Title: *'What is optimal integrated multi-agency Throughcare?'*: a global e-Delphi consensus study defining core components of effective rehabilitation and reintegration programming.

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Abstract

Purpose: The global prison population has reached its highest level to date (11.5 million), with comparative data on recidivism unavailable. Despite the global shift away from punitive and toward rehabilitative approaches, reintegration programming (*Throughcare*) is limited, ill-resourced or non-existent in many countries.

Design/methodology/approach: We conducted a global e-Delphi consensus study of professionals working in prison and correctional services to define critical components of effective rehabilitation and reintegration programming. Consensus was defined *a priori* as 70% or more participants scoring an outcome from seven to nine and fewer than 15% scoring it one to three.

Findings: Following a call for expression of interest circulated to the International Corrections and Prisons Association (ICPA) member list (n=7282), 175 members agreed to partake in the e-Delphi rounds. In *Round One* 130 individuals completed an online survey where 35 statements were scored by importance, each with opportunity to provide written feedback. 33 statements exceeded the set threshold of consensus. Written feedback supported refinement and further development of statements in *Round Two*. 108 individuals completed *Round Two*. 39 out of the 40 statements exceeded the set threshold of consensus.

Practical implications: Consensus statements are useful to provide a shared understanding for inter-agency *Throughcare* partnerships, to inform national prison policies, and to expand prison and support staff capacity building and programmes all over the world.

Originality: To date, this is the first known attempt to elicit consensus from a broad range of professionals working in the field of prison and correctional services on core components of effective rehabilitation and reintegration programming.

Key Words

Throughcare; reintegration; rehabilitation; recovery; prison

Introduction

Over 11.5 million people are deprived of their liberty on any given day. The global prison population continues to increase, with a rise of 24% observed since 2000 (Penal Reform International, 2022). Prison population increases of 82% in Oceania, 43% in the Americas (200% in South America) and 32% in Africa have been recorded since 2000 (Penal Reform International, 2022). The female prison population (about 740,000) has also risen by about 33% in the past two decades, compared to a 25% increase in the majority male prison population (Penal Reform International, 2022). Pre-trial detention rates have remained stable since 2000 (ranging between 29% and 31% of the global prison population) and are substantially higher and for longer periods of detention in low resource settings (Penal Reform International, 2022). Overcrowding remains a substantial issue in many countries, with 121 countries continuing to operate over capacity (e.g.in some African countries at over 200%), and with 24 countries shifting toward increased scale and geographic remoteness of detention facilities (e.g. Egypt, Turkey, Sri Lanka) (Penal Reform International, 2022). Despite the best efforts by United Nations (UN) agencies, civil society organizations and human rights defenders, people who use drugs, members of minority and Indigenous communities continue to represent a disproportionate share of the global prison population (Penal Reform International, 2022; United Nations Office on Drugs and Crime, 2018:2022). About one in five (approximately 2.2. million people) are held for drug offenses under punitive drug laws (Penal Reform International, 2022).

Global comparative data on the revolving door of incarceration and relative recidivism rates remain unavailable. In many countries, reoffending rates are high, at times over 70% (Fazel & Wolf, 2015; United Nations Office on Drugs and Crime, 2018; Yukhnenko, Sridhar & Fazel, 2020). Application and utilisation of non-custodial measures and community sentencing for non-violent, less serious offenses also continues to be slow (United Nations Office on Drugs and Crime, 2020;2022). Despite the global shift away from punitive and toward rehabilitative approaches, reintegration programming (*Throughcare*) in prison and on return to the community is limited, ill-resourced or non-existent in many countries (United Nations Office on Drugs and Crime 2021; Penal Reform International, 2022). Prison capacity levels impact on the ability of prison systems to effectively provide *Throughcare* and effective planning and implementation is heavily dependent on government

investment in prison infrastructures, human and financial resourcing (United Nations Office on Drugs and Crime 2021; Penal Reform International, 2022).

Norms and Standards of Throughcare

The 2015 Doha Declaration highlighted the crucial importance of the rehabilitation of people in prison for achieving sustainable development goals (United Nations Office on Drugs and Crime, 2015). Various international human rights treaties (e.g. The International Covenant on Civil and Political Rights, Convention on the Rights of the Child) and normative standards (e.g. Nelson Mandela Rules, Bangkok Rules, Beijing Rules, Tokyo Rules, Riyadh Guidelines) support the integrated system wide *Throughcare* approach which incorporates bespoke prison-based rehabilitation, reintegration and aftercare programming across the continuum of care ***inside and beyond*** prison (including in conditional release programming) (United Nations Office on Drugs and Crime, 2018).

Rule 92 of the UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) is most pertinent to the rehabilitation of people living in prison in that it provides for *'all appropriate means, including religious care in the countries where this is possible, education, vocational guidance and training, social casework, employment counselling, physical development and strengthening of moral character, in accordance with the individual needs of each prisoner, taking account of his or her social and criminal history, physical and mental capacities and aptitudes, personal temperament, the length of his or her sentence and prospects after release'* (United Nations General Assembly, 2016). Rule 29 of the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules) specifies that staff should be trained to enable them *'to address the special social reintegration requirements of women prisoners and manage safe and rehabilitative facilities'* (United Nations General Assembly, 2010). Bangkok Rule 40 further requires classification methods to be gender specific *'to ensure appropriate and individualized planning and implementation towards those prisoners' early rehabilitation, treatment and reintegration into society'* (United Nations General Assembly, 2010).

Throughcare in reality

Various terminologies are used to interchangeably and unreflexively to describe prisoner resettlement approaches (for example reintegration, reinsertion, re-entry, rehabilitation, reformation, resocialisation)

(McNeill & Graham, 2018). Return to the community on release from prison is a period of substantial stress and challenge to the former prisoner, and is often fraught with difficulties, danger and the navigation of risks (Angell et al., 2014; Binswanger et al., 2012; Brooker, 2007; Bukten et al., 2017; Cutcher et al., 2014; Durnescu, 2018; Fazel & Baillargeon, 2011; Kendall et al., 2018; Maruna, 2011; McNeill et al., 2022; Moran, 2012; Scheirs, 2016; Wormith et al., 2007). Re-entry stages are posited to include *'pre-release-anticipation, recovery and reunion, activation, consolidation, and relapse'* and are heavily dependent on the navigation of various personal, social and structural *'pains of re-entry'* (Durnescu, 2018;2019). Post release experiences are characterised by substantial social adaptation issues in the form of navigating familial relationships and community level stigmatisation, and various challenges in securing valid identification, stable accommodation and finances; and accessing employment, healthcare and education (Borzycki, 2005; Brooker, 2007; Burnett & Maruna, 2004; Durnescu, 2018; Maruna, 2011; Moran, 2012; Pasma et al., 2023; United Nations Office on Drugs and Crime 2018). Re-incarceration and the revolving door of failed social integration, reoffending and reconviction is strongly associated with experiences of stigma, and poor engagement with health and social services, particularly regarding the inadequate treatment of substance use and mental health problems (Burnett & Maruna. 2004; Durnescu, 2018; Fu et al., 2013; Kinner & Wang, 2014; Link & Hamilton, 2017; Miller et al., 2016; Pleggenkuhle, Huebner & Kras, 2016; McNeill et al., 2022; Zortman et al., 2016).

Inter-agency efforts by government, prison systems and civil society organisations throughout pre-release planning, in-prison programming and post-release periods can support the various dimensions of continuity of care (e.g. family reconnections, stable or transitional housing, employment, health care, finances), overcome stigma and discrimination on return, foster pro-social relationships, reduce relapse and recidivism, and generally support the successful transition and long term reintegration back into the community (Hunter et al., 2016; Kendall et al., 2018; Kouyoumdjian et al., 2015; Lattimore & Visher, 2013; Pasma et al., 2023; Scheirs, 2016). Prison staff are increasingly required to play an important role in rehabilitation of people living in prison. Various studies indicate that innovative approaches which ensure conducive working conditions for staff, incorporate security staff confidence building and training initiatives in individualised and general rehabilitative approaches,

encourage peer mentoring and the support of rebuilding family relationships incur better outcomes (Akoensi & Tankebe, 2020; B-Competent, 2021; Fair & Jacobson, 2021; Matthews, 2021; McLeod et al. 2021; Vereycken & Ramioul, 2019). Mutual aid or self-help processes are also important in reducing stigma and supporting reintegration (Dwyer & Maruna, 2011).

Given the global UN promulgation of the *Throughcare* system wide continuum of care approach spanning ***inside*** and ***beyond*** prison, we conducted a global e-Delphi consensus study to identify and define core components of effective rehabilitation and reintegration programming.

Methodology

Design of the global e-Delphi

An online survey was designed which requested members of the International Corrections and Prisons Association (ICPA) global network to rank a series of statements in terms of priority for inclusion in a core component set that should be used in *Throughcare* interventions to optimise effective rehabilitation and reintegration programming. Statements were created based on a rapid scoping review exercise conducted by authors one and two, with further refinement from four members of the ICPA Healthcare Network (authors three to six). Statements covered seven dimensions; *Core Throughcare Principles; Throughcare assessment and pre-release activities; Staffing and continuity of Throughcare; Family and relationships; Employment and community skills training; Housing* and *Transitional health and special populations.*

Participants were asked to score the importance of statements on a 9-point Likert scale (1 = lowest priority and 9 = highest priority). The Likert scale corresponded to the conventional format used for comparative assessment and prioritisation of different health, social and reintegration options (Fitch et al., 2011). Each statement included an open text box for the participant to suggest amendments, suggest new statements or provide additional text. Consensus for each statement was defined *a priori* with 70% or more of the participants scoring an outcome from seven to nine and fewer than 15% scoring it one to three. These cut-off points were selected based on the most widely used cut off points in Delphi studies (Blackwood et al., 2015; Diamond et al., 2014; Eleftheriadou et al., 2015) This illustrated a *Throughcare* component agreed as critically important by the majority and as of little or no importance

by a small minority. Data was transferred and analysed using IBM SPSS Statistics (Version 27) software.

Two successive rounds of Delphi surveys were employed in order to minimize bias and encourage consensus building (Chuenjitwongsa, 2017; Diamond et al., 2014; Keeney, Hasson & McKenna, 2011). Formal consensus methods were used and defined as *'group facilitation techniques designed to explore the level of consensus among a group of experts by synthesizing and clarifying expert opinions'* (Hsu & Sandford, 2007). This technique differs from other group decision making processes in four ways: by utilizing anonymity, iteration and controlled feedback, statistical group response and expert input (Giannarou & Zervas, 2014). The focus was to achieve a pre-defined threshold of consensus, as it related to establishing consensus on the core components of effective rehabilitation and reintegration programming. By ensuring that participants remained anonymous throughout the e-Delphi process, they were free to revise their opinion if they wished without pressure from the group to do so (Hasson, Keeney & McKenna, 2000).

Participants

Recruitment for Delphi studies can be challenging due to participant time commitment in completing several rounds of surveys (McPherson et al., 2018). The size of Delphi panels can also range widely (Blackwood et al., 2015). The ICPA members list of 7282 members were invited via direct email to submit expressions of interest to commit to participation in the e-Delphi study. Consistent with the COMET methodology (Murtagh et al., 2021), we expressly included a broad range of experts consisting of professionals (prison, health, social care, education), researchers, policymakers and system officials, civil society organizations, persons with lived experience and academics to ensure a broad representation of opinions.

Procedures

Following confirmation of expression of interest to commit to completing two e-Delphi rounds, the final e-Delphi panel consisted of 175 ICPA members. This group were emailed a direct online link to the *Round One* survey which consisted of 35 statements and the 9-point Likert Scale hosted by *QuestionPro.* Respondents were allocated 10 days to complete *Round One* and a reminder email was sent to those participants who had not yet completed the survey two days prior to the deadline. 130

participants completed *Round One* where 33 statements were found to reach the *a priori* set threshold. Refinement and further development of the series of statements based on written feedback were undertaken by author one and two, with substantive expert support from additional co-authors. See Table One.

Insert **Table One** *Round One and Two Statements* about here

Round One completions were subsequently emailed a direct online link to the *Round Two* survey and requested to rate the 40 statements. They were shown *Round One* results in terms of the distribution of scores from other participants, along with the score that they attributed to a statement and were asked to reflect on the score they gave, based on the scores of the other participants and if desired, to re-evaluate and modify their score. The same timeframe of 10 days with a reminder sent two days prior to the deadline was applied. 108 participants completed *Round Two* and reached above the *a priori* consensus threshold on 39 statements out of the 40.

Ethical Approval

Ethical approval for this study was granted in March 2023 by the Liverpool John Moores University Research Ethics Committee (23/PHI/007). All participants were provided with detailed information on the e-Delphi study aims and objectives in the direct mailout regarding expression of interest, and informed written consent was obtained from all participants prior to participation in both *Rounds*. Both e-Delphi *Rounds* were completed anonymously, with no personal information collected, and no participant was identifiable based on the data response. Participation was entirely voluntary, and participants could withdraw from the process at any time. All anonymous information was securely stored on a password protected hard drive.

Results

Profile of Participants

Gender participation was relatively balanced across both *Rounds*. The majority of respondents were aged between 30 and 50 years in *Round One*, and above 50 years in *Round Two*. Regions of the world such as North America, Europe and Central Asia, East Asia and Pacific were most commonly represented, with the least representation in the Middle East and North Africa, South Asia and Latin

America and the Caribbean. The most represented countries were the United States and Australia, with a large proportion unclassified (33.8% in *Round One*; 30.1% in *Round Two*). High income countries were most represented (51.7% in *Round One*; 53.3% in *Round Two*), followed by Upper Middle and Lower Middle respectively. A broad range of participants in terms of role in the prisons and corrections field participated, particularly in the policy, health, social care, and vocational training fields, and with the highest proportion acting as *'researchers'* (17.1% in *Round One*; 43.5% in *Round Two*). Participation from people with lived experience made up a small number of the respondents (1.3% in *Round One*; 2.8% in *Round Two*). See Table Two.

Insert **Table Two** *Participant Demographics* about here

Round One

130 participants completed *Round One*, accounting for 74% of those who expressed an interest in participating (n=175). 33 statements out of the 35 reached the *a priori* set threshold of consensus. 94% met these criteria, with an average consensus level of 75% across all statements. All statements in dimensions one, three to six and seven met the *a priori* set threshold.

In dimension one (*Core Throughcare Principles*); three statements scored over 90% consensus which referred to the importance of a national strategy and political and policymaker support (92%); integrated multi-agency cooperation (90%); and adequate resourcing (93%). The remainder two statements scored over 80% consensus. In dimension two (*Throughcare assessment and pre-release activities*) seven statements scored over 80% consensus, with one regarding short term educational activities just below (78%). Two statements did not meet the set threshold for consensus. We speculate this is indicative of hesitancy around investment in and implementation of *Throughcare* components for those serving short sentences and for foreign nationals; *Prisoners serving short sentences are included in Throughcare programming and should be routinely assessed for their formal and non-formal education experience and attainment* (67%) and *Foreign national prisoners should ideally have access to online education offered by their home country, while they were imprisoned in a foreign country* (43.1%).

In dimension three (*Staffing and continuity of Throughcare)* all statements reached above 91% consensus with regard to the critical nature and importance of staff training around rehabilitation

principles, resourcing of training and programmes, and the role of case workers and community services working in tandem along the continuum of care. Dimension four (*Family and relationships*) also reached strong consensus with all statements reaching above 85% consensus, indicative of the critical nature of engaging families and community in pre-and post-release timeframes. In dimension five (*Employment and community skills training*) two statements reached over 83% indicative of strong support for pre-release support and work release programmes (85%); and post-release linkage to volunteer and employment supports (83%). The remainder statement scored slightly less (73%). Dimension six (*Housing*) indicated strong consensus around the need for provision of individualised post-release housing supports (84%); and slightly less consensus around critical importance of halfway houses (73%).

The final dimension (*Transitional health and special populations*) yielded three statements which scored above 94% consensus, indicative of the critical importance of addressing care planning, linkage to care and service level support of mental and physical health complexities, co-morbidity and gendered vulnerabilities in pre and post-release timeframes. The remainder three statements regarding health literacy and autonomy, pre-release transitional health supports and age-related supports in Throughcare were clustered between 79% and 87%. See Table Three.

Insert **Table Three** *Likert Scale scores for Round One statements* about here

Along with scoring each statement, participants provided 1786 feedback comments in the provided open text boxes under each statement, with an average of 51 comments per statement. This written feedback supported refinement of existing statements and further development of new statements. Five additional statements were generated in Dimensions One, Six and Seven. See Table One.

Round Two

108 participants completed *Round Two* accounting for 83% retention rate from *Round One*. 39 statements out of the 40 reached the *a priori* set threshold of consensus, with 97.5% scoring above the set consensus threshold, with an average score of 94% for each. Statement 19 (the previous amended statement 15 in *Round One*) did not reach the set threshold; *Subject to resources and country contexts, taking a thoughtful and measured approach to providing online education to foreign nationals in*

prisons can ensure that they receive the support and resources they need to successfully reintegrate into society while also maintaining online computer safety (60.1%). More specifically, 33% of participants thought this statement was not critical, while 60% thought this was the case. Although the ranking of this statement improved from 43% in *Round One* to 60.1% in *Round Two* , it did not meet the criteria for this exercise and did not allow for a firm conclusion to be drawn.

In dimension one (*Core Throughcare principles*) all eight statements scored over 90%. Six scored over 95% indicative of the critical nature of national level support and strategy, investment, integrated multi-stakeholder partnerships, and the need for a balanced *Throughcare* approach. The highest scoring statement referred to the requirement for adequate resourcing (99%). In dimension two (*Throughcare assessment and pre-release activities*) ten of the eleven statements reached the *a priori* set threshold of consensus, with four scoring over 95%; indicative of the critical nature of *whole person* and individualised planning, supports and case management. Five statements were clustered between 90% and 94% consensus, regarding co-production with persons with lived experience, the importance of the prison to workplace pipeline, including greater support in this *Round* for access to short term educational activities for short sentences, outsourcing to ensure expert trainers, and community level volunteering, education and training. One statement scored lower in importance regarding routine assessment of education experience and attainment; *Subject to resources, including those serving short sentences in 'Throughcare' programming and routinely assessing their education experience and attainment can play a critical role in promoting positive outcomes for all individuals leaving prison and society as a whole* (83%). Similar to *Round One*, the statement referring to consideration of online education for foreign nationals in rehabilitation programming did not meet *a priori* set threshold; *Subject to resources and country contexts, taking a thoughtful and measured approach to providing online education to foreign nationals in prisons can ensure that they receive the support and resources they need to successfully reintegrate into society while also maintaining online computer safety* (60%).

In dimension three (*Staffing and continuity of Throughcare)* all statements reached above 95% consensus with regard to the importance of staff training, resourcing, skills and support, and the role of case workers and community services working in tandem. The highest scoring statement was a new statement; *It is crucial that community services (social, employment, financial, drug treatment, housing,*

money advice) are sufficiently supported and resourced to operate and work together to provide comprehensive support along the linkage to care route (99%). Dimension four (*Family and relationships)* also reached strong consensus with all statements reaching above 95% consensus indicative of the critical nature of engaging families and community in pre-and post-release timeframes.

In dimension five (*Employment and community skills training*) all statements reached above 93% consensus and reflected a strong shift in support (approx. 10-15%) from *Round One*. Two statements reached over 93% indicative of strong support for pre-and post-release employment supports. The remainder statement scored higher in terms of critical nature, and yielded a shift from 73% in *Round One* (*Regular job fairs, during which prisoners can meet with potential employers and undertake job interviews after training on basic interview techniques and resume writing skills should be provided*. (95%)).

Dimension six (*Housing*) indicated strong consensus around housing stability, post release housing/transitional housing supports, and individualized housing post release. The highest scoring statement related to housing stability (99%), with other statements yielding strong shifts upwards relating to provision of individualized post-release housing supports (95%); and transitional housing (95%). The final dimension (*Transitional health and special populations)* had eight statements which scored above 97% in terms of individualised pre-release health and healthcare support, co-morbidities, gendered vulnerabilities and age responsive care. Four statements scored between 90 and 93% relating to post release transitional health supports, health literacy; pre-release) and post release transitional health supports. See Table Four.

Insert **Table Four** *Likert Scale scores for Round Two statements* about here

Discussion

This is the first global e-Delphi consensus study which identifies and defines core *Throughcare* components of effective rehabilitation and reintegration programming. It underpins the global position on the imperatives of addressing the complex needs of people living in prison, reducing health and social inequalities at the population level, enhancing community re-integration, and reducing recidivism (International Committee of the Red Cross 2023; Kinner and Young, 2018; World Health Organization 2013; 2023). Our results show that participating ICPA experts largely agree on what key

components/outcomes and best practices should be implemented to achieve effective rehabilitation and reintegration spanning activities ***inside*** and ***beyond*** prison. Of note is that through the process of partaking in the e-Delphi no substantive shift in consensus was observed between *Rounds* as it related to the core *Throughcare* principles. Core principles centre on national strategy and action plans, investment and resourcing, implementation of health, education and vocational training assessments and pre-release activities, staffing, inclusion of family and community stakeholders, employment and community skills training, housing stability and transitional health responses to the needs of various prison populations. These are largely identified in the literature as crucial to an effective multi-agency cooperative structure supporting continuum of care, the transition and re-entry process, stigma reduction and sustainable re-integration over time (Burnett & Maruna, 2004; Durnescu, 2018:2019; Hunter et al., 2016; Kendall et al., 2018; Kouyoumdjian et al., 2015; Lattimore & Visher, 2013; Maruna, 2011; Moran, 2012; Pasma et al., 2023; Scheirs, 2016). See Figure One.

Insert **Figure One** *Effective Throughcare* about here

There was relatively consistent and strong consensus with regard to the critical nature of staffing, staff capacity and competency, resourcing of *Throughcare* programmes and the importance of case working and community service cooperation. Prison officers' roles increasingly involve more rehabilitative principles, and prison staff sensitisation around rehabilitation, confidence building and training initiatives, conducive working conditions, and prison-based rehabilitation programmes which provide an individualised approach incur better *Throughcare* outcomes (Akoensi & Tankebe, 2020; B-Competent, 2021; Fair & Jacobson, 2021; Matthews, 2021; McLeod et al. 2021; Vereycken & Ramioul, 2019).

The e-Delphi further underscores the need for individualised, person-centred and holistic assessment of needs regardless of length of sentence with appropriate lead in times for pre and post-release rehabilitative and reintegration programming (see Angell et al., 2014; Binswanger et al., 2012; Borzycki, 2005; Bukten et al., 2017; Cutcher et al., 2014; Fazel & Baillargeon, 2011; Kendall et al., 2018; Pasma et al., 2023; Scheirs, 2016; United Nations Office on Drugs and Crime 2018; Wormith et al., 2007). A shift toward greater consensus between *Rounds* was visible regarding needs assessment and pre-release activities, particularly regarding the importance of the prison to workplace pipeline,

with an inclusive approach regardless of sentence length. Co-production with persons with lived experience, ensuring programmes are supported by internal and external trainers, and community level development are critical to effectiveness. Of note is that there was a consistent failure across both *Rounds* to achieve consensus regarding the critical nature of provision of online education to foreign nationals in their own language. This is perhaps reflective of low rates of foreign national detainees in the countries represented in this e-Delphi study, or reflective of a view that only citizens warrant investment in rehabilitation and return to society. For example in Italy, a study reported on a strong link between prison staff training and the rehabilitation of foreign nationals in prison (B-Competent, 2021). There are also complications regarding staff support of rehabilitation and willingness to facilitate access to the internet and ability to access online training (Fair & Jacobson, 2021).

Experts also agreed on the need to carefully consider and incorporate various aspects of individualised transitional health assessment, care and support, cognisant of co-morbidities, gendered vulnerabilities and age responsive care programming. This aligns with extant literature on special (or particularly vulnerable) prison populations (those with co-morbid health issues including mental illness, disability and/or substance use, women with children, aging detainees, minority groups) who require additional targeted and appropriate supports (Brooker, 2007; Burnett & Maruna, 2004; Durnescu, 2018:2019; Fu et al., 2013; Kinner & Wang, 2014; Link & Hamilton, 2017; Maruna, 2011; Moran, 2012; McNeill et al., 2022; Miller et al., 2016; Penal Reform International, 2019; Pleggenkuhle, Huebner & Kras, 2016; Van Hout, Fleißner & Stöver, 2021; Zortman et al., 2016). Trauma, chronic ill health and rates of communicable (HIV/ AIDS, tuberculosis, viral hepatitis, sexually transmitted infections) and non-communicable disease (cancers, mental health disorders problematic substance use) and related morbidities and mortalities are disproportionately high among prison populations (Akiyama and the International Network on Health and Hepatitis in Substance Users—Prisons Network, 2022; Bradshaw et al., 2017; Dolan et al., 2016; European Monitoring Centre for Drugs and Drug Addiction /European Centre for Disease Prevention and Control, 2018; European Monitoring Centre for Drugs and Drug Addiction, 2021; Fazel & Baillargeon, 2011; Fazel, Yoon & Hayes, 2017; World Health Organization, 2023; International Committee of the Red Cross, 2023).

Experts also agreed on the importance of rebuilding family and community relationships and encouraging the involvement of family members and various community actors in pre and post-release support mechanisms (see Akoensi & Tankebe, 2020; B-Competent, 2021; Fair & Jacobson, 2021; Matthews, 2021; McLeod et al. 2021; Vereycken & Ramioul, 2019). Whilst consensus around the critical nature of housing stability in reintegration was observed between *Rounds*, a strong shift was observed between *Rounds* relating to the need for individualised and transitional housing supports in close cooperation with education, vocational training and other forms of support (budgeting, cooking, household skills) on return to the community. A strong shift was also observed between *Rounds* regarding the critical importance of pre and post release employment and community skills training, including diverse activities such as linkage to volunteer and work opportunities, work release programmes in ***pre-release*** timeframes (ideally 12 months prior), and opportunities to access job fairs, meet potential employers, engage in interview skills training and resume writing activities.

Limitations and strengths

The validity of this e-Delphi study is dependent on the composition of our e-Delphi panel. In line with recommended best practices in conducting an e-Delphi study and in order to minimize recruitment bias (Blackwood et al., 2015), we involved a diverse set of ICPA expert members reflective of prison and correctional stakeholders, including persons with lived experience of prison, of both genders, from different regions of the world, and from countries with differing and development/income levels. There was also relatively strong commitment to complete both *Rounds* (retention of 74% to 83%). Limitations centre on the relatively high proportion of researchers in the e-Delphi panel itself, and low uptake from the Middle East and North Africa, South Asia and Latin America and the Caribbean.

Implications for research

We recommend a global Delphi consensus study on the critical components of *Throughcare* focusing explicitly on the expert opinion of persons with lived experience of incarceration. Future research is also warranted to include exploratory and process evaluation research to inform the development and evaluation of local and contextually appropriate *Throughcare* policies and practices. It is important to

identify and understand contextually specific prison systems, resourcing and implementation challenges, document lessons learned, and evaluate the benefits of reintegration programming. Research activities are also recommended to focus on *Throughcare* in low resource settings.

Conclusion

To date, this is the first global e-Delphi consensus study which gathered the opinions of a broad range of professionals working in the field of prison and correctional services on core components of effective integrated multi-agency *Throughcare* regarding successful post release reintegration. The respective core *Throughcare* principles and dimensions with specific statements are likely useful for guiding national prison and *Throughcare* strategies, government investment in *Throughcare* programming, and in supporting responsive *Throughcare* prison policies, staff sensitisation and capacity building all over the world.

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Table One *Round One and Two Statements*

Round One	Round Two
Dimension One: Core Throughcare principles	
1.Throughcare" programmes should be based on a national strategy for reintegration and fully supported by politicians and policymakers. 2."Throughcare" should offer assistance in an integrated multi-agency (public, private, non-governmental) partnership approach designed to address the complex inter-related challenges faced by prisoners during reintegration. 3.Adequate resources, including financial resources, equipment and staff should be allocated for "Throughcare" programmes to ensure long-term sustainability. 4.Balance between surveillance and control, and support and assistance is important. 5.Clear articulation of reintegration services, roles and responsibilities and the relevant time frames should be defined.	1."Throughcare" programmes should be based on a national strategy for reintegration and fully supported by laws, political endorsement, regional and local adaptation where needed, funding, support policies and research evidence. 2."Throughcare" should offer assistance in an integrated multi-system and multi-agency (public, private, non-governmental) partnership coordinated approach designed to address the complex inter-related challenges faced during reintegration. 3.Investment in "Throughcare" can have a positive impact not only on the lives of former people deprived of their liberty but also on society as a whole, whereby with the right resources and support, a more just and equitable society is created where everyone has the opportunity to succeed. 4.Adequate resources, including financial resources, equipment and staff should be allocated to implement "Throughcare" programmes to ensure effectiveness and success in supporting individuals leaving prison and promoting their reintegration into society. 5.Balance is key between care, surveillance, supervision, behavioural change, and support and assistance. 6.A trauma-informed, gender-responsive, and culturally appropriate programme can be created with a balance between surveillance, control, support and assistance. 7.Clear and flexible articulation of reintegration services, roles and responsibilities and time frames which are defined and communicated to all parties is key to achieving the desired outcomes of any reintegration programme. 8.By including multiple stakeholders (especially stakeholders who are willing to be transparent and work in tandem with one another) in the release process, risks of recidivism may be reduced by offering services with a diverse set of organizations to meet a diverse set of needs.
Dimension Two: Throughcare assessment and pre-release activities	
6."Throughcare" in the form of tailored individualised pre-release activities should begin in prison for all prisoners regardless of sentence length and continue throughout the offender's transition to, and stabilisation in, the community. 7."Throughcare" should assess individual needs, backgrounds and risk factors of prisoners, consider previous learning and current skills levels, and focus in a tailored manner on their needs and specific challenges (e.g. any physical or mental health problems, drug or alcohol dependencies, and previous instances of abuse).	9.Throughcare must offer integrated and holistic pre-release planning and post release supports, with a focus on the entire person. 10."Throughcare" in the form of tailored individualised pre-release activities based on Risk-Need-Responsivity principles should begin in prison for all individuals on admission, regardless of sentence length and continue throughout transition to, and stabilisation in the community. 11."Throughcare" should bio-psycho-socially assess individual needs, backgrounds and risk factors of people deprived of their liberty, consider previous learning and current skills levels,

8.“Throughcare” programmes should be based on consultations with prisoners, former prisoners and communities about rehabilitation needs, taking into account their ideas for improving existing programmes or developing new ones. 9.“Throughcare” should be supported by sound case management practices, adequate information management systems and robust evaluation. 10.Training, work and education programmes delivered by the prison system should be flexible, supplemented by peer education and varied for prisoners serving both long-and short-term sentences. 11.Prisoners serving short sentences are included in “Throughcare” programming and should be routinely assessed for their formal and non-formal education experience and attainment. 12.Short-term educational activities (modular/units) should act as introduction to pave the way for continued education post release, and/or help support prisoners serving short sentences. 13.Prisoners should be able to participate in educational and training opportunities in the community or in collaboration with community agencies (e.g. work release programmes two years prior to release from prison). 14.“Throughcare” should (where appropriate) include the outsourcing of programmes by prison authorities to allow experts in various fields to come in and provide adequate mental and psychological support. This is important in many jurisdictions because the prison system does not have experts in these areas. 15.Foreign national prisoners should ideally have access to online education offered by their home country, while they are imprisoned in a foreign country.	and focus in a tailored manner on their needs and specific challenges (e.g. any physical or mental health problems, drug or alcohol dependencies, and previous instances of abuse). 12.“Throughcare” programmes should be co-produced and based on consultations with people with lived experience of deprivation of liberty('nothing about me, without me' principle), stakeholders (current and former) and with communities about rehabilitation needs, taking into account their ideas for improving existing programs or developing new ones. 13.“Throughcare” should be supported by sound case management practices, adequate information management systems and robust evaluation based on mixed methodologies and triangulation to measure impact and identify areas for improvement to better meet the needs of the individuals they serve. 14.Training, work and education programs delivered by the prison system should be tailored to support a 'prison to work pipeline' where courses and work tie into job needs in the community and country, are flexible, include peer involvement and peer support, and vary for those serving both long-and short-term sentences. 15.Subject to resources, including those serving short sentences in 'Throughcare' programming and routinely assessing their education experience and attainment can play a critical role in promoting positive outcomes for all individuals leaving prison and society as a whole. 16.Subject to resources, providing access to short-term educational activities (modular/units) should include those serving short sentences to ensure that all have the opportunity to learn and develop skills that will benefit them post-release. 17.People deprived of their liberty should be able to participate in educational and training opportunities in the community or in collaboration with community agencies (e.g. work release programs two years prior to release from prison). 18.“Throughcare” should (where appropriate) include qualified volunteer-led training programmes as well as the outsourcing of programs by prison authorities to allow external experts in various fields to come in and provide adequate vocational and development support. 19. Subject to resources and country contexts, taking a thoughtful and measured approach to providing online education to foreign nationals in prisons can ensure that they receive the support and resources they need to successfully reintegrate into society while also maintaining online computer safety.
Dimension Three: Staffing and continuity of Throughcare	
16.Prison staff should be carefully selected and provided with appropriate and ongoing training, which enables them to address the special rehabilitation and individual needs of prisoners including gender and age sensitive. 17.Prison systems should devote some human and financial resources to support pre-release activities and planning in prison. 18.Staff must be well supported by their managers and have the time to engage with prisoners.	20.Prison staff should be carefully selected and provided with appropriate and ongoing training and skills development (best practices, new approaches to rehabilitation, values etc), enabling them to address the diverse needs of people deprived of their liberty and promote a more effective and equitable reintegration process. 21.Programmes and staff must be well resourced and supported by prison administration and their managers, and have the time and space to engage with and build trust with people deprived of their liberty.

19.The interpersonal skills of case workers and continuity of case worker relationships is important across the "Throughcare" continuum. 20.Community services (social, employment, financial, drug treatment, housing, money advice) need to operate and work together along the linkage to care route.	22.Effective case management is a critical component of any successful rehabilitation programme, and case workers play a central role in providing support and guidance to individuals leaving prison. 23.By possessing strong interpersonal skills, case workers can build trust and rapport with the individuals they serve, which is critical for promoting positive outcomes and ensuring continuity of care throughout the 'Throughcare' continuum. 24.It is crucial that community services (social, employment, financial, drug treatment, housing, money advice) are sufficiently supported and resourced to operate and work together to provide comprehensive support along the linkage to care route.
Dimension Four: Family and relationships	
21."Throughcare" should engage families and the community, and foster strong community ownership. Where contextually appropriate , traditional and religious institutions can also play a key role. 22.Where safe to do so family members should be invited into pre-release case planning sessions, and/or engaged in additional phone calls and visits to support pre-release planning. 23.Individualised post-release family supports cognisant of the complex needs of former prisoners should be provided in "Throughcare".	25.By engaging the community, fostering strong community ownership, and working with traditional and religious institutions, a more effective and just prison system that supports positive outcomes for individuals leaving prison and society as a whole is achieved. 26.Where safe to do so, involving family members in pre-release planning can provide valuable insights into needs and challenges, and help ensure that individuals leaving prison have a supportive network in place upon release.
Dimension Five: Employment and community skills training	
24.Pre-release support (ideally up to 12 months prior to release) should include work release programmes which link prisoners with potential work opportunities. 25.Regular job fairs, during which prisoners can meet with potential employers and undertake job interviews after training on basic interview techniques and resume writing skills should be provided. 26.Post-release support should provide linkage of former prisoners with potential volunteer and work opportunities.	27.Pre-release support (ideally up to 12 months prior to release) where appropriate (e.g. risk level of the person) should include work release programs which link people deprived of their liberty with potential work opportunities. 28.Building partnerships with local employers and industries and providing regular job fairs (including virtual fairs), during which people deprived of their liberty can meet with potential employers, undertake job interviews after training on basic interview techniques and resume writing skills should be provided. 29.Post-release support should provide linkage to potential volunteer, paid internship, community service and work opportunities.
Dimension Six: Housing	
27.Individualised post-release housing supports should be provided in "Throughcare." 28.'Halfway houses', as places of residence can provide prisoners with the necessary skills to reintegrate into society and to support and care for themselves.	30.Housing stability is a critical component of successful reintegration, as it provides individuals leaving prison with a safe and stable environment to build their new lives. 31.Transitional housing can reduce recidivism by helping individuals build important skills such as budgeting, cooking, and basic household maintenance, as well as provide access to education and training programs, job search assistance, and other forms of support. 32.Individualised post-release housing supports should be provided in "Throughcare".
Dimension Seven: Transitional health and special populations	

29.Prisoner health literacy is important for “Throughcare” and empowerment to understand and manage their own healthcare needs. 30.Individualised pre-release transitional health supports cognisant of the complex often co-morbid needs of prisoners ideally up to 12 months prior to release should be provided in “Throughcare.” 31.Pre-release support should provide prisoners with care planning and linkage to appropriate services in the community (e.g. mental healthcare, counseling and substance abuse programmes). 32.Individualised post-release transitional health supports cognizant of the complex often co-morbid needs of former prisoners should be provided up to 12 months post release in “Throughcare.” 33.People with mental health (including substance use issues) require additional responsive and sensitive supports during reintegration periods. 34.Women particularly those with care-giving responsibilities require gender responsive and sensitive supports during pre and post-release periods. 35.Age responsive and sensitive supports are important during reintegration planning and post release periods.	33.Health literacy is important for Throughcare” leading to empowerment to understand healthy behaviours, taking an active role in their own healthcare, managing their own healthcare needs and making healthier lifestyle choices. 34.Individualised pre-release transitional health supports cognizant of the complex often co-morbid needs of people deprived of their liberty should be provided ideally up to 12 months prior to release in “Throughcare”. 35.Individualised pre-release support should provide people deprived of their liberty with care planning which includes a range of services, such as assessments to identify healthcare needs and develop a comprehensive care plan, as well as linkage to community-based healthcare providers and support services. 36.Individualised post-release transitional health supports cognisant of the complex often co-morbid needs of former people deprived of their liberty should be provided up to 12 months post release in “Throughcare.” 37.Post-release transitional health supports should include a range of services, such as medical and mental health assessments, medication management, and access to specialised care and treatment programmes. 38.People with mental health (including substance use issues) require additional responsive and sensitive supports during reintegration periods. 39.Women particularly those with care-giving responsibilities require gender responsive and sensitive supports including mentoring, access to childcare and family support services, trauma-informed care, and gender-sensitive healthcare services during pre and post-release periods. 40.Age responsive and sensitive supports which are tailored to the individual needs and circumstances of each person, taking into account factors such as age, gender, and family responsibilities are important during reintegration planning and post release periods.

Table Two *Participant Demographics*

		Round 1 N = (130)	Round 2 N = (108)
		n(%)	**n(%)**
Gender	Male	66(50.8)	56(51.9)
	Female	62(47.7)	50(46.3)
	Prefer not to say	2(1.5)	2(1.9)
Age (Years)	under 30	1(2)	1(1)
	30-50	57(55)	45(41.6)
	Above 50	72(43)	62(57.4)
Region of Activity	East Asia and Pacific	24(15.8)	23 (21.3)
	Europe and Central Asia	39(25.7)	36 (33.3)
	Latin America and the Caribbean	10(6.6)	8 (7.4)
	Middle East and North Africa	4(2.6)	3 (2.8)
	North America	44(28.9)	37 (34.3)
	South Asia	6(3.9)	5 (4.6)
	Sub-Saharan Africa	17(11.2)	11 (10.2)
	Not specified	8(5.3)	6(5.6)
Country of Activity	USA	28(21.5)	23 (20.4)
	Australia	20(15.4)	19 (16.8)
	Canada	16(12.3)	18 (15.9)
	UK	10(7.7)	9 (8.0)
	Nigeria	7(5.4)	6 (5.3)
	Spain	5(3.9)	4 (3.5)
	(Remaining)	44(33.8)	34(30.1)
Country Income	High	75(51.7)	65(53.3)
	Upper Middle	21(14.5)	21(17.2)
	Lower Middle	23(15.9)	17(13.9)
	Low	20(13.8)	14(11.5)
	Not specified	6(4.1)	5(4.1)
Role in the Prisons and Corrections field	Advocacy and civil society	25 (8.4)	18 (16.7)
	Clinical	19 (6.4)	14 (13.0)
	Education and vocational training	35 (11.7)	30 (27.8)
	Prison health and social care	32 (10.7)	24 (22.2)
	Person with lived experience of detention	4 (1.3)	3 (2.8)
	Policy maker	33 (11.1)	23 (21.3)
	Prison security staff	15 (5.0)	10 (9.3)
	Case worker	16 (5.4)	13 (12.0)
	Researcher	51 (17.1)	47 (43.5)
	Community services for former prisoners (housing, family, financial etc)	22 (7.4)	18 (16.7)
	Work in an international organization	20 (6.7)	15 (13.9)
	Law enforcement	10 (3.4)	6 (5.6)
	Not specified	16(5.4)	15(13.9)

Table Three *Likert Scale scores for Round One statements*

	Round One			
Statements	**n**	**Score 1-3 n (%)**	**Score 4-6 n (%)**	**Score 7-9 n (%)**
Dimension One: Core Throughcare principles				
Throughcare" programmes should be based on a national strategy for reintegration and fully supported by politicians and policymakers.	130	0	10(8)	119(92)
"Throughcare" should offer assistance in an integrated multi-agency (public, private, non-governmental) partnership approach designed to address the complex inter-related challenges faced by prisoners during reintegration.	130	0	11(8)	117(90)
Adequate resources, including financial resources, equipment and staff should be allocated for "Throughcare" programmes to ensure long-term sustainability.	130	0	6(4)	121(93)
Balance between surveillance and control, and support and assistance is important.	130	2(2)	19(15)	108(83)
Clear articulation of reintegration services, roles and responsibilities and the relevant time frames should be defined.	130	0	20(15)	107(82)
Dimension Two: Throughcare assessment and pre-release activities				
"Throughcare" in the form of tailored individualised pre-release activities should begin in prison for all prisoners regardless of sentence length and continue throughout the offender's transition to, and stabilisation in the community.	130	0	14(11)	114(88)
"Throughcare" should assess individual needs, backgrounds and risk factors of prisoners, consider previous learning and current skills levels, and focus in a tailored manner on their needs and specific challenges (e.g. any physical or mental health problems, drug or alcohol dependencies, and previous instances of abuse).	130	0	3(2)	124(95)
"Throughcare" programmes should be based on consultations with prisoners, former prisoners and communities about rehabilitation needs, taking into account their ideas for improving existing programmes or developing new ones.	130	1(1)	15(12)	114(88)
"Throughcare" should be supported by sound case management practices, adequate information management systems and robust evaluation.	130	0	9(7)	121(93)
Training, work and education programmes delivered by the prison system should be flexible, supplemented by peer education and varied for prisoners serving both long-and short-term sentences.	130	1(1)	22(17)	105(81)
Prisoners serving short sentences are included in "Throughcare" programming and should be routinely assessed for their formal and non-formal education experience and attainment.	130	3(2)	38(29)	87(67)
Short-term educational activities (modular/units) should act as introduction to pave the way for continued education post release, and/or help support prisoners serving short sentences.	130	1(1)	27(21)	101(78)
Prisoners should be able to participate in educational and training opportunities in the community or in collaboration with community agencies (e.g. work release programmes two years prior to release from prison).	130	3(2)	12(9)	113(87)
"Throughcare" should (where appropriate) include the outsourcing of programmes by prison authorities to allow experts in various fields to come in and provide adequate mental and psychological support. This is important in many jurisdictions because the prison system does not have experts in these areas.	130	1(1)	23(18)	106(82)
Foreign national prisoners should ideally have access to online education offered by their home country, while they are imprisoned in a foreign country.	130	14(11)	53(41)	56(43)
Dimension Three: Staffing and continuity of Throughcare				
Prison staff should be carefully selected and provided with appropriate and ongoing training, which enables them to address the special rehabilitation and individual needs of prisoners including gender and age sensitive.	130	0	7(5)	121(93)
Prison systems should devote some human and financial resources to support pre-release activities and planning in prison.	130	0	8(6)	119(92)

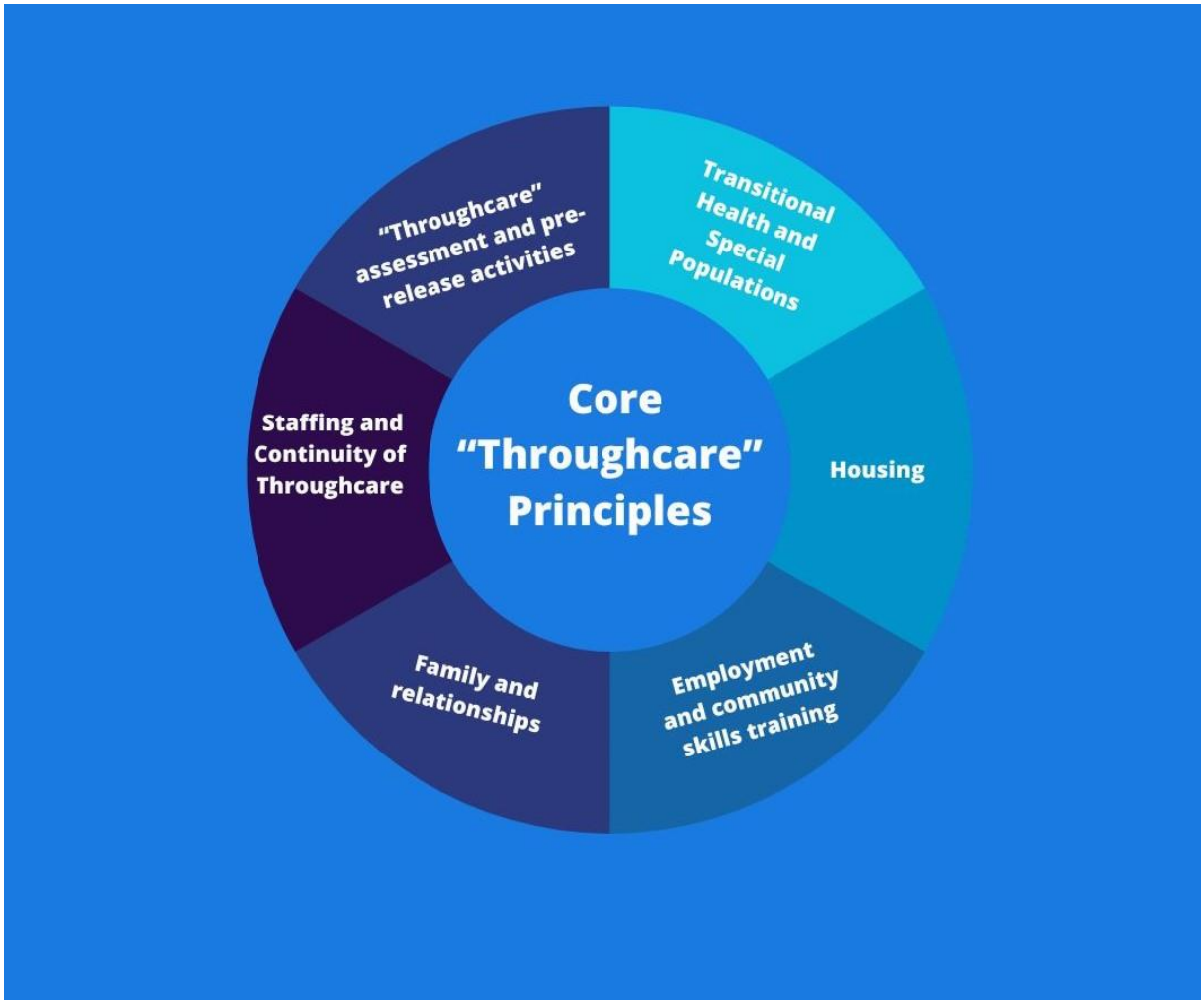
Staff must be well supported by their managers and have the time to engage with prisoners.	130	1(1)	8(6)	118(91)
The interpersonal skills of case workers and continuity of case worker relationships is important across the "Throughcare" continuum.	130	0	8(6)	122(94)
Community services (social, employment, financial, drug treatment, housing, money advice) need to operate and work together along the linkage to care route.	130	0	8(6)	121(93)
Dimension Four: Family and relationships				
"Throughcare" should engage families and the community, and foster strong community ownership. Where contextually appropriate , traditional and religious institutions can also play a key role.	130	1(1)	13(10)	116(89)
Where safe to do so family members should be invited into pre-release case planning sessions and/or engaged in additional phone calls and visits to support pre-release planning.	130	0	16(12)	111(85)
Individualised post-release family supports cognisant of the complex needs of former prisoners should be provided in "Throughcare."	130	1(1)	15(11)	111(85)
Dimension Five: Employment and community skills training				
Pre-release support (ideally up to 12 months prior to release) should include work release programmes which link prisoners with potential work opportunities.	130	2(2)	17(13)	111(85)
Regular job fairs, during which prisoners can meet with potential employers and undertake job interviews after training on basic interview techniques and resume writing skills should be provided.	130	3(2)	31(24)	95(73)
Post-release support should provide linkage of former prisoners with potential volunteer and work opportunities.	130	1(1)	20(15)	108(83)
Dimension Six: Housing				
Individualised post-release housing supports should be provided in "Throughcare."	130	0	20(15)	109(84)
'Halfway houses', as places of residence can provide prisoners with the necessary skills to reintegrate into society and to support and care for themselves.	130	4(3)	29(22)	95(73)
Dimension Seven: Transitional health and special populations				
Prisoner health literacy is important for Throughcare" and empowerment to understand and manage their own healthcare needs.	130	1(1)	25(19)	103(79)
Individualised pre-release transitional health supports cognisant of the complex often co-morbid needs of prisoners ideally up to 12 months prior to release should be provided in "Throughcare."	130	2(2)	17(13)	106(82)
Pre-release support should provide prisoners with care planning and linkage to appropriate services in the community (e.g. mental healthcare, counseling and substance abuse programmes).	130	0	6(5)	124(94)
Individualised post-release transitional health supports cognizant of the complex often co-morbid needs of former prisoners should be provided up to 12 months post release in "Throughcare."	130	2(2)	19(15)	106(82)
People with mental health (including substance use issues) require additional responsive and sensitive supports during reintegration periods.	130	0	6(5)	124(95)
Women particularly those with care-giving responsibilities require gender responsive and sensitive supports during pre and post-release periods.	13	1(1)	6(5)	123(95)
Age responsive and sensitive supports are important during reintegration planning and post release periods.	130	1(1)	16(12)	113(87)

Table Four *Likert Scale scores for Round Two statements*

	Round Two			
Statements	**n**	**Score 1-3 n (%)**	**Score 4-6 n (%)**	**Score 7-9 n (%)**
Dimension One: Core Throughcare principles				
"Throughcare" programmes should be based on a national strategy for reintegration and fully supported by laws, political endorsement, regional and local adaptation where needed, funding, support policies and research evidence.	108	0	4(2)	104(96)
"Throughcare" should offer assistance in an integrated multi-system and multi-agency (public, private, non-governmental) partnership coordinated approach designed to address the complex inter-related challenges faced during reintegration.	108	0	2(2)	106(98)
Investment in "Throughcare" can have a positive impact not only on the lives of former people deprived of their liberty but also on society as a whole, whereby with the right resources and support, a more just and equitable society is created where everyone has the opportunity to succeed.	108	0	2(2)	102(94)
Adequate resources, including financial resources, equipment and staff should be allocated to implement "Throughcare" programmes to ensure effectiveness and success in supporting individuals leaving prison and promoting their reintegration into society.	108	0	1(1)	107(99)
Balance is key between care, surveillance, supervision, behavioural change, and support and assistance.	108	0	5(5)	103(95)
A trauma-informed, gender-responsive, and culturally appropriate programme can be created with a balance between surveillance, control, support and assistance.	108	0	8(7)	97(90)
Clear and flexible articulation of reintegration services, roles and responsibilities and time frames which are defined and communicated to all parties is key to achieving the desired outcomes of any reintegration programme.	108	0	7(7)	99(92)
By including multiple stakeholders (especially stakeholders who are willing to be transparent and work in tandem with one another) in the release process, risks of recidivism may be reduced by offering services with a diverse set of organizations to meet a diverse set of needs.	108	0	3(3)	104(96)
Dimension Two: Throughcare assessment and pre-release activities				
Throughcare must offer integrated and holistic pre-release planning and post release supports, with a focus on the entire person.	108	0	2(2)	106(98)
"Throughcare" in the form of tailored individualised pre-release activities based on Risk-Need-Responsivity principles should begin in prison for all individuals on admission, regardless of sentence length and continue throughout transition to, and stabilisation in the community.	108	1(1)	4(4)	103(95)
"Throughcare" should bio-psycho-socially assess individual needs, backgrounds and risk factors of people deprived of their liberty, consider previous learning and current skills levels, and focus in a tailored manner on their needs and specific challenges (e.g. any physical or mental health problems, drug or alcohol dependencies, and previous instances of abuse).	108	0	2(2)	106(98)
"Throughcare" programmes should be co-produced and based on consultations with people with lived experience of deprivation of liberty('nothing about me, without me' principle), stakeholders (current and former) and with communities about rehabilitation needs, taking into account their ideas for improving existing programmes or developing new ones.	108	0	7(7)	101(94)

“Throughcare” should be supported by sound case management practices, adequate information management systems and robust evaluation based on mixed methodologies and triangulation to measure impact and identify areas for improvement to better meet the needs of the individuals they serve.	108	0	3(3)	105(97)
Training, work and education programs delivered by the prison system should be tailored to support a 'prison to work pipeline' where courses and work tie into job needs in the community and country, are flexible, include peer involvement and peer support, and vary for those serving both long-and short-term sentences.	108	0	8(8)	100(91)
Subject to resources, including those serving short sentences in 'Throughcare' programming and routinely assessing their education experience and attainment can play a critical role in promoting positive outcomes for all individuals leaving prison and society as a whole.	108	0	15(16)	90(83)
Subject to resources, providing access to short-term educational activities (modular/units) should include those serving short sentences to ensure that all have the opportunity to learn and develop skills that will benefit them post-release.	108	0	11(10)	97(90)
People deprived of their liberty should be able to participate in educational and training opportunities in the community or in collaboration with community agencies (e.g. work release programs two years prior to release from prison).	108	1(1)	6(6)	101(93)
“Throughcare” should (where appropriate) include qualified volunteer-led training programs as well as the outsourcing of programmes by prison authorities to allow external experts in various fields to come in and provide adequate vocational and development support.	108	0	10(9)	98(90)
Subject to resources and country contexts, taking a thoughtful and measured approach to providing online education to foreign nationals in prisons can ensure that they receive the support and resources they need to successfully reintegrate into society while also maintaining online computer safety.	108	4(4)	36(33)	65(60)
Dimension Three: Staffing and continuity of Throughcare				
Prison staff should be carefully selected and provided with appropriate and ongoing training and skills development (best practices, new approaches to rehabilitation, values etc), enabling them to address the diverse needs of people deprived of their liberty and promote a more effective and equitable reintegration process.	108	0	3(3)	103(95)
Programmes and staff must be well resourced and supported by prison administration and their managers, and have the time and space to engage with and build trust with people deprived of their liberty.	108	1(1)	0	106(98)
Effective case management is a critical component of any successful rehabilitation programme, and case workers play a central role in providing support and guidance to individuals leaving prison.	108	0	2(2)	106(98)
By possessing strong interpersonal skills, case workers can build trust and rapport with the individuals they serve, which is critical for promoting positive outcomes and ensuring continuity of care throughout the 'Throughcare' continuum.	108	0	2(2)	105(97)
It is crucial that community services (social, employment, financial, drug treatment, housing, money advice) are sufficiently supported and resourced to operate and work together to provide comprehensive support along the linkage to care route.	108	1(1)	0	107(99)
Dimension Four: Family and relationships				
By engaging the community, fostering strong community ownership, and working with traditional and religious institutions, a more effective and just prison system that supports positive outcomes for individuals leaving prison and society as a whole is achieved.	108	1(1)	4(4)	103(95)
Where safe to do so, involving family members in pre-release planning can provide valuable insights into needs and challenges, and help ensure that individuals leaving prison have a supportive network in place upon release.	108	0	2(2)	106(98)
Dimension Five: Employment and community skills training				

Pre-release support (ideally up to 12 months prior to release) where appropriate (e.g. risk level of the person) should include work release programs which link people deprived of their liberty with potential work opportunities.	108	1(1)	5(5)	101(93)
Building partnerships with local employers and industries and providing regular job fairs (including virtual fairs), during which people deprived of their liberty can meet with potential employers, undertake job interviews after training on basic interview techniques and resume writing skills should be provided.	108	1(1)	3(3)	103(95)
Post-release support should provide linkage to potential volunteer, paid internship, community service and work opportunities.	108	1(1)	7(6)	100(93)
Dimension Six: Housing				
Housing stability is a critical component of successful reintegration, as it provides individuals leaving prison with a safe and stable environment to build their new lives.	108	0	1(1)	107(99)
Transitional housing can reduce recidivism by helping individuals build important skills such as budgeting, cooking, and basic household maintenance, as well as provide access to education and training programs, job search assistance, and other forms of support.	108	0	6(6)	102(95)
Individualised post-release housing supports should be provided in “Throughcare”.	108	0	6(6)	102(95)
Dimension Seven: Transitional health and special populations				
Health literacy is important for Throughcare” leading to empowerment to understand healthy behaviours, taking an active role in their own healthcare, managing their own healthcare needs and making healthier lifestyle choices.	108	0	6(6)	100(93)
Individualised pre-release transitional health supports cognizant of the complex often co-morbid needs of people deprived of their liberty should be provided ideally up to 12 months prior to release in “Throughcare”.	108	0	6(6)	99(92)
Individualised pre-release support should provide people deprived of their liberty with care planning which includes a range of services, such as assessments to identify healthcare needs and develop a comprehensive care plan, as well as linkage to community-based healthcare providers and support services.	108	0	2(2)	105(97)
Individualised post-release transitional health supports cognisant of the complex often co-morbid needs of former people deprived of their liberty should be provided up to 12 months post release in “Throughcare.”	108	0	7(7)	97(90)
Post-release transitional health supports should include a range of services, such as medical and mental health assessments, medication management, and access to specialised care and treatment programmes.	108	0	7(6)	100(93)
People with mental health (including substance use issues) require additional responsive and sensitive supports during reintegration periods.	108	0	3(3)	104(96)
Women particularly those with care-giving responsibilities require gender responsive and sensitive supports including mentoring, access to childcare and family support services, trauma-informed care, and gender-sensitive healthcare services during pre and post-release periods.	108	0	3(3)	105(97)
Age responsive and sensitive supports which are tailored to the individual needs and circumstances of each person, taking into account factors such as age, gender, and family responsibilities are important during reintegration planning and post release periods.	108	0	4(4)	104(97)


"Throughcare" assessment and pre-release activities
Transitional Health and Special Populations
Core "Throughcare" Principles
Housing
Staffing and Continuity of Throughcare
Family and relationships
Employment and community skills training