPR Regional HSJCC's mission to foster collaborative solutions that promote equity and inclusion while reducing recidivism and enhancing public safety (Human Services and Justice Coordinating Committee, n.d.).

This report will begin with a literature review section, examining existing research on reintegration barriers and best practices, providing a foundation for the study. Next, the methodology section will outline the mixed-methods approach employed in this study, combining surveys of Ontario HSJCC service providers with semi-structured interviews. The results section presents surveys, interviews, and literature analysis findings, identifying trends and insights into current reintegration practices and challenges. The discussion interprets these findings in the context of existing literature, exploring their implications for policy and practice. Finally, the conclusion summarizes the key findings, reiterates the significance of the study, and offers recommendations for improving reintegration outcomes in the HKPR region and beyond.

2. Literature Review

2.1 Introduction

Community reintegration for formerly incarcerated individuals is a necessary process that aims to support a successful transition back into society to reduce recidivism. Reviewing existing research is essential to provide a detailed understanding of the barriers to successful reintegration and to identify evidence-based practices that support these individuals, particularly those facing mental health challenges, addictions, or cognitive impairment. This literature review examines the existing body of research on community reintegration, focusing on the barriers individuals face and best practices that have proven effective in supporting their transition back into society. The review will specifically explore existing research, reports, and studies to assess the need for reintegration services. By analyzing the prevalent challenges and the factors contributing to recidivism, this review will lay the groundwork for identifying best practices and developing effective strategies to support the successful reintegration of formerly incarcerated individuals. This review will argue that while significant advances have been made in understanding the importance of community-based support systems, gaps remain in addressing the root causes of recidivism and the barriers unique to marginalized groups. Specifically, it will explore the challenges of reintegration and examine evidence-based practices to reduce recidivism and support long-term reintegration. The findings will inform a framework for future research and practical approaches to improve the reintegration experience, ultimately contributing to a safer, more inclusive society.

2.2 Barriers to Reintegration

Formerly incarcerated individuals face an array of challenges in their journey to reintegrate into society. These obstacles, as highlighted by multiple sources, include mental

health issues, addiction, social stigma, and lack of support services (Pękala-Wojciechowska et al., 2021; Griffiths et al., 2007; Fontaine & Biess, 2012; Aloisio & Lafleur, 2014). Health conditions, particularly mental health and substance use disorders, are among the most critical barriers. According to a report by the Correctional Service of Canada (CSC), 70% of federally sentenced men have at least one mental disorder, including substance use disorders (Murphy et al., 2018). These conditions significantly impact the reintegration process, as untreated psychiatric disorders and addiction often lead to cycles of incarceration and recidivism (Murphy et al., 2018). A study on the transition from incarceration to community life found that access to mental health and addiction services is highly inconsistent, with many released individuals struggling to obtain necessary care due to systemic barriers such as lack of identification, insurance issues, and social stigma (Murphy et al., 2018; Fontaine & Biess, 2012).

The consequences of unmet health needs are evident in recidivism data. The CSC tracked a representative sample of returning prisoners and found that nearly 38% of federal offenders released in 2011-2012 re-offended within five years, with Indigenous men experiencing a higher recidivism rate of 60% (Stewart et al., 2019). These disparities suggest that reintegration policies fail to adequately address marginalized groups' specific needs. The intersection of poor mental health, addiction, and social exclusion creates a reinforcing cycle of incarceration that is difficult to break without targeted intervention (Pękala-Wojciechowska et al., 2021). Furthermore, a lack of continuity in care post-release exacerbates this problem; individuals who received substance abuse treatment while incarcerated but had no follow-up services upon release were significantly more likely to relapse and re-offend compared to those with structured aftercare plans (Hamilton & Belenko, 2019).

The Impact of Social Stigma and Discrimination

Social stigma remains a constant barrier that prevents successful reintegration. Formerly incarcerated individuals often encounter discrimination in employment, housing, and healthcare due to their criminal records, further reinforcing cycles of exclusion (Aloisio & Lafleur, 2014). The stigma associated with incarceration also affects self-perception, with many returning citizens internalizing societal rejection, leading to diminished self-worth and reluctance to seek opportunities for reintegration (Griffiths et al., 2007). Research suggests that public education campaigns, restorative justice programs, and employer incentive programs can reduce stigma and increase opportunities for reintegration (Aloisio & Lafleur, 2014; Griffiths et al., 2007). Additionally, formerly incarcerated individuals often face additional barriers when attempting to access public services due to bureaucratic inefficiencies and systemic bias (Murphy, 2018). Many lack proper identification upon release, which creates a cascading effect, preventing them from accessing healthcare, social services, and employment opportunities (Pękala-Wojciechowska et al., 2021). The United States - Best Practices on Rehabilitation and Reintegration (2014) report found that streamlined access to documentation and government assistance programs significantly improved reintegration outcomes (Best practices on rehabilitation and reintegration in the U.S., n.d).

Individual Responsibility vs. Systemic Barriers

One critical debate in the field revolves around balancing individual responsibility and systemic barriers in reintegration (Aloisio & Lafleur, 2014). While some perspectives emphasize the role of personal accountability in securing employment and avoiding recidivism, research increasingly highlights structural barriers—such as restricted access to housing, employment discrimination, and inadequate healthcare—that disproportionately hinder reintegration success (Fontaine & Biess, 2012; Aloisio & Lafleur, 2014). The Griffiths et al. (2007) report suggests

that individual-focused programs, which emphasize personal reform and responsibility, are less effective than those targeting systemic issues like social stigma and housing discrimination. Research further supports the idea that stable employment is a key factor in reducing recidivism, yet many returning citizens face significant hiring discrimination regardless of their willingness to work (Fontaine & Biess, 2012; Aloisio & Lafleur, 2014).

However, the effectiveness of employment as a reintegration strategy is debated. While some studies argue that securing a job post-release is critical to reducing re-offending, others highlight that employment alone does not guarantee long-term reintegration, particularly if jobs are low-paying, unstable, and lack benefits (Best practices on rehabilitation and reintegration in the U.S., n.d.; Aloisio & Lafleur, 2014). Many employers remain reluctant to hire individuals with criminal records despite legal protections in some jurisdictions (Aloisio & Lafleur, 2014; Fontaine & Biess, 2012). Additionally, Pękala-Wojciechowska et al. (2021) emphasize that formerly incarcerated individuals often experience long-term financial instability due to systemic barriers beyond employment discrimination, including limited access to housing, healthcare, and social services. These economic and social challenges contribute to recidivism and reinforce social isolation, particularly among those with mental health or substance use disorders (Pękala-Wojciechowska et al., 2021; Murphy et al., 2018).

Housing is another key area where systemic barriers play a dominant role. Formerly incarcerated individuals face considerable difficulty in securing stable housing due to landlord discrimination, restrictive public housing policies, and a lack of transitional housing options (Fontaine & Biess, 2012). Many return to unstable environments, including shelters or overcrowded residences with family members, which may increase their exposure to criminal activity and substance use (Fontaine & Biess, 2012). Studies indicate that jurisdictions with

robust reintegration housing programs report lower rates of homelessness and recidivism, emphasizing the need for expanded housing initiatives (Griffiths et al., 2007).

The barriers to reintegration faced by formerly incarcerated individuals are multifaceted and require a comprehensive approach to address. Mental health issues, addiction, social stigma, and the lack of support services are critical challenges that must be tackled through both individual-level interventions and systemic changes. Addressing these issues through a rehabilitative and evidence-based approach is essential for fostering successful reintegration and reducing recidivism.

2.3 International Reintegration Efforts

The reintegration of offenders into society after incarceration is a critical issue faced by criminal justice systems worldwide. International reintegration strategies vary significantly, mainly in two contrasting models: punitive and rehabilitative. The punitive approach, common in the United States and Russia, emphasizes deterrence through extended incarceration, strict parole conditions, and limited post-release support, often resulting in high recidivism rates (Griffiths et al., 2007). In contrast, the rehabilitative model, exemplified by Finland and Norway, prioritizes reintegration through early intervention, education, and employment-focused support, leading to lower re-offending rates (Ekunwe & Jones, 2011; Yukhnenko et al., 2019). Griffiths et al. (2007) and Ekunwe & Jones, 2011 extensively documented the prevalence of punitive approaches in countries like the United States, where intensive supervision programs emphasizing surveillance, monitoring, and control have been widely implemented. However, these researchers and Lipsey and Cullen (2007) consistently found that surveillance-focused approaches alone are ineffective in reducing recidivism (Griffiths et al., 2007; Ekunwe & Jones, 2011). Research on electronic monitoring and intensive supervision programs (ISPs) in the U.S. and the UK has demonstrated

that while these measures increase compliance monitoring, they fail to address the root causes of criminal behaviour and often result in higher technical violations rather than reduced recidivism (Griffiths et al., 2007).

Ekunwe and Jones (2011), Griffiths et al. (2007), and Tang (2010)—highlight the effectiveness of rehabilitative reintegration models in reducing recidivism. These studies collectively argue that early intervention, employment programs, and community-based support systems play a critical role in ensuring the successful reintegration of former prisoners. Finland and Norway, for example, emphasize individualized rehabilitation, where incarceration serves as a period of preparation for reentry rather than mere punishment. Finland's open prison system provides inmates access to employment, education, and mental health services, ensuring a smooth transition into society upon release (Ekunwe & Jones, 2011). Similarly, Norway's Bastøy Prison focuses on reintegration, treating inmates as future citizens rather than criminals, resulting in one of the lowest recidivism rates in the world (Pratt, 2007). However, Nabi et al. (2024) point out the limitations of rehabilitative models in specific contexts, particularly in regions where public perception and systemic challenges hinder their implementation. The United States and Russia exemplify systems where punitive reintegration dominates, leading to high recidivism rates due to social exclusion, employment barriers, and limited post-release support (Griffiths et al., 2007). In Bangladesh, despite some rehabilitative efforts, released prisoners face significant social stigma, economic hardship, and a lack of institutional support, resulting in a cycle of re-offending (Nabi et al., 2024).

A third perspective, represented by Workman (2009), attempts to balance these contrasting views by examining hybrid models. New Zealand has integrated both punitive and rehabilitative strategies, incorporating culturally relevant reintegration efforts for Indigenous Māori offenders

alongside traditional correctional policies (Workman, 2009; Aliosio et al., 2014). This dual approach acknowledges the need for structured rehabilitation while addressing public concerns about offender accountability.

Best Practices in Reintegration Around the World

While approaches to reintegration differ significantly across jurisdictions, several recurring themes emerge in the literature as essential components of successful reentry programs. Research consistently highlights the importance of employment support, continuous post-release assistance (throughcare), multi-agency collaboration, and restorative justice practices in reducing recidivism and promoting social reintegration.

Employment is widely recognized as critical in preventing recidivism and ensuring successful reintegration. Several studies, including Broadus et al. (2016) and Tang (2010), emphasize that stable employment provides financial security, social stability, and a sense of purpose, reducing the likelihood of re-offending. However, securing a job post-incarceration remains one of the greatest challenges former prisoners face due to stigma, limited work experience, and legal restrictions. One of the most effective employment-focused reintegration strategies is Singapore's Yellow Ribbon Project, which tackles these challenges through a nationwide campaign that encourages businesses to hire former prisoners and works to reduce social stigma. This initiative has significantly increased employment rates for ex-offenders, contributing to Singapore's low recidivism rates (Tang, 2010).

A similar model is seen in Norway, where the "reintegration guarantee" ensures that all released prisoners have immediate access to housing, employment opportunities, and health and social services, forming a cornerstone of what Pratt (2008) describes as Scandinavian exceptionalism in criminal justice. This approach aligns with what Dünkel et al. (2018) highlight

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in their study on the Netherlands' reintegration policies, where gradual reentry programs allow prisoners to transition into the workforce while still serving their sentences, easing the reintegration process. The Center for Employment Opportunities (CEO) is a notable example of a successful employment-first reintegration program in the United States. CEO provides transitional jobs immediately upon release, followed by job readiness training and permanent job placement assistance. This approach has significantly reduced recidivism among participants, particularly in the critical first-year post-release (Broadus et al., 2016). Despite these successes, structural barriers such as employer discrimination and lack of job training remain challenges in many countries. Research by Pager (2003) found that having a criminal record significantly reduces job prospects, with former offenders often facing outright rejection from employers. Addressing these systemic barriers through policy changes, financial incentives for hiring ex-offenders, and public awareness campaigns is crucial for ensuring employment-focused reintegration strategies remain effective.

The concept of throughcare, which emphasizes seamless, continuous support from incarceration through post-release, is a defining feature of successful reintegration strategies. Several studies, including Griffiths et al. (2007) and Workman (2009), underscore the necessity of post-release supervision and structured support to ensure individuals can effectively navigate reintegration challenges. Norway's reintegration guarantee ensures that all released prisoners have immediate access to housing, employment, and health and social services, forming a cornerstone of what Pratt (2008) describes as Scandinavian exceptionalism in criminal justice. This philosophy, which views offenders as future neighbours who require support rather than exclusion, results in significantly lower recidivism rates compared to punitive systems. Similarly, the Netherlands employs a gradual reentry system, integrating structured pre-release planning

with community-based assistance to ensure a smoother transition back into society (Dünkel et al., 2018).

Multi-agency collaboration has emerged as another crucial element of successful reintegration efforts. Senior et al. (2011) conducted a process evaluation of the UK's Integrated Offender Management (IOM) model, which brings together police, probation services, housing providers, mental health professionals, and social services to provide a holistic approach to reentry. This model targets high-risk offenders through coordinated supervision, employment assistance, and community reintegration programs, ensuring that various support structures work together rather than in isolation. Findings from Senior et al. (2011) indicate that IOM reduces duplication of services, enhances efficiency, and improves reintegration outcomes compared to fragmented systems that lack inter-agency coordination. Similarly, Singapore's Community-Based Reintegration Program employs a collaborative framework in which correctional institutions work closely with non-governmental organizations (NGOs) and employers to secure stable housing and employment for ex-offenders (Tang, 2010). This approach aligns with findings from Ekunwe and Jones (2011), who argue that multi-stakeholder engagement is essential for creating sustainable reintegration pathways.

Challenges and Limitations of Rehabilitative Models

Despite the growing body of research supporting rehabilitative approaches to offender reintegration, several significant challenges remain in their implementation and effectiveness. One major issue is the lack of standardized evaluation methods, which makes it difficult to compare recidivism rates and the success of reintegration programs across different countries. Fazel et al. (2015) highlight the inconsistencies in how recidivism is defined and measured, with some jurisdictions including rearrests, while others only account for reconvictions or

reincarceration. These variations in reporting practices create obstacles to clearly understanding what reintegration strategies are most effective across different legal and social contexts. They argue that meaningful international comparisons will remain inaccessible without more standardized approaches to assessing reintegration programs (Fazel et al., 2015). Additionally, the degree to which rehabilitative programs are successfully implemented varies widely both between and within countries. While nations like Norway and Finland have fully embraced reintegration-oriented policies, others struggle with systemic barriers that hinder effective program delivery. Even within countries that advocate for rehabilitative models, such as Canada and the United Kingdom, implementation challenges arise due to resource constraints, political shifts, and inconsistent policy application (Dünkel et al., 2018).

Lipsey and Cullen (2007) emphasize the need for more nuanced research to understand how different societal, cultural, and systemic factors shape the success of reintegration efforts. This includes examining the interplay between formal reintegration programs and informal social support systems, such as family networks, religious institutions, and community-based organizations, which often play a crucial role in an individual's ability to reintegrate. In some societies, the social stigma attached to former prisoners continues to act as a major barrier, limiting employment opportunities and access to housing, even when formal reintegration services are available.

2.4 Literature Best Practices in Reintegration

The reintegration of formerly incarcerated individuals into society is a critical challenge that has been the subject of extensive research. Studies have explored various approaches to reducing recidivism and enhancing community reintegration, yet no single model has been universally adopted as the definitive best practice. Instead, researchers have identified key

components contributing to successful reintegration efforts, including structured pre-release

planning, employment-focused programs, housing stability, and comprehensive support

networks.

Pre-Release Planning and Throughcare Models

Research in Canada highlights the importance of pre-release planning and continuity of

care as key elements in reducing recidivism and facilitating successful reintegration (Griffiths et

al., 2007; Stewart et al., 2019). Effective interventions begin during incarceration and extend

seamlessly into the community, ensuring continuity of care and support. Programs that initiate

support within correctional facilities and continue post-release, often called throughcare models,

have demonstrated the potential to promote reintegration (Griffiths et al., 2007). The

Correctional Service Canada (CSC) employs the Integrated Correctional Program Model

(ICPM), which integrates multiple rehabilitative interventions to address offenders' criminogenic

needs. Evaluations indicate that offenders who complete correctional programs under this model

exhibit lower re-offending rates (Correctional Service Canada, 2015; Chadwick et al., 2021). For

instance, a two-year comprehensive study reported a 23% reduction in recidivism rates among

released federal offenders who participated in the program (Stewart et al., 2019). The

effectiveness of throughcare models in Canada is further exemplified by initiatives such as the

Community Maintenance Program (CMP). This program provides ongoing support and

monitoring as offenders transition from institutional settings to the community, aiming to

reinforce the skills and behaviours acquired during incarceration. Studies have found that

participation in maintenance programs is associated with reduced recidivism rates, highlighting

the importance of sustained intervention (Chadwick et al., 2021).

Challenges remain in the implementation of these programs. While throughcare is effective in theory, its success is hindered by limited funding and coordination between correctional institutions and community-based organizations. Addressing these barriers is crucial to enhancing the efficacy of pre-release planning and throughcare models in promoting successful reintegration (Griffiths et al., 2007).

Employment and Economic Stability

Employment is widely recognized as one of the most influential factors in the successful reintegration of formerly incarcerated individuals. Research shows that federally incarcerated individuals who secure stable employment are approximately 67% less likely to re-offend than their unemployed counterparts (Correctional Service Canada, 2024). In Canada, the Correctional Service of Canada's (CSC) Employment Employability Program (EEP) provides vocational training and job placement support to offenders before their release. A key component of this initiative is CORCAN, which offers practical work experience and skill development opportunities within federal institutions to improve post-release employment prospects (Nolan et al., 2014).

The CORCAN program has demonstrated measurable success. Participants who completed at least 150 hours of vocational training experienced a 28% reduction in readmission rates compared to the national average (John Howard Society, 2009; Correctional Service Canada, 2024). However, despite these promising outcomes, significant barriers to employment remain. Individuals with criminal records often face employer biases, legal restrictions, and gaps in work history, which limit their job prospects. Community-based organizations, such as the John Howard Society of Ontario, help address these challenges by offering employment services, including job readiness programs, resume-building workshops, and partnerships with unions

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(John Howard Society, 2009). These interventions are critical in enhancing employability and reducing recidivism by equipping individuals with the necessary skills and support to secure and maintain long-term employment.

Housing Stability

Access to stable housing is another crucial determinant of successful reintegration for formerly incarcerated individuals, yet Canada's "shelter-first" models often prioritize temporary accommodations over long-term solutions. Research indicates that homelessness or unstable housing significantly increases the likelihood of re-offending (Griffiths et al., 2007). In Canada, the "Housing First" model has been implemented to address this issue by providing permanent, low-barrier housing to formerly incarcerated individuals before addressing other needs. A systematic review of 26 studies has shown that Housing First programs (when compared to other types of programs like Treatment First programs) significantly reduce homelessness by 88% and improve housing stability by 41% among participants (Peng et al., 2020; O'Campo et al., 2022; National Low Income Housing Coalition, n.d.). For instance, the At Home/Chez Soi project, a large-scale Canadian Housing First initiative, demonstrated that participants experienced significant reductions in hospitalizations, emergency department visits, and interactions with the criminal justice system. Over a two-year period, Housing First participants spent 73% of their time in stable housing, compared to 32% for traditional programs, emphasizing the program's potential to reduce recidivism (Aubry et al., 2015).

However, other studies suggest that Housing First models may not be a one-size-fits-all solution. For example, Aubrey et al. (2015) and O'Campo et al. (2022) argue that while Housing First effectively reduces homelessness, it must be paired with employment and mental health interventions to address broader reintegration challenges. In contrast, the Elizabeth Fry Society's

housing initiatives, specifically designed for women, integrate trauma-informed care and support

networks, acknowledging that formerly incarcerated women face unique challenges, such as

higher rates of substance use and caregiving responsibilities (Bayes & Brewin, 2012). However,

challenges persist in implementing these programs effectively, including funding constraints and

the need for comprehensive support services. Addressing these barriers is essential to maximize

the potential of housing stability in reducing recidivism.

Comprehensive Support Networks and Community Involvement

Successful reintegration often depends on the availability of strong social support

networks. Research suggests that interventions combining community engagement, mentorship,

and peer support yield positive outcomes (Maruna et al., 2004). Programs that foster

community-based collaboration, such as the John Howard Society of Toronto's Reintegration

Centre, emphasize collective responsibility in supporting returning citizens and have

demonstrated promising results in reducing recidivism. Located near the Toronto South

Detention Centre, the Reintegration Centre provides immediate assistance to individuals upon

release, offering essentials like clothing, food, harm reduction tools, and connections to housing

and employment resources (Matheson et al., 2019). Another community-based initiative in

Canada is the Circles of Support and Accountability (CoSA) program. CoSA provides

community-based mentorship for high-risk sexual offenders, aiming to reduce recidivism

through social support, accountability, and structured guidance. The CoSA program in Canada

has demonstrated significant reductions in recidivism among high-risk sexual offenders. A

national study found that CoSA participants experienced an 83% reduction in sexual

re-offending and a 73% reduction in all types of violent re-offending compared to

non-participants (Wilson et al., 2009).

Despite these successes, some studies raise concerns about the sustainability of community-based interventions. Challenges such as inconsistent funding, volunteer burnout, and limited access to long-term support services have been cited as barriers to program effectiveness. For example, CoSA Canada has expressed concerns about the sustainability of its funding, noting that since March 2022, there has been no federal funding for CoSA sites to operate, leading to the closure of several sites and the reduction of services in others (CoSA Canada, n.d.). Researchers advocate for policies that institutionalize community reintegration efforts within existing social service frameworks to ensure their longevity and impact (Griffiths et al., 2007)

2.5 Gaps in the Literature

Recent studies on community reintegration after incarceration have identified critical gaps in understanding the structural, systemic, and individual factors that influence successful transitions. While existing research emphasizes employment programs, housing stability, and social support networks as key components of reintegration (Griffiths et al., 2007; Public Safety Canada, 2022; Connell et al., 2023), three persistent gaps hinder the development of evidence-based policies: (1) the lack of long-term studies evaluating the lasting success of reintegration programs, (2) inconsistent program effectiveness across geographic and demographic regions, and (3) the underrepresentation of marginalized populations in research design and evaluation. These gaps limit policymakers' and practitioners' ability to identify which reintegration strategies yield the most sustainable outcomes.

Lack of Long-Term Studies on Reintegration Outcomes

A recurring theme in the literature is that studies prioritize short-term outcomes, such as employment or recidivism rates within the first 12 months post-release while failing to capture

long-term trajectories. For example, Nally et al. (2014) analyzed employment outcomes among 6,561 released offenders, finding that 37% of violent offenders and 38.2% of non-violent offenders remained unemployed since release. Their study also reported that nearly half of recidivists were re-incarcerated within 12 months, emphasizing the focus on short-term recidivism tracking (Nally et al., 2014). Similarly, a 2023 meta-analysis by Connell et al. found that 89% of employment intervention studies measured outcomes within 18 months post-release, while only 5% extended beyond three years (Connell et al., 2023). While these findings are promising, the absence of longitudinal follow-up studies risks overestimating program efficacy and questions whether such programs yield durable stability or merely delay reincarceration.

In contrast, Durose, Cooper, and Snyder (2014) conducted a five-year national recidivism study, revealing that 76.6% of released prisoners were rearrested within five years despite many experiencing short-term employment gains in the first 12 months. Their study revealed that while employment programs initially improved outcomes, systemic barriers such as wage discrimination and occupational licensing restrictions undermined long-term success (Louis, 2018). This divergence in methodological design underscores a critical gap that most employment-focused reintegration studies emphasize one-year recidivism reductions, often failing to assess whether these gains persist. This trend persists despite growing calls for longitudinal research that captures lifelong reintegration challenges and evaluates the actual effectiveness of reentry programs (Louis, 2018).

Inconsistent program effectiveness across

Reintegration program outcomes vary dramatically across geographic regions, and the theoretical frameworks used in these studies are often inconsistent, limiting their applicability to diverse populations. Urban-focused initiatives like New York City's 2022 Fair Chance for

Housing Act, which prohibits housing discrimination based on criminal records, have reduced homelessness through partnerships with nonprofits (Zaragoza, 2024). However, rural programs modelled on these policies face systemic challenges. A 2018 analysis of corrections-based employment programs found urban participants had 31% recidivism rates within 12 months compared to 19.9% for rural participants, yet rural regions lacked transportation infrastructure and full-time social workers in 50% of community correctional facilities (Zaragoza, 2024; Staton-Tindall et al., 2015). This discrepancy may reflect structural differences. Urban programs often partner with dense networks of nonprofits and employers, whereas rural regions face provider shortages and transportation barriers.

Conversely, systemic approaches, such as those examined by Agan and Starr (2016), emphasize policy reform and institutional accountability. Their analysis of "Ban the Box" legislation—which delays criminal history inquiries in job applications—found a 7% increase in hiring rates for formerly incarcerated individuals in participating states (Agan & Starr, 2018). However, this theoretical framework often overlooks interpersonal dynamics, such as stigma from employers or family rejection, which are equally critical to reintegration success. Additionally, this "Band The Box" legislation only applies to states and regions with robust labour protections. In right-to-work states without minimum wage laws, the same policy correlated with a 9% decline in callbacks, as employers relied more heavily on implicit bias when formal screening mechanisms were restricted (Doleac & Hansen, 2020). Such findings underscore the need for place-based research that accounts for local labour markets and governance structures.

International comparisons further illustrate regional inconsistencies. Norway's "Open Prisons" model, which emphasizes gradual community reintegration through day passes and

vocational training, reports a 20% recidivism rate over five years (Denny, 2016). In contrast, similar programs in the U.S. report recidivism rates exceeding 50%, even when controlling for demographics (Riep, 2019). Qualitative analyses suggest this gap stems from Norway's universal healthcare system, stronger labour unions, and cultural attitudes toward rehabilitation—factors rarely addressed in U.S. program design (Labutta, 2017).

Limited representation of marginalized populations in reintegration

Research on reintegration disproportionately focuses on cisgender men, neglecting the unique challenges faced by women, LGBTQ+ individuals, and racial minorities. For instance, between 1980 and 2022, the number of incarcerated women increased by more than 585%, yet studies frequently fail to address their unique reintegration needs (Budd, 2024). This exclusion has tangible consequences. Women released from incarceration face 67% higher rates of employment discrimination due to caregiving responsibilities and lack of childcare support—factors absent from male-focused studies (Seville, 2008). Similarly, LGBTQ+ individuals, particularly transgender people of colour, experience heightened discrimination; a 2020 survey revealed that more than one-third of LGBTQ Americans reported discrimination affecting their ability to be hired (Meyer, 2023).

Indigenous communities also remain underrepresented in reintegration literature. Culturally responsive practices, such as Canada's use of elder-led healing circles, have been shown to reduce recidivism among Indigenous parolees, yet mainstream programs seldom incorporate such approaches (Asmi, 2019). However, mainstream programs seldom incorporate such approaches, instead prioritizing Western case management models. Even within marginalized groups, intersectional identities are rarely examined. Even within marginalized

groups, intersectional identities are rarely examined; such gaps leave policymakers unprepared to

tackle the interconnected challenges that hinder successful reintegration.

3. Methodology

This study employs a mixed-methods research design to examine best practices in community reintegration for formerly incarcerated individuals, particularly those facing mental health, addiction, and cognitive impairments. The methodology integrates quantitative survey research with qualitative semi-structured interviews, supplemented by an extensive literature review to provide a comprehensive understanding of reintegration challenges and effective strategies. This approach ensures that the study captures both broad trends in service provision and in-depth insights from professionals involved in reintegration efforts. A mixed-methods design is well-suited for community-based research, as it allows for the triangulation of data from multiple sources, enhancing the validity and applicability of the findings (Palinkas, 2014; Hyde et al., 2022).

3.1 Data Collection Methods

Literature Review

The study began with an extensive literature review to establish a foundation for the research. The review focused on existing studies, policy reports, and government publications on reintegration challenges and best practices. Key topics explored included barriers to reintegration (mental health, addiction, stigma, housing, employment), recidivism rates, and evidence-based models for reintegration. The review incorporated findings from Canadian and international sources to provide a comparative perspective, ensuring that insights from jurisdictions with different reintegration frameworks could inform recommendations for the HKPR region. The literature review helped contextualize survey and interview data and ensured the study built on existing research.

Quantitative Survey Research

A survey was distributed to service providers working with the Human Services and Justice Coordinating Committee (HSJCC) in Ontario, with a target sample of 25-35 participants. These participants included community reintegration officers, discharge planners, release-from-custody workers, and other professionals engaged in supporting formerly incarcerated individuals. The survey aimed to collect standardized data on reintegration practices, assessing the effectiveness of current models, challenges encountered by service providers, and areas in need of improvement. It was designed using a structured format to ensure consistency, with questions covering key themes such as reintegration success metrics, systemic barriers, service accessibility, and funding constraints. The survey results were analyzed using statistics, allowing for the identification of common trends and patterns across responses. The survey data complemented the qualitative insights gathered from interviews by providing a quantitative assessment of reintegration challenges.

Qualitative Semi-Structured Interviews

To better understand reintegration efforts, semi-structured interviews were conducted with 5-7 key stakeholders from the HKPR Regional HSJCC. These interviews provided an opportunity to explore individual experiences, successes, and barriers encountered by professionals working in reintegration services. The semi-structured format allowed for flexibility while ensuring all participants discussed key topics such as systemic challenges, funding limitations, program effectiveness, and service gaps. Interviews were conducted virtually via Zoom and audio-recorded with participant consent. A thematic analysis was used to code and categorize interview data, identifying recurring themes related to reintegration support and policy shortcomings. This qualitative approach allowed for a more nuanced understanding of the

barriers service providers face and their perspectives on how reintegration strategies could be improved

3.2 Data Analysis

This study followed an integrative mixed-methods approach to data analysis, in which quantitative (survey) and qualitative (interview) data were analyzed separately before being brought together for interpretation. Survey responses were analyzed using descriptive statistics to identify trends in service provider experiences, such as the frequency of specific reintegration barriers and the perceived difficulty of achieving certain outcomes. Key patterns were visualized through graphs to highlight priority areas across the HKPR region and to support interpretation in the results and discussion sections. These visual tools were also used to compare frequency-based survey findings with interview themes, enhancing the clarity and accessibility of the data.

Interview data were analyzed using thematic analysis, following the six-phase process outlined by Clarke and Braun (2017). Transcripts were reviewed multiple times for familiarization, followed by line-by-line coding to identify recurring concepts. Codes were then grouped into broader themes that captured participants' insights into systemic barriers, program gaps, and strengths in current reintegration practices. These themes were compiled in a coding table, which documented the progression from raw data to coded content and overarching categories. Themes were developed through a data-driven process that prioritized participant language and meaning, keeping the analysis grounded in practitioners' lived experience. In the final stage, both survey and interview findings were integrated with the literature review to cross-validate key insights and reinforce the study's conclusions (Clarke & Braun, 2017).

4. Results

4.1 Survey Findings

Survey responses from across the HKPR region offered a broad view of the systemic and practical challenges shaping reintegration. A total of 34 responses were collected from professionals in various roles, including system navigators, justice service workers, community reintegration officers, release-from-custody workers, and mental health support staff. The survey explored barriers to reintegration, service accessibility, effective practices, and resource gaps, offering both quantitative and qualitative insights into local reintegration practices.

Participants represented a range of service roles within the justice and mental health sectors. The majority were justice service workers, mental health professionals, and program coordinators, with additional input from individuals in multidisciplinary or management roles. Respondents also varied in terms of professional experience: 11 had more than seven years of experience in reintegration work, 14 had between one and seven years, and 9 had less than one year. This range of experience contributed to a balanced perspective, allowing for insights grounded in both long-term perspective and fresh observations. Regarding funding, 53% of agencies reported receiving support from the Ministry of Health, 38% accessed non-profit donations, and 32% received grants. These funding sources were not mutually exclusive, with some agencies relying on multiple funding models.

One of the most pressing themes to emerge from the survey was the difficulty of accessing adequate services for clients. Of the 26 participants who responded to this question, 8 rated access as "very challenging," 4 as "extremely challenging," and 11 as "moderately challenging," indicating that over 85% encountered notable barriers when attempting to connect clients with reintegration supports. When asked to identify the most common barriers their clients face, 92%

of respondents selected housing. Other frequently reported challenges included addiction treatment (85%), financial instability (81%), unresolved trauma (81%), inadequate social support (77%), and employment barriers (69%) (Figure 1). Other frequently cited barriers included social stigma, limited access to mental health, and lack of identification documents. In open-ended responses, several respondents also described broader issues, such as permanent funding shortfalls, limited transitional housing options, and insufficient coordination across services.

Top 10 Most Common Barriers to Reintegration
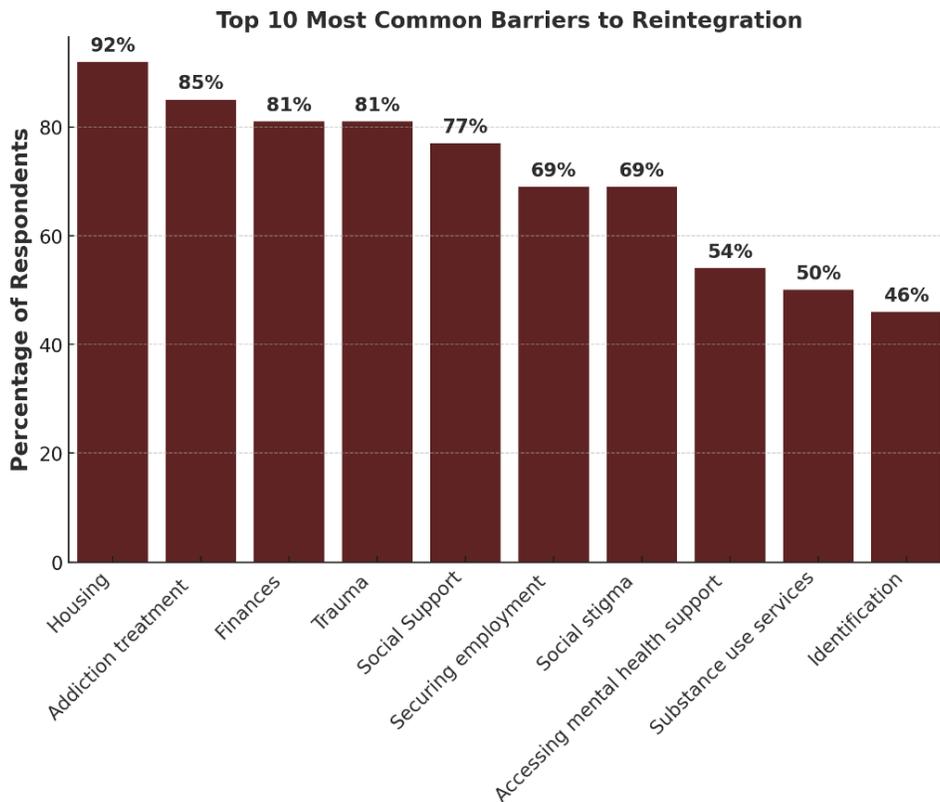
Figure 1. Highlights the most frequently reported barriers faced by individuals' post-release.

When asked which outcomes are typically prioritized in their reintegration work, participants most frequently listed housing, mental health support, addiction recovery, financial stability, probation support, reducing recidivism, and building social connections. However, when asked to rank the top five most difficult outcomes to achieve, housing again emerged as the most significant challenge: 24 out of 25 respondents (96%) placed it in the top position. Addiction

recovery and financial stability were each ranked as the second most challenging outcome by 12

respondents (48%), illustrating ongoing difficulty in helping clients achieve sustainable

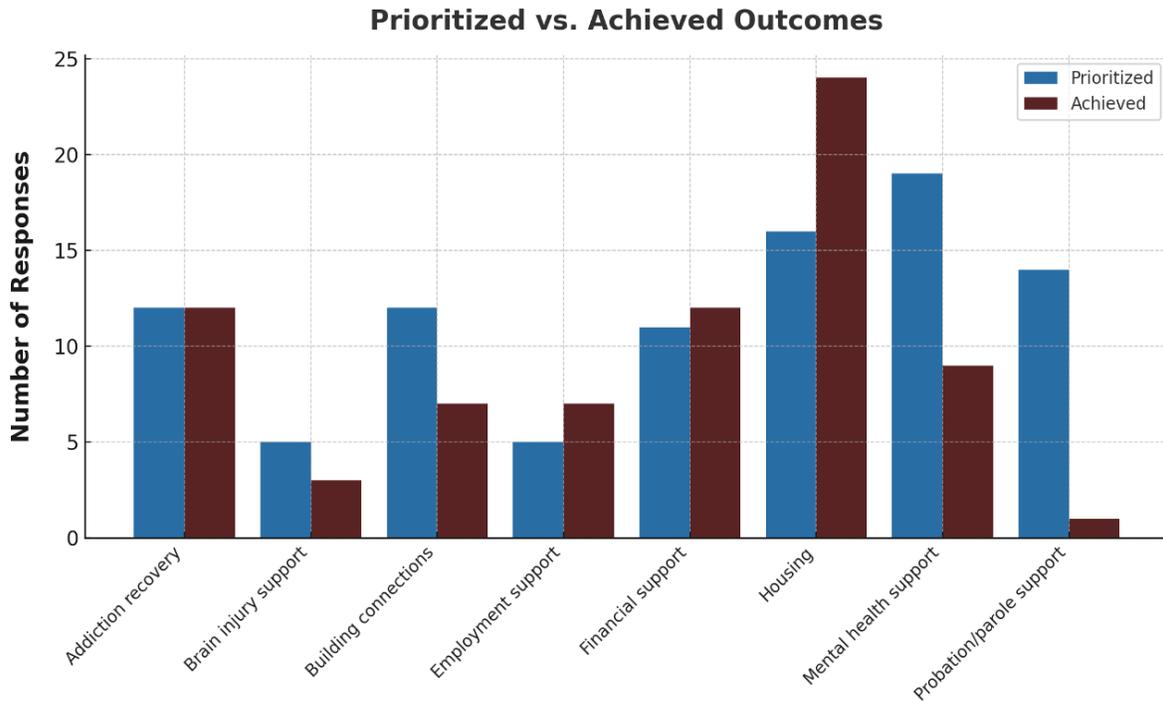independence across multiple areas of need (Figure 2).

Figure 2. A comparison of reintegration goals set by service providers versus the actual
outcomes achieved, showing gaps in housing, employment, and mental health support.

Respondents were also asked to identify service models or practices they believed would

improve reintegration outcomes. Several participants highlighted the importance of housing-first

strategies, with particular emphasis on transitional housing and halfway houses. Many supported

wraparound models that integrate housing with access to mental health, addiction, and social

services. Several responses also noted the importance of low-barrier, client-centred approaches

such as walk-in referrals and designated justice-focused programming. Additionally, supports

related to ID retrieval, financial navigation, and personal property access were frequently cited as

essential components of successful reintegration. These perspectives are reflected in Figure 3,

which summarizes the five most frequently mentioned supports respondents believe would

strengthen reintegration efforts. Housing support accounted for 37.1% of responses, followed by collaborative wraparound services (22.9%), mental health and addiction supports (17.1%), transitional housing or halfway houses (14.3%), and practical supports such as identification and financial assistance (8.6%).

Top 5 Most Frequently Mentioned Supports to Improve Reintegration Efforts
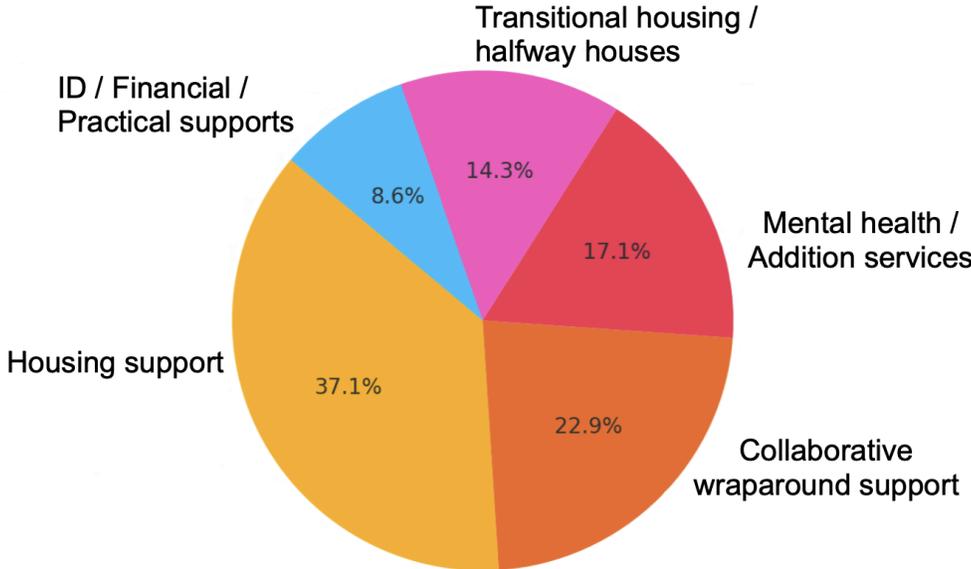
Figure 3. Top 5 Supports Identified to Improve Reintegration Efforts. Survey respondents most frequently cited housing, wraparound support, and mental health/addiction services as key areas for reintegration improvement.

4.2 Interview Findings

As a qualitative extension of the survey, two semi-structured interviews were carried out with professionals in the HKPR region to gain deeper insight into reintegration practices and system-level barriers. One interviewee was a Released from Custody worker with the Canadian Mental Health Association (CMHA) (Interview 1), while the other served as a Systems Navigator with the John Howard Society's Systems Navigation Program in Kawartha Lakes (Interview 2). Using Braun and Clarke's six-phase framework for thematic analysis, several key

themes were identified across both transcripts, capturing common experiences and challenges in supporting individuals transitioning from incarceration to the community.

Housing as a Foundational Barrier

A consistent theme across both interviews was the central role of housing in supporting successful reintegration. Both participants identified housing access as a critical factor in preventing recidivism and promoting stability. Interviewee 2 described housing as "the hardest part of our role… If they don't have a house, then they're going to probably stay in that cycle, unfortunately," noting the difficulty of breaking the cycle of custody without stable accommodations. Interviewee 1 similarly highlighted how housing enables other reintegration goals, explaining that "if they were housed and their living situation was different, they'd find it easier to be more consistent with medications." While both agreed on its importance, their emphasis differed: Interviewee 1 focused on long-term housing stability as foundational to recovery, while Interviewee 2 often referenced emergency and shelter-based options as immediate solutions. Housing-related barriers were among the most frequently discussed issues and are reflected as a core theme in Table 1.

Barriers to Continuity of Care

Both interviews also emphasized the difficulty clients face in maintaining access to essential health and addiction services after release. Interviewees described how individuals are often discharged with short-term prescriptions and must navigate delays in reactivating ODSP files, health cards, and medical referrals. Interviewee 1 pointed out that "the jail gives them like a three-day prescription," after which clients without family doctors or community support are left without timely access to necessary care. Interviewee 2 raised similar concerns about securing medications post-release, citing systemic delays and administrative obstacles. These challenges

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are closely tied to broader systemic pressures, as both interviewees also noted the impact of high caseloads, limited staffing, and logistical hurdles on timely service delivery. Interviewee 1 described barriers such as clients being unable to retrieve their belongings when released directly from court. Interviewee 2 noted, "Most need something immediately, and it's just not feasible or possible a lot of the time." Together, these accounts illustrate how fragmented systems and resource shortages disrupt access to care and undermine reintegration planning.

Value of Cross-Sector Collaboration

Despite these structural challenges, participants also identified the value of cross-sector collaboration as a central strength of reintegration efforts. Both described strong inter-agency partnerships that facilitate more comprehensive support for clients. Interviewee 2 described formalized collaboration through monthly meetings with probation officers, discharge planners, and community reintegration officers while also emphasizing the importance of regular, informal coordination across organizations: "We partner with a lot of different agencies in town… fostering those relationships and making sure people are aware of us." Similarly, Interviewee 1 spoke about consistent inter-agency coordination to plan transitions and support client-defined goals: "We're just kind of all working together to support whatever the client identifies as their goals." These examples demonstrate the role of community partnerships in bridging service gaps and enabling continuity of care. Table 1 includes this theme as a core enabler of reintegration support.

Client-Centred Reintegration Approaches

Both interviewees strongly emphasized client-led planning and the importance of tailoring services to individual needs. Interviewee 1 explained that clients are encouraged to set their own goals and that workers provide support to help them pursue what matters most to them:

"We would be looking to support you in achieving the goals that you identify for yourself."

Interviewee 2 reflected this perspective, noting that goal-setting is built into the intake process:

"When they come out, part of our intake is working and figuring out their specific goals." Across

both interviews, service planning was described as flexible and responsive to client priorities,

reinforcing the centrality of autonomy and individualized care in reintegration practices.

Table 1. Summary of Key Themes Identified in Interviews

Theme	Description / Key Insight
Housing as a Foundational Barrier	Access to stable, appropriate housing was identified as the most urgent and persistent challenge, often determining the success or failure of reintegration efforts.
Barriers to Continuity of Care	Service providers reported frequent disruptions in mental health and addiction care, especially around medication, due to poor coordination between in-custody and post-release services.
Structural Limitations in the System	Underfunding, staffing shortages, and uncoordinated service delivery systems were cited as major obstacles that limit the effectiveness and consistency of reintegration support.
Value of Cross-Sector Collaboration	Inter-agency partnerships and coordinated service delivery were seen as essential to filling systemic gaps and providing wraparound support, especially in under-resourced rural or semi-rural contexts.
Client-Centred Reintegration Approaches	Involving clients in setting their own goals and tailoring supports to individual needs was associated with better engagement and long-term reintegration outcomes
Redefining Success in Reintegration	Participants emphasized that success should be measured not just by recidivism rates, but by stability, ongoing engagement, and small but meaningful steps toward independence.

Differing Perspectives on Success and Client Engagement

While many themes overlapped, notable distinctions also emerged between the two

participants, particularly in their organizational approaches to reintegration. As shown in Table 2,

Interviewee 1, working within a long-established CMHA program, described a structured model

with clearly defined outcomes such as program completion and formal discharge: "I ended up completing his release from custody as well and discharging him from the program." This approach also involved coordination with multiple stakeholders, including "his forecast worker, his probation officer, the court support, [and] the Crown." In contrast, Interviewee 2, part of a newer and more flexible navigation program, described success as an ongoing process: "Sometimes a win is just a client keeping engaged with our team."

Another key difference involved timing and strategy for client engagement. Interviewee 1 emphasized pre-release planning and structured handoffs between services, whereas Interviewee 2 focused more on addressing post-release needs in real time, often within the constraints of limited resources. These distinctions reflect two complementary reintegration models—one grounded in structured transitions and long-term planning, and the other centred on immediate responsiveness and flexibility within a newer support system.

Table 2. Comparison of Reintegration Approaches Between Interviewees.

Program Element	Interview 1 (CMHA)	Interview 2 (Systems Navigator)
Program Maturity & Success Definition	Established program with structured outcomes and markers of success.	Newer program with less defined markers of success.
Barrier Prioritization	Prioritizes medication and health service continuity.	Prioritizes housing as the most urgent barrier.
Service Integration Approach	Structured, formal interagency coordination.	Flexible, adaptive service navigation.
Client Engagement Strategy	Focus on proactive engagement before release.	Focus on post-release engagement as a success measure.
Success Timeframe	Success seen through discharge completion and program closure.	Success seen as ongoing engagement and small milestones.

5. Discussion

5.1 Interpretation of Findings

This study set out to explore the barriers, strengths, and service gaps in community reintegration within the HKPR region, particularly for individuals facing mental health, addiction, and cognitive challenges. This analysis draws on qualitative and quantitative data, highlighting key issues in the broader literature while offering localized insight into how these challenges are navigated in real-world settings.

Housing as the Foundation of Successful Reintegration

Housing emerged as the most pressing and consistent theme across the survey and interviews. Nearly all survey respondents ranked it as the most difficult outcome to achieve, and both interviewees described it as foundational to success. This reinforces longstanding research highlighting housing as not just a basic need but a prerequisite for stability and recovery (Fontaine & Biess, 2012; Griffiths et al., 2007). Interviewee 2 described the difficulty of supporting clients without shelter, linking the absence of housing directly to repeated justice involvement. Interviewee 1 similarly emphasized how stable housing increases medication adherence and reduces the likelihood of relapse. This emphasis on housing as a foundation for recovery aligns with the Housing First model, which has demonstrated significant success in Canadian and international contexts by reducing homelessness and promoting health outcomes when housing is offered without preconditions (O'Campo et al., 2022; Aubry et al., 2015).

While these findings align closely with the literature, the interviews revealed a subtle divergence in focus. One provider prioritized transitional and emergency housing to address clients' immediate needs upon release, while the other emphasized the importance of long-term housing stability as essential for sustained reintegration. This difference reflects a broader

tension between reactive crisis management, which focuses on short-term survival and emergency response, and proactive, systems-level planning, which seeks to create stable conditions through coordinated, long-term investments in housing and support infrastructure. Although both are necessary in practice, the literature has critiqued over-reliance on short-term shelter models for failing to address the root causes of housing instability. Aubry et al. (2015), for example, found that emergency shelters often lack integration with mental health and addiction services, making them poorly suited for individuals with complex needs. Peng et al. (2020) similarly argue that without wraparound support such as case management, health care, and income assistance, short-term housing can become a revolving door rather than a stepping stone to stability.

Continuity of Care and Systemic Gaps

Equally important was the issue of continuity of care. Both interviews included concerns about clients leaving custody with insufficient medication, inactive health cards, or no clear path to community-based treatment. Survey respondents similarly noted that delays in accessing healthcare, especially mental health and addiction services, are a significant barrier. These observations reflect studies showing that disrupted care post-release increases the risk of overdose, relapse, and reoffending (Murphy et al., 2018; Hamilton & Belenko, 2019).

The literature emphasizes that individuals with dual diagnoses, such as concurrent mental health and substance use disorders, often experience the most disconnected and inconsistent support systems (Pękala-Wojciechowska et al., 2021). This is especially relevant to the present study, which focuses specifically on individuals facing mental health, cognitive, and addiction-related challenges. Both interview participants noted that many clients have overlapping diagnoses, further complicating their reintegration. One provider described how

navigating housing, medication, and trauma support simultaneously often overwhelms clients and service systems alike. This complexity was seen across survey responses, where participants expressed frustration with slow, bureaucratic processes that delay client stabilization. These included challenges such as retrieving ID, re-enrolling in ODSP, accessing transitional medication, and reconnecting with community physicians. These findings reinforce the importance of throughcare models, approaches designed to provide continuous, coordinated support that bridges the transition from incarceration to community. Canadian studies have shown that when such pre-release planning and community linkages are in place, outcomes improve and recidivism rates drop significantly (Griffiths et al., 2007; Stewart et al., 2019). However, as both interviews and survey data make clear, these models remain underdeveloped and inconsistently implemented in the HKPR region.

The Role of Collaboration in Successful Reintegration

Despite these systemic barriers, one of the most encouraging findings was the strength of inter-agency collaboration. Both interviewees emphasized the importance of informal and formal partnerships with housing providers, mental health teams, probation officers, and other community stakeholders. These networks help reduce duplication, prevent service gaps, and improve client outcomes. This theme aligns closely with international best practices, such as the United Kingdom's Integrated Offender Management (IOM) model, which coordinates police, probation, and community services to support reintegration (Senior et al., 2011).

Interestingly, the collaborative practices described by participants often extended beyond official protocols. Regular phone calls, email check-ins, and staff familiarity across organizations were cited as key factors in helping clients navigate complex systems. These informal, trust-based interactions reflect what the literature refers to as "relational coordination," the

informal trust and mutual awareness that improve service delivery in under-resourced

environments (Ahmed & Tsemberis, 2015). In the context of HKPR, where services are

dispersed and stretched thin, these interpersonal connections appear to be a critical glue holding

reintegration efforts together.

Client-Centred Approaches and Shifting Definitions of Success

Another core insight was the value placed on client-centred planning. Both interviewees

emphasized supporting clients based on their own goals rather than imposing standardized

milestones. This approach aligns with trauma-informed and harm-reduction approaches,

prioritizing autonomy and flexibility (Griffiths et al., 2007; Aloisio & Lafleur, 2014). Providers

emphasized that even small steps, such as attending an intake appointment or maintaining

contact, should be recognized as meaningful progress in the reintegration journey.

However, the findings also revealed different organizational definitions of success.

Interviewee 1, working within a more structured program, described success as completing a

reintegration plan and formal discharge from services. Interviewee 2, on the other hand,

emphasized consistency in client engagement, noting that ongoing engagement, even without

immediate stability, should be viewed as progress. These contrasting perspectives speak to a

broader contrast identified in the literature between outcome-based and process-based

approaches to reintegration. In practice, my findings suggest that relationship-building, client

autonomy, and the ability to remain engaged over time may be more meaningful indicators of

reintegration than traditional measures of success. This challenges programs to reconsider how

they define and measure success, particularly when working with clients facing layered mental

health, addiction, and structural barriers.

These findings highlight a deeper tension between administrative expectations and human realities. While funders and policy frameworks often require programs to report quantifiable outcomes, frontline workers recognize that progress is rarely linear and often deeply personal. In this context, flexible and relationship-based success metrics such as those used in Norway's open prison model or Scotland's Throughcare approach, which emphasizes pre-release planning and sustained post-release support, may offer a more realistic and humane framework for evaluating reintegration among individuals with complex needs (Pratt, 2008; Wilson et al., 2009).

A Note on Local Gaps and Regional Specificity

Beyond methodological constraints, the findings also reveal an essential interpretive insight that the local context profoundly shapes reintegration challenges. The HKPR region's mix of rural and semi-urban communities creates unique obstacles, such as limited public transit, dispersed services, and fewer housing options, that are not always captured in national or urban-focused studies. This mirrors research by Zaragoza (2024), which found that rural service providers often face higher logistical burdens despite similar caseloads. The insights shared by HKPR providers reinforce the importance of tailoring reintegration strategies to fit each region's geographic, economic, and social realities.

5.2 Limitations

While this community-based research project offers meaningful insight into reintegration practices for formerly incarcerated individuals, several limitations should be considered when interpreting the findings. The most significant limitation was the small interview sample size. With only two participants, the qualitative component provided in-depth perspectives but could not fully capture diverse experiences across different regions, service models, or organizational roles. These voices offer valuable narratives, yet they represent a small window into a much

broader system. Similarly, although the survey captured responses from 34 participants, a larger sample would have strengthened the reliability and representativeness of the data. Not every survey participant responded to every question, leading to some inconsistency in the data. This partial response rate narrowed the scope of interpretation for specific themes. The modest scale of both components limits the ability to generalize the findings beyond the HKPR region or draw broader conclusions about reintegration practices across Ontario.

Another limitation relates to the study's geographic focus. The HKPR region is a mix of rural and semi-urban communities with unique challenges, including limited public transportation, dispersed services, and housing shortages. While these contextual factors shaped the findings in essential ways, they may not translate directly to urban centres or other jurisdictions with different service landscapes. Such limitations reflect what other researchers have identified as the importance and constraint of place-based research in community settings, where findings are highly shaped by local infrastructure and regional policy environments (Israel et al., 1998).

The research also relied on self-reported data, which can introduce response bias. Participants may have unintentionally emphasized program strengths or underplayed ongoing challenges, especially when discussing their organizational practices. Such bias is a well-documented concern in qualitative and survey-based research and should be considered when interpreting the results. It is a common concern in community-based and practitioner-led research, where relationships, professional identity, and organizational loyalty can shape how participants respond to questions (Palinkas et al., 2015).

Finally, this study did not collect quantitative outcome data such as recidivism rates, service utilization, or long-term client outcomes. While the qualitative approach allowed for a

nuanced understanding of reintegration experiences, the absence of measurable program impacts

makes it more challenging to assess the effectiveness of specific practices. Future research

combining qualitative insight with outcome-based metrics would offer a complete picture of

what works and why in community reintegration.

6. Conclusion and Next Steps

6.1 Summary of Findings

This research explored the strengths and gaps in community reintegration efforts for individuals in the HKPR region, particularly those affected by mental health challenges, substance use, and cognitive impairments. Through survey data and qualitative interviews with frontline service providers, several patterns emerged that align with the broader reintegration literature while offering localized insight.

The most persistent and urgent barrier identified was access to housing. Across both datasets, housing was described not simply as a basic need but as a core determinant of stability. Participants repeatedly linked housing insecurity to increased risk of relapse, medication non-adherence, and re-incarceration. Alongside housing, discontinuity in healthcare, especially access to mental health and addiction services, was highlighted as a critical gap. Interviewees described frequent disruptions in medication access and difficulty navigating administrative systems post-release, such as delays in reactivating health cards or obtaining identification. However, the findings also revealed encouraging strengths within the current reintegration system. Service providers consistently emphasized their commitment to client-centred planning, prioritizing individualized support that aligns with each client's self-identified goals. Additionally, inter-agency collaboration emerged as a critical source of support, with informal professional networks often filling the gaps left by fragmented systems.

At the same time, there were tensions and divergences across programs, particularly in how success is defined and measured. While some providers viewed reintegration in terms of program completion and discharge, others emphasized long-term engagement and incremental

progress. These differences reflect broader debates in the literature about whether reintegration should be understood as a structured path or a more fluid, adaptive process.

6.2 Recommendations for Policy and Practice

Based on the findings of this study and supported by existing literature, several recommendations emerge that can strengthen reintegration outcomes in the HKPR region.

1. **Expand access to stable and supportive housing:** The most immediate need is increased investment in emergency shelters and long-term housing options tailored to justice-involved individuals. This includes transitional housing with built-in mental health and addiction supports, echoing the Housing First approach that has proven successful in other Canadian jurisdictions.

2. **Strengthen continuity of care through discharge planning:** Correctional facilities should collaborate more closely with community agencies to ensure that individuals are released with adequate medication, referrals, and access to healthcare providers. Models like throughcare, which link institutional and community-based services before release, have been shown to reduce relapse and improve outcomes.

3. **Improve access to identification and income supports:** Clients often experience delays accessing ODSP, retrieving identification, and enrolling in essential services. Streamlining administrative processes through pre-release coordination could remove these early barriers. Interviewees emphasized that engagement with other services becomes far more difficult without ID or financial stability.

4. **Invest in cross-sector collaboration infrastructure:** While many providers described strong relationships across agencies, these networks are often sustained through informal effort rather than formal support. Institutionalizing collaborative mechanisms, such as

shared databases, routine inter-agency case conferencing, or designated reintegration coordinators in every sector, could enhance communication and reduce duplication of effort.

5. **Redefine success in client-centred terms:** Funders and programs should consider expanding their metrics of reintegration success. Rather than relying solely on program completion or recidivism, evaluation frameworks could include relational, behavioural, and engagement-based markers reflecting clients' goals and progress over time. This recommendation aligns with trauma-informed care models that emphasize flexibility and harm reduction.

6. **Address stigma through training and public awareness:** Stigma was an implicit theme in many studies, particularly regarding housing and employment. Regional initiatives to increase awareness among landlords, employers, and service providers can help create more inclusive reintegration environments. As studies have shown, stigma not only affects public perception but can actively block access to critical services.

6.3 Final Thoughts

Community reintegration is not a single event, but an ongoing process shaped by social, institutional, and individual factors. As this study demonstrates, service providers in the HKPR region are doing vital work under complex conditions. Their efforts reflect a strong commitment to human dignity, recovery, and long-term stability. However, without targeted investment in housing, continuity of care, and systemic coordination, even the most dedicated practitioners are limited in what they can offer.

Reducing recidivism and promoting community safety requires more than justice system reform. Public safety is deeply tied to housing stability, access to mental health and addiction

care, and meaningful social inclusion. When individuals are released without support, they are far more likely to enter cycles of crisis, relapse, or reoffending, outcomes that burden emergency services and undermine community well-being. By contrast, when reintegration is treated as a shared responsibility and supported through coordinated, person-centred systems, the benefits extend beyond the individual. Safer, healthier, and more connected communities are not only possible but achievable through sustained investment and collaboration.

The findings of this study affirm that reintegration is not a marginal issue but a public priority. Policymakers, funders, and community leaders must respond by investing in programs and the people and relationships that make them work. It is through these relationships that meaningful change begins, and through shared commitment, it can be sustained.

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Appendices

SURVEY QUESTIONS

Section 1: Background
1. What is your current role in providing support to reintegration? (multiple choice)
   ● Community Reintegration Officer
   ● Release from Custody Worker
   ● Justice service worker
   ● Mental Health Support Staff
   ● Discharge planner
   ● System navigator
   ● NILO (Native Inmate Liaison Officer)
   ● Other (please specify)

2. How long have you been involved in community reintegration efforts? (Likert Scale)
   ● Less than 1 year, 1-3 years, 4-6 years, 7+ years

3. What is your agency's funding model? (Select all that apply and please be specific where possible)
   ● Provincial
   ● Ministry of Solicitor General (SOLGEN)
   ● Ministry of the Attorney General
   ● Municipal
   ● Non-profit Donations
   ● Research Grants
   ● Other (please specify)

4. Which detention centers or facilities does your organization collaborate with or maintain contact with as part of your reintegration efforts?
   ● Quinte
   ● Central East Centre (CECC)
   ● Other (please specify)

Section 2: Reintegration Practices
5. Which reintegration services does your organization currently provide? (Select all that apply)
   ● Housing assistance
   ● Employment support
   ● Mental health services
   ● Substance use services
   ● Harm reduction services
   ● Access to cultural services

- Social reintegration programs
- Identification services
- Property retrieval services
- Other (please specify)

6. How often do you provide each of the following services in your role? (Likert Scale)
- Housing assistance
- Employment support
- Mental health services
- Substance use services
- Harm reduction services
- Access to cultural services
- Social reintegration programs
- Identification services
- Property retrieval services
- Other (please specify)
  - Very Often (whenever I can), Often (but could provide it more), Sometimes, Rarely, Never)

7. How effective do you feel these services are in supporting successful reintegration? (Likert Scale)
- Very effective, Effective, Neutral, Ineffective, Very ineffective

8. What are the main presenting issues of the individuals served by your reintegration program? (Select all that apply)
- Mental health
- Substance use/addiction issues
- Brain injury
- FASD
- Intellectual disability
- Homelessness/housing security
- Overrepresentation of Indigenous Peoples
- Other (please specify)

9. Does your organization provide any specialized programs/services for the following populations (select all)
- Youth (18-25 years old)
- Women
- Indigenous Peoples
- Racialized individuals
- 2SLGBTQ+ individual
- Other (please specify)

Section 3: Barriers and Challenges

10. What are the most common challenges your clients face after incarceration? (Select all that apply; please rank top 6 answers from most to least common).
- Finances
- Identification
- Housing
- Securing employment
- Accessing mental health support
- Substance use services
- Addiction treatment
- Accessing brain injury support
- Access to cultural services
- Social stigma
- Lack of social support i.e. Family, community
- Education
- Trauma
- Other (please specify)

11. How challenging is it for you to access adequate resources for your clients? (Likert Scale).
- Very challenging, Challenging, Neutral, Not very challenging, Not challenging at all

Section 4: Outcomes and Goals

12. What outcomes are typically prioritized in your reintegration work? (Select all that apply)
- Housing
- Financial support
- Employment support
- Education and skill development
- Mental health support/recovery
- Brain injury support
- Addiction recovery
- Building social/community connections
- Probation and parole support
- Reducing recidivism
- Other (please specify)

13. Which prioritized outcomes are most challenging to achieve? (Select all that apply)
- Housing
- Financial support
- Employment support
- Education and skill development
- Mental health support/recovery

- Brain injury support
- Addiction recovery
- Building social/community connections
- Probation and parole support
- Reducing recidivism
- Other (please specify)

Section 5: Perspectives on Best Practices

14. In your experience, which reintegration practices or resources have been most effective? (Short answer)

15. What additional resources or support would improve reintegration outcomes within for individual leaving custody? (Short answer)

INTERVIEW QUESTIONS
1. How does your organization collaborate with community partners and institutions to support reintegration, and what challenges or successes have you experienced in these collaborations?
2. What do you feel is the most effective aspect of the reintegration services provided by your organization? Can you share a specific example of a success story and the factors that contributed to it?
3. What have been the most significant challenges in supporting client reintegration, and are there areas or needs that are often overlooked in current reintegration efforts?
4. How do you define success in your role? Are there certain goals you focus on that might not show up in regular evaluations?
    a. In your view, what are the biggest factors that help clients stay stable and successful after they leave incarceration?
5. If you could change one aspect of your current program or policy to improve reintegration success, what would it be, and why.

    ** IF APPLICABLE: For those who had a mentor as part of their reintegration, how did mentorship impact their transition? What specific benefits or challenges did mentoring provide?
    A) Are there aspects of the mentoring program that could be improved, or additional support that mentors should receive to be more effective?

Appendix B: Thematic Analysis Table

Table 1. Raw Data: Thematic analysis of interview data using braun and clarke's framework

Interview transcript	Initial notes	Codes	Themes
"I would say housing is also a big one. Housing and medications, I would say, are probably the two biggest challenges." [Interview 1]	Housing identified alongside medication as top reintegration challenge	Housing priority; Core barriers	Housing as a Foundational Barrier
"Housing instability... I think into someone going back into custody, any of those kind of big ticket things." [Interview 2]	Direct link between housing instability and recidivism	Housing-recidivism connection; Return to custody	Housing as a Foundational Barrier
"If they don't have a house, then they're going to probably stay in that cycle, unfortunately." [Interview 2]	Housing described as essential to breaking cycle of reincarceration	Housing as intervention; Perpetual cycle	Housing as a Foundational Barrier
"I've had a lot of clients tell me that if they were housed and their living situation was different, they'd find it easier to be more consistent with medications. They'd find it easier not to use substances." [Interview 1]	Housing stability creates foundation for medication compliance and reduced substance use	Housing as foundation; Cascading benefits	Housing as a Foundational Barrier
"Shelter becomes a common one... So sometimes you just kind of have to think outside the box just to figure out ways." [Interview 2]	Limited formal housing options requiring creative solutions	Emergency solutions; Resource limitations	Housing as a Foundational Barrier
"Issues getting them back on medication. That's like a big one, so making sure, like, getting odsp files reactivated, and then having them secure their access to their medication has been a huge barrier and challenge for us." [Interview 2]	Medication access disrupted by administrative delays	Medication access barriers; Administrative delays	Barriers to Continuity of Care
"I think medication is a huge challenge, especially for people being released from custody. Obviously medications are very expensive, and if they're not on Ontario Works or Odsp... there's that gap area where the file isn't reactivated right away so they can't fill prescriptions." [Interview 1]	Financial barriers and administrative gaps create medication disruptions	Medication affordability; System gaps	Barriers to Continuity of Care
"The jail gives them like a three-day prescription. And then a lot of clients don't have family doctors. They don't have access to psychiatry without social services." [Interview 1]	Inadequate medication supply upon release with limited follow-up options	Short-term prescriptions; Healthcare access limitations	Barriers to Continuity of Care
"Definitely we've seen, you know, our clients like looking to use or wanting to use and then that can be really tricky, because like that drug seeking... they kind of have that one track mind." [Interview 2]	Substance use issues dominant after release	Post-release substance use; Recovery challenges	Barriers to Continuity of Care
"In terms of barriers, like, you know, we all have big, you know, our working on a lot of big caseloads, that sort of thing." [Interview 2]	Heavy caseloads limit service capacity	Staff workload; Resource constraints	Structural Limitations in the System
"I think, like, probably the biggest barrier for any of us working in this world is just, like, you know, a lot of times, most need something immediately, and it's just not feasible or possible a lot of the time." [Interview 2]	Inability to meet immediate client needs due to system constraints	Immediate needs gap; System responsiveness	Structural Limitations in the System
"Another one has been getting property. So a lot of people who are released directly from the courthouse don't have	Logistical barriers to property retrieval	Property access barriers; Logistical	Structural Limitations in

a ride back to the jail to be able to collect their property." [Interview 1]	post-release	challenges	the System
"You know, like things like waiting times, for services and supports that can always kind of be a hiccup or, you know, just like the waiting periods between everything." [Interview 2]	Service delays create gaps in support	Waiting periods; Service delays	Structural Limitations in the System
"We partner with a lot of different agencies in town... fostering those relationships and making sure people kind of are aware of us and know the work we're doing." [Interview 2]	Building inter-agency relationships central to effective service	Partnership development; Community awareness	Value of Cross-Sector Collaboration
"We do monthly meetings for that table where we kind of just discuss what supports are there, what they're already connected to, what the gaps might be, how we can kind of best support that transition period." [Interview 1]	Regular coordination meetings to plan transitions and identify gaps	Coordinated planning; Gap identification	Value of Cross-Sector Collaboration
"And I ended up completing his release from custody as well and discharging him from the program. So kind of just seeing that wraparound, the ongoing support in all different areas." [Interview 1]	Success story highlights comprehensive multi-agency support	Wraparound services; Comprehensive support	Value of Cross-Sector Collaboration
"You know, it does really seem like we're all kind of on the same team and working towards the same goals." [Interview 2]	Recognition of shared mission across agencies in small community	Aligned objectives; Collaborative ethos	Value of Cross-Sector Collaboration
"I think the biggest thing for me is kind of letting the client take the lead. So our service agreement kind of just says that we're not here to make decisions on your behalf." [Interview 1]	Service philosophy centred on client autonomy in decision-making	Client autonomy; Non-directive approach	Client-Centred Reintegration Approaches
"We would be looking to support you in achieving the goals that you identify for yourself, and just kind of letting the client take the need, decide what's best for them, decide what's the biggest goal that they want to achieve or what they want to focus on at any given time." [Interview 1]	Emphasis on client-identified goals rather than worker-imposed priorities	Client-defined goals; Self-determination	Client-Centred Reintegration Approaches
"When they come out, part of our intake is working and figuring out what their specific goals are. So of course, tangibly, reaching one of those goals would be a success story." [Interview 2]	Process begins with client goal-setting as foundation for service plan	Individualized goal-setting; Client priorities	Client-Centred Reintegration Approaches
"Celebrating things like keeping engaged with our team... that's a win as well." [Interview 2]	Success is measured incrementally through continued engagement rather than traditional metrics.	Engagement as success; Incremental progress	Redefining Success in Reintegration
Staying out of custody is honestly the end goal... trying to get out of that cycle." [Interview 2]	Breaking the cycle of incarceration is viewed as the ultimate measure of success.	Breaking recidivism cycle; Long-term vision	Redefining Success in Reintegration
"Our program does require some ongoing accountability and engagement... just because that engagement is required to be able to really provide support." [Interview 1]	Ongoing engagement is treated as a meaningful reintegration outcome	Engagement as success; Ongoing accountability	Redefining Success in Reintegration

Appendix C: Comparing Reintegration Practices Across Interviews

Differences	Interview 1 (CMHA)	Interview 2 (Systems Navigator
Program Maturity and Success Definition	Speaks from an established program with structured outcomes and clear markers of success. "I ended up completing his release from custody as well and discharging him from the program." [Interview 1]	Describes a newer program with more tentative language and less outcome certainty. "We're a newer program... the wins are kind of not too frequent." [Interview 2]
Barrier Prioritization	Places stronger emphasis on medication continuity and detailed healthcare barriers. "The jail gives them like a three-day prescription... they don't have family doctors." [Interview 1]	Highlights housing as the most persistent and difficult challenge. "Housing is honestly... the hardest part of our role." [Interview 2]
Service Integration Approach	Describes a structured, interagency system with formal meetings and predefined processes. "We do monthly meetings... to discuss what supports are there." [Interview 1]	Emphasizes a more flexible, improvisational approach to navigating services. "Sometimes you just kind of have to think outside the box..." [Interview 2]
Client Engagement Strategy	Focuses on pre-release planning and establishing connections before discharge. "Really being proactive, before they're release, just so we can kind of have like a hit the ground running approach." [Interview 1]	Emphasizes ongoing engagement post-release as a success metric. "Celebrating things like a client just kind of keeping engaged with our team. I think we would consider that a win." [Interview 2]
Program Scope	Mentions broader service coordination including court support and discharge planning from established psychiatric services. "Connecting with his forecast worker, his probation officer, the court support, talking with the Crown about it." [Interview 1]	Focuses primarily on immediate reintegration needs and addressing crisis situations. "A lot of times, most need something immediately, and it's just not feasible or possible a lot of the time." [Interview 2]
Success Timeframe	Views success through completion of structured programs and discharge processes. "I ended up completing his release from custody as well and discharging	Defines success through smaller incremental steps and ongoing engagement. "Sometimes a win is just like, you know, client keeping engaged and that sort of thing."

		him from the program." [Interview 1]	[Interview 2]