Examining the Role of Perceived Social Support in the Reintegration of Ex-offenders

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Singapore After-Care Association

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ABSTRACT

Social support has been shown to result in various positive impacts during the reintegration journey of an ex-offender. However, not many studies have focused on the role of perceived social support for ex-offenders. Hence, this paper seeks to examine the relationship between perceived social support with variables that includes well-being and self-stigma. The sources of social support perceived as important for clients were identified from the perspectives of clients and practitioners. The ways in which practitioners were aligned, misaligned, as well as improvements to be made in meeting clients' needs regarding social support were also explored. No significant relationship was found between perceived social support and well-being and self-stigma. However, the family subscale revealed a significant relationship with well-being of client-respondents. In general, practitioners and clients are aligned in what they regarded as important sources of social support for the clients. Areas identified for improvements include exploring the availability and priorities of clients' social support, to take on a client-centred approach, and having more follow-ups. Most importantly, practitioners should remain sensitive and genuine in helping clients meet their needs to allow them to feel supported during their reintegration journey.

CHAPTER 1: INTRODUCTION

1.1 Overview

Social support had been identified as indispensable for a successful offender reintegration. For an individual to create a pro-social identity, formal supports and informal supports from others are needed (Null, 2015).

Literature has shown benefits of social support for ex-offenders which included a reduction in recidivism rates (Schnappauf & DiDonato, 2017). In addition, many criminological theories had contained aspects of social support. For example, Cullen had proposed to use social support as a framework to look at criminology (as cited in Makarios & Sams, 2013). Although these theories included elements of social support, studies had usually focused on only one source or an objective measure of support (Null, 2015). Besides that, many studies focus on how received and/or perceived social support during incarceration could potentially lead to improved outcomes upon release. In addition, there is a lack of local studies to understand the role of perceived social support for ex-offenders during their reintegration journey. Therefore, this study will focus on the perceived social support of ex-offenders in the aftercare phase.

This paper aims to understand the relationship between perceived social support and other variables, including well-being and self-stigma of ex-offenders. In addition, sources of support regarded as important for ex-offenders will be identified from the clients' and practitioners' perspectives. The ways in which practitioners were aligned, as well as misaligned, with clients' needs will also be explored. While the first objective was understood only from the clients' perspective, the second objective was met from two different perspectives. Recommendations will also be made on how ex-offenders can feel more supported in their reintegration journey. Quantitative methods were used to understand the relationship, while qualitative methods were used to elaborate on social support.

1.2 Literature review

Social support has been described by scholars as a "meta-construct" with a number of sub-constructs (Haber, Cohen, Lucas, & Baltes, 2007). Literature has also widely covered two of these sub-constructs – received social support and perceived social support (Haber et al., 2007; Helgeson, 1993). As received social support measures specific examples of supportive behavior that were provided to an individual, it tends to be a better reflection of actual support provided by the environment (Barrera, 1986; Haber et al., 2007). In contrast, perceived social support refers to an appraisal of the general availability of support in times of need and satisfaction of such support (Heller, Swindle, & Dusenbury, 1986). Hence, measures on perceived social support may be dependent on individual differences in perceptual, judgment, and memory processes that could result in different perceptions of supportive events. The relationship contexts when supportive events occur may also affect the judgements made by individuals (Haber et al., 2007). Thus, the degree to which an individual feels supported or unsupported in a social state differs between individuals (Gülaçtı, 2010). Even though individuals could be receiving similar amounts of actual support, they may have different perceptions on the amount of support received.

The concept of social support also includes the sources and types of support. Sources of social support could range from formal supports such as professionals to informal supports including family, friends and community (Martinez & Abrams, 2013). The types of social support include emotional support, instrumental support or tangible support, informational support, and appraisal support such as for self-evaluation (Kim & Mazza, 2014). Social support could also be provided at various levels, from individual's immediate circle of family and friends, to a larger network of community and neighbourhoods, as well as at institutional levels (Orrick et al., 2011).

Studies have found social support to be related to improved outcomes, helping to buffer stressful life events, and increased programme adherence (Ome & Okorie, 2015). In addition, perceived social support could act as a protective factor against numerous health outcomes such as hopelessness, depression, and anxiety among both incarcerated and non-incarcerated individuals (Johnson et al., 2011). Some studies have found a weak correlation between received and perceived social support (Lakey et al., 2002; Sandler & Barrera, 1984), while other studies had found perceived social support to be equally important as the actual support received with regards to mental health benefits (Martinez & Abrams, 2013). Even though received support measures may be a better estimation of coping resources in an individual's environment, the literature has also suggested that outcomes of received support could be improved only if perceived support had been modified (Haber et al., 2007).

The importance of perceived support has also been highlighted in other studies. For example, a study by Ome and Okorie (2015) on male prisoners found a significant negative relationship between perceived social support and criminality. The authors also showed perceived social support to have a negative moderating effect between emotional adjustment and criminality. Hence, even though poor emotional adjustment may increase criminal tendencies, individuals who had high perceived support from their social networks would be less likely to be involved in criminal behaviours.

Most literature has shown a positive relationship between perceived social support and well-being, thus implying that inmates with higher perceived support enjoy greater well-being (Balogun, 2014; Mefoh, Odo, Ezeh, & Ezeah, 2016). Maintaining a high level of well-being is important as it has been found to be a protective factor against criminal behaviour and recidivism (Bouman, Schene, & Ruiter, 2009). Within the local context, a case study of the Singapore Prisons had also emphasised the importance of inmate's well-being where an

increased sense in the aforementioned correlated with a drop in recidivism rates (Helliwell, 2011).

Self-stigma is also an important aspect experienced by ex-offenders (Moore, Tangney, & Stuewig, 2016). The negative impact of self-stigma upon re-entry could result in negative perceptions of attitudes held by community members, and poor self-concept that could encourage avoidance or withdrawal, hinders adherence to programme, and increase the risk of recidivism (Moore, Milam, Folk, & Tangney, 2017). This experience can also be seen within different cultures. In Hong Kong, Chui and Cheng (2013) similarly found that male ex-offenders experienced self-stigma that correlated with a sense of shame, embarrassment and lower self-worth.

1.3 Rationale for the current study

Most of the literature discussed thus far has focused on the perceived social support of inmates. However, it is equally important to maintain high perceived support for offenders who have been discharged. A perceived lack of social support and lack of structure in society could be the reason discharged offenders experience difficulties when re-joining society, rather than due to the barriers for access to resources (Denney, Tewksbury, & Jones, 2014). The authors found that some ex-offenders continue to be challenged in the social aspects of re-entry although practical needs such as employment and accommodation had been addressed. Thus, it had been suggested that the focus should then be on the informal supports once basic needs had been secured. This shows the importance of considering a holistic approach where both the types and sources of social support should be explored to meet the needs of ex-offenders. The perception on reintegration services held by ex-offenders could also be a factor that affects their recidivism as such perceptions could influence their compliance level to benefit from these services (Spjeldnes, Jung, Maguire, & Yamatani, 2012).

Because of the complex relationships individuals have with social support, we need to understand what it actually means to them from the perspective of both clients and practitioners. By understanding which social supports are associated with the different variables, and the value judgements of clients regarding each type of support, recommendations can then be made on the factors that should be incorporated in future programs to facilitate reintegration. Hence, through this paper, we aim to identify the relationship of perceived social support with well-being and measures of self-stigma, and what could be done to allow clients to feel more supported during their reintegration journey.

CHAPTER 2: METHODS

2.1 Participants

In an attempt to understand the perception of social support for ex-offenders from different perspectives, data was collected from practitioners and clients in the aftercare phase. For practitioners, they must be caseworkers with direct experience working with clients who are in the aftercare phase of their rehabilitation. The terms ‘practitioners’ and ‘caseworkers’ will be used interchangeably in this paper. Clients must be 18 years or older, able to speak and read English, and are in the aftercare phase of rehabilitation. Clients were informed of the study through their respective caseworkers, and an interview session was arranged for those who had expressed interest to participate. While clients completed the survey in a face-to-face session, practitioners were given a link to an online survey. In order to get more respondents, practitioners and clients from other aftercare agencies were also informed of the study. Therefore, the respondents were clients from Singapore After-Care Association (SACA), Singapore Anti-Narcotics Association (SANA), and Industrial & Services Co-operative Society Ltd (ISCOS), while practitioners were from SACA, SANA, Care Community Services Society, and Singapore Prisons Services (SPS). The final sample consists of 35 clients and 25 practitioners; refer to Appendix A for demographic information of respondents.

2.2 Instruments

This study adopted both quantitative and qualitative approaches to meet its objectives. The survey instrument consisted of four sections: perception on social support, well-being, self-stigma, and demographics. Only the self-designed questionnaire, as described below, and demographic information were collected from practitioners. A copy of the questionnaire can be found in Appendix B.

2.2.1 Perception on social support

The first section was on perception of social support, and consisted of 3 components. First, the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) is a 12-item scale that was used to find out respondents' perception of social support available from three sources – family, friends, and significant others. They were asked to indicate how much they agreed with each statement on a seven-point scale (from 1 = very strongly disagree to 7 = very strongly agree). The overall score was calculated by averaging the scores in each subscale and for all questions respectively. A higher score indicates a higher level of perceived social support from these sources. Internal consistency was estimated with Cronbach's alpha. In this study, acceptable internal consistency was demonstrated for the overall scale (α = .81), family subscale (α = .78), friends subscale (α = .87), and the significant other subscale (α = .89).

Second, the Medical Outcomes Study Social Support Survey (MOS-SS; Sherbourne & Stewart, 1991) is a 19-item measure used to assess how often certain kinds of support are available when the respondents needed them (1 = none of the time to 5 = all of the time). The survey consists of four separate subscales – emotional/informational support, tangible support, affectionate support, and positive social interaction – and an overall social support index. Final scores for each subscale were obtained by averaging the scores of items in the subscale, while the overall social support index was calculated by averaging scores of all items in the survey. A higher score indicates more support is available when needed. The MOS-SS was originally developed for patients in the Medical Outcomes Study (MOS), and administered to chronically ill patients (Moser, Stuck, Silliman, Ganz, & Clough-Gorr, 2012). However, the scale has also been found to be a psychometrically sound instrument to measure the level of perceived social support among other populations, including young non-clinical populations (Giangrasso & Casale, 2014), and incarcerated women (Kim & Mazza, 2014). The scale has

shown to be reliable for use in our current sample, showing high internal consistency for the overall scale (α = .94), emotional/informational support subscale (α = .91), tangible support subscale (α = .82), affectionate support subscale (α = .86), and positive social interaction subscale (α = .90). It has also demonstrated to be a valid scale for the current sample, showing a significant correlation with overall MSPSS ($r(33) = .70$, $p < .001$).

The last component is a self-designed questionnaire which asks for respondents' views and opinions on social support. The questionnaire includes both quantitative and qualitative segments. In the first part, respondents were asked to choose what they perceived as a source of social support for clients from the list given. Some of the sources listed include financial assistance, employment, faith/religion, family, befrienders, self-help groups, and support group. Respondents were also asked to name other sources that they perceived as a source of social support, if any. They were then asked to rank the chosen sources of support according to order of importance, with a higher rank indicating greater importance. In the second part, respondents were asked to rate the extent to which caseworker(s) was aligned to clients' needs regarding social support (0 = not aligned at all to 10 = fully aligned), with a higher rating indicating greater alignment. Hence, clients rated the extent to which practitioners were aligned to their needs, while practitioners rated the extent that they were aligned to clients' needs. Following that, they were asked to share the ways by which caseworkers were aligned and not aligned to clients' needs, as well as what could be done to understand client's needs better. Data was collected from both practitioners and clients to understand the different perspectives.

2.2.2 Well-being

Well-being was assessed by the remembered well-being subscale of the Pemberton Happiness Index (Hervás & Vázquez, 2013). It consists of 11 items covering different domains of remembered well-being (i.e. general – overall satisfaction with life, eudaimonic –

psychological functioning, hedonic – affective state, and social well-being – global feeling of the society they are living in) measured on an 11-point Likert scale (0 = totally disagree to 10 = totally agree). Final score for remembered well-being was calculated by averaging the scores of all 11 items in the scale with higher scores indicating greater well-being. Acceptable internal consistency was shown for the current sample (α = .82).

2.2.3 Self-stigma

The Self-Stigma of Individuals with Criminal Records scale (SSICR; Moore et al., 2016) was used to assess the respondents' perception of stigma. The SSICR was adapted from the Self-Stigma of Mental Illness scale (SSMI; Corrigan, Watson, & Barr, 2006) as many stereotypes used to describe people with mental illness can be applied to people with a criminal record. Specific phrases were used to measure perceived stigma ("The public believes most people with a criminal record…"), stereotype agreement ("I think most people with a criminal record…"), and internalised stigma ("Because I have a criminal record…"). Respondents were asked to rate how much they agree with each statement on a four-point scale (1 = strongly disagree to 4 = strongly agree). The final score for each subscale was obtained by averaging all the items. A higher score indicates greater agreement with these stereotypes and self-stigma. Adequate internal consistency was shown for the perceived stigma subscale (α = .90), stereotype agreement subscale (α = .68), and internalised stigma subscale (α = .71).

2.2.4 Demographics

In the last section, demographic information was collected. Some information that was captured includes race, year of birth, marital status, religion, education, employment, income and finances, and accommodation.

2.3 Data collection and Transcription

During the section where client-respondents were interviewed for their views and opinions on social support, they were invited to share their experiences regarding the topic. Respondents were probed further to draw out more information and when clarifications in responses were needed. The interviews were recorded to facilitate transcription of data. Recorded information was solely used for the purpose of analysis and was not externally circulated.

Respondents were also given the scales used in different sections of the survey. The interviewer would inform respondents which scale they had to refer to before reading out each statement in that section.

Besides the Principal Investigator, data was also collected and transcribed by other members in the research team. Each transcript was checked by the Principal Investigator against the original recording to ensure accuracy.

2.4 Ethical considerations

Informed consent was obtained from all respondents prior to any data collection. A verbal explanation of the Participant Information Sheet (PIS) was given to client-respondents before consent was obtained. In the online survey for practitioners, consent was obtained before they could proceed to the questionnaire. The PIS includes a description of the research purpose, permission to do an audio recording for certain parts of the session (for client-respondents only), options to withdraw from the study, and other safeguards to the respondent's privacy and confidentiality. A copy of PIS and signed consent was also given to the respondents. With regards to confidentiality, only the researcher and respective caseworker know the identity of the respondents. All identifiable information was coded and separated at the earliest stage possible, with names being replaced by a code number. In this paper, code numbers with 'C' refer to responses by client-respondents, while 'P' represents

responses from practitioners. All interview recordings and transcripts were also stored securely in a computer with password protection.

Upon completion of the interview, respondents received *FairPrice* vouchers as a token of appreciation. Due to the policy of SPS, practitioners from SPS were not allowed to receive any payment.

CHAPTER 3: RESULTS

3.1 Relationship between perceived social support, well-being, and self-stigma

The means and standard deviation for all the instruments used, except the self-designed questionnaire, are shown in Table 1.

Table 1

Mean Scores and Standard Deviation for Scales Used

	Mean	SD
MSPSS (Total)	5.31	0.80
MSPSS (Family)	5.61	1.09
MSPSS (Friends)	4.23	1.33
MSPSS (Significant Other)	6.09	1.05
MOS-SS (total)	3.93	0.71
MOS-SS (Emotional)	3.77	0.82
MOS-SS (Tangible)	3.90	0.87
MOS-SS (Affectionate)	4.20	0.88
MOS-SS (Positive interaction)	4.15	0.88
Well-being		
Remembered well-being	8.29	0.99
SSICR		
Perceived stigma	2.64	0.67
Stereotype agreement	1.79	0.34
Internalised stigma	1.43	0.34

Note. Surveys were only completed by client-respondents.

Table 2

Correlation Between Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. MSPSS (Total)	-												
2. MSPSS (Family)	.59**	-											
3. MSPSS (Friends)	.80**	.12	-										
4. MSPSS (Significant Other)	.52**	.33	.12	-									
5. MOS-SS (Total)	.70**	.54**	.35*	.74**	-								
6. MOS-SS (Emotional)	.51**	.35*	.27	.53**	.82**	-							
7. MOS-SS (Tangible)	.67**	.59**	.28	.67**	.79**	.54**	-						
8. MOS-SS (Affectionate)	.56**	.47**	.22	.78**	.82**	.48**	.62**	-					
9. MOS-SS (Interaction)	.62**	.44**	.41*	.61**	.85**	.54**	.55**	.81**	-				
10. Remembered well-being	.11	.51**	-.23	.31	.36*	.25	.25	.36*	.22	-			
11. Perceived stigma	.05	.06	.08	-.04	.09	-.02	-.16	.16	.29	.11	-		
12. Stereotype agreement	.03	-.05	-.05	.05	.12	.23	.07	-.02	-.03	.00	-.20	-	
13. Internalised stigma	-.20	.00	-.16	-.32	-.18	.00	-.16	-.15	-.34	-.13	-.08	.11	-

Note. * p <.05. ** p < .01

To test the relationship between perceived social support and other variables used in the study, the Spearman rank-order correlation was conducted. Statistical values of the correlations are shown in Table 2.

No significant correlation was found between overall measures of social support (MSPSS) and other variables (all *ps* > .05). However, a closer look at the subscales reveal a significant positive correlation between support given by family and remembered well-being ($r(33) = .51$, $p = .002$). This indicates that as respondents perceived more support by their family, well-being of respondents also increases. There is also a significant positive correlation between overall MOS-SS and remembered well-being ($r(33) = .36$, $p = .035$). This shows that remembered well-being increases as respondents perceive that social support is more often available when they needed it. No significant correlation was found between well-being and self-stigma (all *ps* > .05). The lack of relationship indicates the levels of self-stigma experienced by individuals did not predict their well-being.

No significant relationship was found between perceived stigma, stereotype agreement, and internalised stigma (all *ps* > .05), which indicates such stigma were not internalised even though respondents may perceive and agree with it. Hence, regardless of their perception or the degree of agreement about stigma associated with ex-offenders, it does not mean they will be personally affected by it. Nevertheless, it remains important to examine internalised stigma as it had been found to be a predictor for harmful outcomes in other stigmatised groups (Moore et al., 2016).

Despite the lack of relationship in this study, past studies have consistently found a significantly negative correlation between internalised stigma and well-being in other stigmatised groups (Earnshaw & Kalichman, 2013; Pérez-Garín, Molero, & Bos, 2015). Given the importance of internalised stigma, a further analysis was conducted to find out whether different levels of well-being and internalised stigma had a relationship with

perceived social support (MSPSS and MOS-SS). Two levels of well-being and two levels of internalised stigma were created by median split. Hence, the client-respondents were divided into four groups (well-being: low, high; internalised stigma: low, high). A Kruskal-Wallis test was run to determine if there were differences in perceived social support scores between the four groups of respondents. The distribution of scores was not similar for all groups. There was no significant difference in perceived social support scores (overall and subscales MSPSS and MOS-SS) between the groups (all *ps* > .05), except for the family subscale ($H(3) = 11.610$, $p = .009$). However, pairwise comparisons did not show any significant differences between the groups (all *ps* > .05). Therefore, regardless of where they stand on the continuum for well-being and internalised stigma, perceptions on social support were not affected.

3.2 Sources of support regarded as important for ex-offenders

To identify which sources of social support were deemed important for respondents, they were asked to rank the various sources, out of what they have chosen, from the most to the least important source. Rank aggregation is used to get an overall ranking. Rank aggregation involves the combination of multiple ranked lists of the same choices in order to obtain a single ranking (Dwork, Kumar, Naor, & Sivakumar, 2001). Prioritisation is then done by arranging the sources based on the number of times it has appeared in a certain rank, with the source appearing the most in the first rank having the most priority. This would allow us to take into account and put more weightage on the sources of social support that respondents regarded as more important. Refer to Table 3 and 4 for the final ranking of clients and practitioners. A breakdown of the steps to obtain the single final ranking is as follows:

(1) The ranking given by each respondent is keyed into the same list. Separate lists were created for client- and practitioner-respondents.

(2) The number of times each source appeared in a certain rank is collated. Hence, a higher number indicates more respondents had placed the source in that rank. For example, in Table 3, 18 client-respondents ranked 'Family' first, and six ranked it second, and so on.

(3) From the collated list, the order is sorted by the number of times the sources were ranked first, then second, then third, and so on until all the sources were taken into account. It was sorted from the greatest to smallest number, and thus a source that was given more priority by more respondents will appear nearer to the top of the final ranking. If different sources appeared the same number of times in the first rank, order will then be determined by the number of times that source was ranked second.

Table 3

Final ranking for Clients

Overall rank		Number of times source chosen appeared in this rank												
		1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Family	18	6	5	0	0	0	2	0	1	0	0	0	0
2.	Financial assistance	5	2	1	3	1	1	2	2	3	2	1	0	0
3.	Significant other	4	6	3	3	0	2	1	0	1	1	0	1	0
4.	Faith/religion	2	8	5	5	3	1	1	2	2	0	1	0	0
5.	Employment	2	5	6	3	4	3	2	0	1	1	0	0	0
6.	Caseworker	1	1	2	6	5	6	1	4	0	1	1	1	1
7.	Self-help groups	1	0	2	1	2	1	2	2	2	2	2	0	2
8.	Colleagues	1	0	1	0	3	2	2	2	1	1	2	2	0

(continued)

Table 3 (continued)

Overall rank		Number of times source chosen appeared in this rank												
		1	2	3	4	5	6	7	8	9	10	11	12	13
9.	Religious leaders/believers	1	0	0	4	6	4	1	1	0	1	1	1	0
10.	Friends	0	4	5	3	2	3	2	1	0	1	1	0	0
11.	Support group	0	1	4	4	4	2	3	3	4	0	1	1	0
12.	Community	0	1	1	1	3	2	4	1	0	1	0	1	0
13.	Volunteer	0	1	0	2	2	3	1	4	2	2	1	1	2
14.	Others	0	0	0	0	0	2	2	1	0	0	0	0	0

Table 4

Final ranking for Practitioners

Overall rank		Number of times source chosen appeared in this rank												
		1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Family	17	2	4	1	0	0	0	0	0	0	0	0	0
2.	Financial assistance	5	4	5	3	3	0	1	0	1	0	0	0	0
3.	Significant other	3	4	4	5	0	0	0	0	1	0	1	0	0
4.	Employment	0	11	6	2	2	0	0	0	0	0	0	0	0
5.	Caseworker	0	1	2	6	3	3	1	2	1	0	0	0	0
6.	Faith/religion	0	1	2	2	3	3	6	2	0	0	0	0	0
7.	Friends	0	1	2	1	5	2	3	1	0	0	0	0	0
8.	Support group	0	1	0	0	0	2	0	0	2	1	3	3	0
9.	Religious leaders/believers	0	0	0	1	1	1	0	1	1	1	2	2	0
10.	Colleagues	0	0	0	1	0	5	1	1	3	1	0	0	0

(continued)

Table 4 (continued)

Overall rank	Number of times source chosen appeared in this rank												
	1	2	3	4	5	6	7	8	9	10	11	12	13
11. Community	0	0	0	1	0	0	0	0	0	1	0	0	0
12. Self-help groups	0	0	0	0	3	1	0	2	1	1	1	1	0
13. Volunteers	0	0	0	0	1	0	0	3	1	4	1	0	0
14. Others	0	0	0	0	0	0	0	0	0	0	0	0	1

The top five sources of social support perceived as important for client-practitioners are: (1) family, (2) financial assistance, (3) significant other, (4) faith/religion and (5) employment. On the other hand, the top five sources of social support perceived as important by practitioner-respondents for ex-offenders are (1) family, (2) financial assistance, (3) significant other, (4) employment and (5) caseworker. It is observed that there is general agreement between what clients regarded as a source of social support for themselves, and what practitioners think is a source of social support for their clients.

Another observation is with regards to ‘Employment’. While no practitioners felt that employment was the most important source of social support, many still ranked it the second most important source of support for clients (i.e. ranked second for the most number of times). In comparison, there were some client-respondents who felt that employment was the most important source of support for them. Meanwhile, faith/religion was ranked second the most number of times by client-respondents.

Even though faith/religion was ranked highly, religious leaders/believers were relatively lower in the rankings and considered less important for both group of respondents (a ranking of five for client-respondents and three for practitioner-respondents). Keeping in mind that all respondents in this study had a religion that they were practicing, this indicates

that the belief in a higher power would allow clients to feel more supported in their reintegration journey compared to being connected to people who practice the same religion.

Although most of the sources of social support considered important by respondents were more conventional (e.g. family, employment, befrienders), it is noted that five client-respondents and one practitioner-respondent had stated 'Others' as an important source. Two respondents stated self-help books, two respondents stated an aftercare agency, one stated motivational quotes, and one stated interest groups.

3.3 Degree of alignment of needs between clients and practitioners

Respondents were asked to rate the extent to which caseworker(s) was aligned to clients' needs regarding social support. A Mann-Whitney test was used to determine if there were differences in alignment scores between practitioners and clients. Distributions of the scores were not similar, as assessed by visual inspection. A significant difference was shown between clients (mean rank = 34.94) and practitioners (mean rank = 24.28) in their alignment of needs regarding social support (U = 282, p = .017). This indicates that practitioners perceive themselves to be less aligned with clients' needs compared to clients' perception regarding the degree of such alignment. The means and standard deviation of each group are shown in Table 5.

Table 5

Extent of Alignment Between Clients and Practitioners

	Clients			Practitioners		
	Mean	SD	Range	Mean	SD	Range
Degree of alignment	7.97	2.19	1-10	6.92	1.82	3-10

CHAPTER 4: FINDINGS & ANALYSIS

Based on the degree of alignment given by the respondents, the interview data was used to explore the ways in which caseworkers were aligned, as well as misaligned, to clients' needs regarding social support. Respondents were also asked what could be done to understand clients' needs better.

4.1 Alignment of needs between clients and practitioners

A common theme shared by both groups of respondents related to understanding the sources of social support available and how each source would be able to help the clients. The respondents shared:

> *I do take into consideration what is their viable social support, for example whether family is the best support for them or would other channels do better.*
>
> - P004 -

> *I remember my caseworker actually asked me whether I'm still mixing with my old friends…and if I need a friend, I can get a befriender…but I have my colleagues, they also give me a lot of support to help me not think about all these things. If let's say I wasn't working, I would probably have chosen the befriender, she's also aware that my colleagues are helping me.*
>
> - C001 -

It is not just the source of support that is important but the type of support as well. In the literature, accommodation and employment were often stated as the challenges faced by ex-offenders upon re-entry (Gunnison & Helfgott, 2011; Halkovic et al., 2013). When asked about how their caseworkers have helped them, 18 respondents mentioned receiving information on resources to meet their basic needs, such as getting financial assistance and

employment. The viewpoints between both groups were aligned as practitioners also added that rather than focusing on intangible resources such as emotional support, clients would place more emphasis on their practical or basic needs. They mentioned:

> *I think clients will rank practical or basic needs before their rehabilitation needs.*
>
> - P007 -
>
> *I understand that most clients would need their basic needs met first and that includes food, shelter, money.*
>
> - P008 -

In addition, clients felt that their caseworkers were aligned to their needs when caseworkers were able to understand the problems faced from their viewpoint. This could be done through having more interactions with clients to get the bigger picture:

> *Personally, it is the experience gained of having interacted more with clients that allows me to gain a better understanding of what their social support needs are.*
>
> - P012 -
>
> *I explain to them all these, then they can see the picture, what exactly are my burdens or responsibilities that I have to work towards to.*
>
> - C002 -

Many client-respondents also felt that their caseworkers were aligned with their needs when caseworkers had followed up with their progress. When asked about how he thought his caseworker understood him well, a respondent shared:

> *After we identify a problem, we will have some plan…then he will always follow up, always keeping an eye on the progress.*
>
> - C035 -

Therefore, it is equally important to identify the sources of social support that clients have, as well as the types of support needed by them. Upon release, clients might place more emphasis in meeting their practical needs first, before working on their rehabilitation needs and rebuilding their social networks. To better understand the viewpoints and priorities of clients, practitioners could have more discussions with them.

4.2 Misalignment of needs between clients and practitioners

Respondents were also asked to share the ways in which caseworkers and clients were not aligned regarding social support needs. Firstly, both group of respondents mentioned it may be difficult for practitioners to be fully aligned with the clients' needs due to differences in life experiences. Thus, practitioners would not be able to fully empathise with the problems faced by clients. The respondents shared:

> *I'm not aligned in terms of truly empathising with their situation as there is rarely common ground between life experiences.*
>
> - P015 -

> *He only tried to give some solutions out of it (the problems), but he doesn't really understand because he's not in my situation.*
>
> - C006 -

> *As much as they describe their lived experience, it usually is an overview, or even highlighted experiences…there could also be resistance in sharing, because it is personal.*
>
> - P022 -

As highlighted by P022, there may be resistance among clients to share their problems, which prevents practitioners from being able to align with their needs. A similar viewpoint was shared by other respondents:

…caseworkers these days see clients under mandatory situations, and hence clients may not fully disclose truthfully their needs regarding social support.

- P020 -

You can never get to really understand what's really going through the mind of an ex-offender, and because a lot of people will look at you differently, it's not easy for us to express a lot of the times.

- C003 -

A number of ways were also highlighted by the practitioner-respondents on how they were not able to align themselves to the needs of clients. One of the points mentioned was a difference in viewpoints on social support. A respondent said:

Client's viewpoint of social support – being with old friends who provide them with a listening ear…whilst being unaware that some "old friends" might have a negative influence on them (abusing drugs, for example). Caseworker's viewpoint of social support – being around people who would listen to their woes, provide them with encouragement and motivation to lead a more positive lifestyle.

- P010 -

Other than a difference in viewpoint on the source of support, the difference in types of support to be provided could also result in misalignment of needs. Two respondents stated:

Many times, social support for myself (caseworker) tends to be more intangible by nature. Although there are overlaps with that of supervisees', theirs can potentially be more transactional and tangible by nature when compared.

- P023 -

Sometimes I may feel that clients need certain kinds of support, but instead, that does not match with client's desires.

- P021 -

However, three respondents felt that sometimes clients' needs may not be easy to be achieved due to the limitations in resources available or the type of problems they were facing. They mentioned:

I'm not always able to engage the resources for them. For example, they may seek acceptance and forgiveness by their families but despite attempts to engage the family in taking them back…these attempts may not always be fruitful. Also, family dynamics are years in the making and are difficult to change in a few months.

- P009 -

There are times when we are unable to meet client's needs as we are unable to help with their prevailing issues. For example, if client is unable to attain financial help because his family income exceeded the ceiling, however, client has a gambling problem hence the financial distress. Although ACM (Assistant Case Manager) can help with getting support for his gambling issues and refer him to places which could possibly help him financially, if such organisations still reject his application, ACM would not be able to help any further. Such circumstances can cause client to feel that caseworkers are not able to help them (clients) in anything more than what they (clients) could have done themselves.

- P017 -

Time was also a common issue for both groups which hindered practitioners from fully understanding clients' needs. The issue regarding time was represented in two ways – duration of the programme and duration of sessions. Respondents shared:

> *…it is difficult for caseworkers to understand clients' social needs beyond the case management period.*
>
> - P020 -
>
> *I may not be very understanding and supportive during times when I am very busy with a lot of cases.*
>
> - P024 -
>
> *…lack of time…sometimes we have a lot more to talk about, but it was cut off because there are other clients coming. Then after a while, I will feel like I don't want to talk about it again.*
>
> - C024 -

For C024, he felt that there were times when he had many things which he wanted to share with his caseworker. However, conversations had to be cut off as the session was too short and it might be too tedious to share the problem again. This could then lead to other misunderstandings as practitioners would not be able to fully understand the problem the client was facing. In addition, to the point raised by P024, many clients were in fact aware that their caseworker also had other clients and were not able to focus all their attention on them. They also understood that there were times when their caseworker would have consecutive sessions, thus there was no flexibility concerning the duration of the session. In that sense, a dissonance arises as clients knew that time was limited, but at the same time, they may have many things that they wanted to share. Hence, it becomes important for both clients and practitioners to consider how they manage their time during each session so that every session could be as productive as possible, and clients would be able to satisfactorily

share the problems they were facing. At the same time, discussions should be held between the practitioner-client pair to find out how practitioners can stay supportive and understanding despite their heavy caseload.

While staying updated on client's progress made clients feel more supported and understood by their caseworkers, the lack of contact and follow-ups resulted in clients feeling that their caseworkers were not doing enough to help them. One respondent said:

> *Actually I've already worked like 3 months, I mean they should follow-up, give us calls, check out whether that kind of work is suitable…if they keep on asking like it shows (they) that can really help.*
>
> - C027 -

Having more contact with clients between scheduled sessions, for example through calls or messages, would create more opportunities for clients to reflect and feedback the difficulties they were facing at that moment. Being heard itself was already a tangible way that caseworkers were helping clients. This would also allow them to be more prepared for immediate actions should any new problems arise for clients.

4.3 Improvements for greater alignment of needs between practitioners and clients

Respondents also gave a number of suggestions on how to better align the perspectives between practitioners and clients, and improvements that could be done in general.

Four practitioner-respondents highlighted the need to explore client's social network and support available to understand how individuals around them could help them in their reintegration journey. They shared:

> *Rating its importance to client's recovery, listing down the names, and*

sharing perspectives on how each individual can support client.

- P001 -

…to check in with them on their priorities – what forms of social support are more important in helping them better reintegrate back to the society.

- P007 -

While there is a need to find out the sources of social support available for the clients, more often than not, it is even more important to take on a client-centred approach:

Having caseworkers spend more time speaking to client about how he/she is coping socially instead of being too caught up with clinical aspects of things.

- P012 -

Practitioners need to listen to clients more regarding the kind of support they need, instead of being too focused on practitioners' own viewpoints.

- P021 -

A client-respondent (C023) also shared how his caseworker had used a particular technique that had worked for another client. However, he felt that it was a technique that worked for someone else, but was not necessarily useful or helpful for him. This had caused him to become disengaged from his caseworker and also less willing to share the problems he had.

Taking a client-centred approach can sometimes mean having more discussions and conversations between practitioners and their clients. This involves understanding the client's point of view, thereby understanding how the needs for each client differs. Respondents shared:

Once a full assessment of the case is created, the social support dimension could perhaps be discussed in more detail with client – in terms of what the practitioner thinks might be useful for his/her rehabilitation and the clients'

plans for social support. Such a discussion would hopefully lead to a better understanding of the client's perception of social support, if it matches with the intervention plan and the benefits of client's social support plan as well.

- P009 -

Clients should communicate to their caseworkers what areas would they need the support in and what areas they are able to work on themselves. Caseworker should also highlight to client which area he/she thinks it would be useful to intervene in, but respect the client's acceptance of it or not.

- P017 -

While most clients interviewed understood that caseworkers have certain limitations in their access to resources, having regular discussions can then help to manage client's expectations of the help available. One of them stated:

…help client to understand what is helpful and limitations of the social support that can be extended to them.

- P019 -

Hence, having such discussions regularly would allow practitioners and clients to align themselves to the needs that each has in mind. To ensure that they are working towards the same objective, feedback should be received from clients. Respondents said:

…to hear from clients point of views with regards to the services provided to them.

- P006 -

…when you are interviewing the person (client), and you know that this person is going through these…why not ask them what do they think of it, whether it is enough…

- C027 -

In addition, client-respondents mentioned how practitioners could be the one who initiates more contact and follow-up in order for them to feel more supported and understood. They shared:

> *I think it's better to keep up on the updates…have they been coping well, is there other problems that they are facing*
>
> - C007 -
>
> *…maybe my caseworker should follow-up, call me up, instead of waiting for me to call him, waiting for me to update him.*
>
> - C009 -

Another respondent shared a similar reason:

> *…if she (caseworker) can just drop me a text more frequently, I think it will be quite good. Because in order for a person to open up and talk to one person, there must be a relationship, must build a relationship. To build a rapport first.*
>
> - C029 -

Like C029, some respondents felt that having more frequent contact and follow-ups helps to build the rapport between clients and their caseworkers. However, C029 had a change of caseworker and he felt that even though the second caseworker did call him regularly, there was a lack of concern and it was done because "he needs to call". When probed further, he mentioned:

…maybe for them they think I'm quite stable or what, so actually he just follow-up…because I didn't even see him in person. I think I only see him once, I got very faint impression of him…I think we lack the rapport and relationship.

In his case, it may then be the lack of face-to-face sessions since there was a change of caseworker, and ultimately, this was someone who was new to him. The lack of such sessions created a hindrance in the rapport-building process which should have happened in the early stages. Another respondent (C031) also shared how rapport could be built by finding a common topic between either parties or a topic that the client showed great interest in. In his case, the common interest was sports, which eventually made it easier for him to open up to his caseworker.

Most importantly, practitioners should be genuine and sensitive to the needs of clients. When asked about how caseworker could understand clients' needs better, client-respondents shared:

> *Perhaps, the human touch, like care and concern...not just asking for the sake of asking, then write it down and put it aside.*
>
> - C028 -

> *They should be more sensitive about the suggestions given, and be more genuine about helping.*
>
> - C015 -

Another respondent (C014) also shared that in order for him to open up to his caseworker, they would need to prove that they are trustworthy and sincere in helping him. He also mentioned how in a previous experience upon release, he had not received what he was promised by the caseworker, which made him lose trust. However, he felt that as long as the caseworker is genuine in helping him with the issues he was facing and take actions according to what was agreed, he would still open up even though time was needed to build the rapport. Nonetheless, emotional support may be what clients were looking for. Thus, having a listening ear and someone who was concerned about what they were going through may be the most helpful as they re-join the community.

CHAPTER 5: DISCUSSION

5.1 Summary of relationship between perceived social support, well-being, and self-stigma

In this study, no significant correlation was found between measures of perceived social support (MSPSS) and well-being. A breakdown on the different sources of informal support found a significant association with well-being, but only for the family subscale. On the other hand, as individuals perceived a greater availability of support, they would also experience greater well-being. No relationship was found between perceived social support and self-stigma, well-being and self-stigma, or within measures of self-stigma. A further analysis showed no difference in perception of social support between groups with different levels of well-being and internalised stigma.

5.1.1 Lack of relationship between perceived social support and well-being

In the current study, perceived social support did not have a significant predictive impact on the level of well-being. This is contrary to previous studies which showed that perceived social support was a significant positive predictor of psychological well-being in inmates awaiting trial (Mefoh et al., 2016), as well as level of happiness among prison inmates (Balogun, 2014), which were indicators of well-being.

The difference in findings may be due to where the populations were in the various stages of the criminal justice system. For example, those who are serving their sentence in prisons might have different perceptions of social support compared to those in the aftercare phase. While in prisons, access to their loved ones and support network are controlled and significantly limited. In Singapore, family visits could also be restricted further as a form of punishment. This leads to a physical and perhaps psychological disconnect between inmates and the outside world. In the aftercare phase, clients are back in the community and have the freedom of choice in terms of who they think they can approach for social support.

At the aftercare phase, meeting their basic needs during reintegration is also crucial. This has also been reflected in the responses by client-respondents, who emphasised the importance in meeting their basic needs during their reintegration journey. Therefore, improvements to the well-being of ex-offenders could be achieved through supporting their practical needs first before moving on to higher level needs like social support.

5.1.2 Predictive relationship between family support and well-being

A significant predictive impact was found only for perceived support from family and overall well-being. A possible explanation given by Gülaçtı (2010) states that an individual's cognitive schema is developed in childhood where parents would be their first models. Similarly, attachment styles in childhood would be carried into adulthood and affect adult relationships (Morris, 2000). Subsequently, if relations in the family are positive, it can result in positive developments in the emotional, social, and cognitive aspects, where individuals would then portray their lives as more positive and satisfactory (Gülaçtı, 2010). Another reason why family is solely associated with well-being is because a single act of support from family could perform multiple functions (Martinez, 2009). For example, ex-offenders may feel validated even from receiving instrumental support from their family. The author also mentions how such relationships could be beneficial for both parties. While ex-offenders would be encouraged to make positive contributions to their relationships, family members were also able to find meaning and purpose in their lives by providing support to ensure ex-offenders would not be involved in criminal behaviours again (Martinez, 2009). This exchange of emotional support could thus improve the well-being of ex-offenders by reducing their risk of post-release depression and contribute to successful re-entry into society.

5.1.3 Lack of relationship between perceived social support and self-stigma

No significant correlations were found between perceived social support and measures of self-stigma (perceived stigma, stereotype agreement, and internalised stigma). For these measures, the correlations were tested with three sources of support – family, friends, and significant others. However, they do also come into contact with people other than from these three sources, which could have an impact on their experiences. Yet, if the other sources really had an impact and were an important factor affecting their self-stigma, it should have been reflected in the overall ranking of importance for the different sources. In other words, these sources should have ranked higher. Therefore, this could be an instance where intrapersonal factors actually play a bigger role than interpersonal factors. Also, intrapersonal aspects of stigma may have been captured by perceived stigma and internalised stigma. Instead of measuring the interpersonal aspects of stigma by looking at the actual acts of discrimination towards an individual, perceived stigma and internalised stigma describes an intrapersonal process where individuals become aware of the stigma and start integrating them into their sense of self (Chi, Li, Zhao, & Zhao, 2014). As perceived social support captures the interpersonal aspects of respondents, there might be no true relationship with the intrapersonal aspects of respondents. This might also explain the lack of relationship between well-being and self-stigma as the meaning that individuals placed on their experiences might be more important even when social support was available to them.

5.2 Summary on sources of support important for ex-offenders

Next, the factors regarded as a source of social support for ex-offenders were identified from the practitioners' and clients' perspectives. The final top five ranking given by clients is: (1) Family, (2) Financial assistance, (3) Significant other, (4) Faith/religion, and (5) Employment, whereas the final ranking by practitioners is: (1) Family, (2) Financial

assistance, (3) Significant other, (4) Employment, and (5) Caseworker. In general, there is great alignment between practitioners and clients on what was regarded as important sources of support for ex-offenders. Although not ranked highly on their importance, non-conventional sources of support were also mentioned by respondents in the study. Hence, practitioners can also explore how clients could seek support from these sources. In addition, the belief in a higher power was shown to have greater importance than the religious leaders or other believers practicing the same religion. As highlighted by Maruna (2016), religious conversion achieves the function of shame management of ex-offenders in five ways: (a) replacing the label of criminal by creating a new social identity, (b) reducing a sense of psychological crisis by injecting purpose to their imprisonment experience, (c) empowering them as an agent of God, (d) providing a foundation to ask for forgiveness, and (d) creating hope for them in an uncertain future. Hence, there may be a need to re-think the role of religion and how ex-offenders could be engaged in their belief of the higher power to aid them in their reintegration journey.

5.3 Summary on needs alignment between practitioners and clients

Although both groups of respondents had a relatively high agreement on the sources of social support regarded as important for ex-offenders, a Mann-Whitney test showed significant difference in the degree of alignment of needs regarding social support. In general, clients' perception of practitioners' alignment to their needs was higher than practitioners' perception of such an alignment. To better understand the ways in which practitioners were aligned or misaligned to clients' needs regarding social support, a short interview was conducted. Respondents also shared the ways in which clients could feel more supported in their reintegration journey.

5.3.1 Alignment of needs between practitioners and clients

One way that practitioners were able to meet clients' needs was to understand the sources and types of support available and needed by the clients. Clients also felt that their needs could be met when practitioners were able to understand the needs from their point of view, which could be achieved through having more interactions. The client-respondents also felt that having follow-ups and staying updated on their progress was another way they felt supported.

5.3.2 Misalignment of needs between practitioners and clients

On the other hand, differences in life experiences could be an issue that prevented practitioners from fully empathising with their clients. In addition, clients' resistance in sharing would further hinder practitioners from aligning themselves to clients. The misalignment of needs could also result from a difference in viewpoints on social support. Limitations in available resources and the nature of problems faced by clients could also have led them to feel that practitioners were not able to align with their needs. The lack of time was also presented as an issue by both groups. Clients felt that the duration of sessions were too short, while practitioners shared how clients' needs could be understood only if they were still in the programme. Lastly, the lack of contact had made clients feel that their caseworkers were not supportive enough.

A possible explanation on why practitioners perceived themselves to be less aligned to client's needs compared to client's perception is that practitioners may place greater weightage on the different life experiences. However, practitioners might be doing better than they think when it comes to aligning themselves to clients' needs, which was shown in the higher scores given by client-respondents. While practitioners might feel that a difference in life experiences could be a barrier that prevented them from being able to empathise with their clients, most clients did not necessarily feel that way. Hence, the idea that they do not

understand what clients were going through might be something internalised by the practitioners, even though it may not be true.

5.3.3 Improvements for greater alignment of needs between practitioners and clients

Four ways emerged on how clients could feel more supported in their reintegration journey. (1) The availability of clients' social support and network could be explored, and an understanding on how these support systems were able to help them could be formed. (2) Respondents also raised the need to understand that every client is different and should be approached differently. To understand how needs of every client differs; having more discussions and getting feedback from the client would be helpful. Such discussions could also help manage clients' expectations and help them understand certain limitations regarding the resources available. (3) For client-respondents, having their caseworker initiate more contact was also a form of being more supportive. (4) Being genuine and sensitive to the needs of clients, as well as other aspects of case management, remains important to allow ex-offenders to feel supported.

5.4 Recommendations

Based on the results and findings in this study, five recommendations can be made to allow ex-offenders to feel more supported.

5.4.1 Involvement of family in ex-offender's reintegration journey

Firstly, for individuals with positive family support, the family should continue to be involved in a client's rehabilitation from in-care to aftercare. From the results, family has been regarded as the most important source of social support and was the only predictor of a client's well-being, it should thus be highlighted that family often will still be the first line of support for the ex-offender. This is similar to governmental policy in general under the ComCare and Social Support Division. Although this study had only looked at family

involvement in the aftercare phase, relationships are often continuous and do not necessarily begin or end only at the point of an offender's discharge. Past studies have found that compared to inmates who do not maintain ties with their family, inmates who maintained strong ties with their family had higher rates of post-release success (Martinez & Abrams, 2013). While families could potentially have positive effects on the reintegration of ex-offenders, certain conditions could lead to negative outcomes (Martinez & Abrams, 2013). In situations where family was a source of distress for them, the costs might instead outweigh the benefits of social support (Braman & Wood, 2003). Hence, for clients who perceive positive support from their family, it may be beneficial to allow more involvement even before release. These inmates could have more access to family during incarceration, such as having more visitations. For example, Bales & Mears (2008) had found lower rates of recidivism among inmates who were visited than those who had no visitations. Such visitations could also occur more frequently nearer to an inmates release as it has been more strongly associated with reduced recidivism (Bales & Mears, 2008). This reinforces our finding that the greater the availability of support, the higher the well-being. Involvement of family in the client's rehabilitation should be continued to the aftercare phase so that pro-social family support could be strengthened and taken advantage of during the reintegration journey of an ex-offender.

5.4.2 Client-centred approach

Secondly, the client-centred approach should be adopted by practitioners. The client-centred approach empowers and encourage individuals to exercise control over their lives by having control over the supports and services they use (Australian Capital Territory Government, 2011). Rather than finding fit in the current services offered, services and supports that these individuals use will be shaped based on their needs and circumstances. Hamilton, Wilkinson, Meadows, and Cadet (2008) maintain that practitioners should be non-

judgemental, understand matters from the client's point of view and remain genuine. As highlighted by the client-respondents, it would be easier to share their problems and needs to a caseworker who is non-judgemental and sincere.

5.4.3 Adoption of collaborative work between practitioners and clients

Thirdly, there needs to be more collaborative work between practitioners and clients. Despite practitioners' concerns on the lack of life experiences, clients still think that practitioners were aligned to their needs, as shown in the higher scores given by clients. This gap in perception between the two groups shows that there needs to be more opportunities for collaborative work. Increased inputs from both parties would then allow them to find a middle ground on how the client's needs could be better met. In addition, ongoing feedback would allow clients and practitioners to align their perspectives. For the collaborative approach to be effective, five principles should be followed (Mohd Fahmy, n.d.). (a) Practitioners should establish themselves as an ally to their client and set out a common goal to work on. Practitioners could provide professional inputs while clients' opinions will also be respected. As the practitioner-client pair comes up with a plan together, this would also empower and encourage the client to have ownership and take actions required to meet the needs. This approach would be effective especially for mandated clients who felt little need to attend session. (b) Practitioners should take on the role of an authoritative doubt to provide clients with information and resources to assist them in making an effective decision. (c) The strength perspectives should be adopted whereby the formal and informal resources of the client could be explored and potentially engaged to resolve difficulties faced by clients. (d) Within limits, practitioners should advocate for their client's rights to address any forms of injustice or inequality that could be due to systemic or structural issues. For example, practitioners might need to be prepared to bring up certain service gaps or limitations of current services that may be preventing clients from resolving certain issues. (e) Reflection

should be ongoing regarding two aspects – client-practitioner transference issues and the help-seeking process. Practitioners need to be aware of their personal biases regarding sensitive issues related to their personal selves. Information on the circumstances which led to clients seeking help and relevant past experiences of clients may also help practitioners identify best practices in working with clients.

5.4.4 Having regular follow-ups

Next, regular follow-ups should be done. Follow-ups was a common theme that came up in all three parts of the interview segment for client-respondents. For respondents who had their caseworkers following up with them regularly, they felt that their caseworkers were aligned to their needs. On the other hand, the lack of follow-up was a reason that caused some respondents to feel that their caseworkers were misaligned to their needs. For most respondents, follow-ups equated to their caseworkers staying updated on their progress. This could be done through more frequent contacts such as calls or messages between scheduled sessions. However, for clients experiencing a change of caseworkers, face-to-face sessions would be crucial for building rapport. More importantly, such contacts should be done out of care and concern to avoid clients feeling that their caseworkers were simply going through the motion. More often than not, having someone who is truly concerned about them is key in their reintegration journey.

5.4.5 Religion as a source of support during reintegration

Lastly, it is worthy of note that the client respondents prioritised the belief in a higher power rather than the congregation as a more important source of support in their rehabilitation journey. When one traditionally thinks about religious support, the emphasis usually is on the likeminded members who share the same belief – the idea that belonging to the group of believers creates a pro-social network. However, the findings seemed to suggest

their relationship with God and the core values of doing good was the primary draw of religion for these clients. This is something that deserves further investigation.

5.5 Limitations

First, as client-respondents in the present study were recruited through their caseworkers, it might have resulted in response bias. There is a possibility that client-respondents who have agreed to participate in the study had a generally positive relationship with their caseworkers. Hence, they might view their caseworker more favourably and this could have affected the ratings and topics shared by them during the session. Additionally, even though respondents were assured that the information provided would not be shared with their respective caseworkers; such a concern could still have been a barrier that prevented client respondents from fully sharing their thoughts and opinions.

Second, the use of rank aggregation was not able to take into account the number of sources that were regarded as important for the respondents. Hence, some respondents could have chosen only three sources of support while other respondents could have chosen as many as 13 sources of support. As such, for respondents who had chosen fewer sources of support, even the lowest ranking one would still be considered relatively important compared to other respondents who had chosen more sources of support. This could potentially affect the overall ranking regarding the importance of various sources of social support.

CHAPTER 6: CONCLUSION

The present study aimed to identify the relationship between perceived social support on the one hand and well-being and self-stigma on the other. The sources of social support regarded as important for ex-offenders were also identified from the perspectives of clients and practitioners. Qualitative findings were used to understand the ways in which practitioners were aligned, or misaligned, to clients' needs. There was no significant predictive impact found between overall perceived social support (from the combination of the three sources; family, friends and significant others) and well-being and self-stigma. However, individuals who perceive greater family support may experience higher well-being. Hence, family should continue to be integrated in the rehabilitation of ex-offenders. Generally, both groups of respondents illustrated significant alignment with regards to the five most important sources of social support.

Clients shared that they believed practitioners were aligned with them regarding several aspects; most notably understanding sources and types of support they needed as well as the ability to look at problems from their perspective. However, a recurring theme voiced by clients was their desire for practitioners to conduct regular or more frequent follow-ups with them.

The findings also illustrate that misalignment of needs occur when there are differences in life experiences, resistance in clients' sharings, a difference in viewpoints of social support, limitations in resources, time constraints, and the lack of follow-ups. In terms of improvements to be made, practitioners should take a client-centred approach, have more discussions and receive feedback from their clients, and have more regular contact and follow-ups. Most importantly, practitioners should be genuinely concerned about their clients' wellbeing.

The present study has given some insight into how perceived social support could play a part in the reintegration journey of an ex-offender in Singapore. The well-being and self-stigma of ex-offenders could also be explored from both the perspective of clients and practitioners in future to identify any gaps in such perceptions.

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Appendix A

Demographic information of respondents

Demographics	Clients (n = 35)		Practitioners (n = 25)	
	No. of respondents	%	No. of respondents	%
Gender				
Male	35	100.00	9	36.00
Female	0	0.00	16	64.00
Age				
Between 21 to 30 years	3	8.57	13	52.00
Between 31 to 40 years	12	34.29	9	36.00
Between 41 to 50 years	10	28.57	1	4.00
Between 51 to 60 years	6	17.14	2	8.00
61 years and above	4	11.43	0	0.00
Race				
Chinese	14	40.00	14	56.00
Malay	11	31.43	3	12.00
Indian	6	17.14	6	24.00
Others	4	11.43	2	8.00
Gross income				
No income	4	11.43	0	0.00
$1000 and below	3	8.57	0	0.00
$1001-$2000	19	54.29	0	0.00
$2001-$3000	1	2.86	0	0.00
$3001-$4000	6	17.14	18	72.00
$4001-$5000	1	2.86	5	20.00
$5001-$6000	1	2.86	0	0.00
$6001-$7000	0	0.00	2	8.00

Demographics	Clients		Practitioners	
	No. of respondents	%	No. of respondents	%
Highest educational qualification				
No qualification	2	5.71	0	0.00
Primary	4	11.43	0	0.00
Secondary	13	37.14	0	0.00
Pre-U/Diploma/NITEC	12	34.29	2	8.00
Degree	3	8.57	20	80.00
Post-grad	1	2.86	3	12.00
Highest education received				
No education	0	0.00	-	-
Primary	4	11.43	-	-
Secondary	12	34.29	-	-
Pre-U/Polytechnic/ITE	15	42.86	-	-
University	3	8.57	-	-
Post-grad	1	2.86	-	-
Years of experience				
Less than 3 years	-	-	10	40.00
Between 3-6 years	-	-	9	36.00
More than 6 years	-	-	6	24.00
Offence type				
Penal	11	31.43	-	-
Drug-related	20	57.14	-	-
Both	4	11.43	-	-

Demographics	Clients		Practitioners	
	No. of respondents	%	No. of respondents	%
Programme				
Yes	14	40.00	-	-
No	21	60.00	-	-
Marital status				
Single	6	17.14	-	-
Single – in a relationship	4	11.43	-	-
Married	19	54.29	-	-
Divorced	5	14.29	-	-
Separated	1	2.86	-	-
Religion				
Buddhism	6	17.14	-	-
Islam	18	51.43	-	-
Christianity	9	25.71	-	-
Hinduism	2	5.71	-	-
Employment				
Yes	31	88.57	-	-
No	4	11.43	-	-
Job satisfaction				
Very satisfied	18	51.43	-	-
Satisfied	10	28.57	-	-
Neutral	4	11.43	-	-
Unsatisfied	2	5.71	-	-
Very unsatisfied	1	2.86	-	-

Demographics	Clients		Practitioners	
	No. of respondents	%	No. of respondents	%
Source of finance				
Job income	30	85.71	-	-
Personal savings	2	5.71	-	-
Formal financial assistance	1	2.86	-	-
Support from others	2	5.71	-	-
Accommodation				
No one	3	8.57	-	-
Family	27	77.14	-	-
Significant other	3	8.57	-	-
Flatmate	1	2.86	-	-
Shelter	1	2.86	-	-

Appendix B

Questionnaire for respondents

Questionnaire for client-respondents is presented below.

SECTION [A]: PERCEPTION ON SOCIAL SUPPORT

The following statements ask for **how much you agree** about certain groups of people around you.

		Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2.	There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

The following statements ask for **how often** certain kinds of support are available if you need it.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	Someone you can count on to listen to you when you need to talk	1	2	3	4	5
2.	Someone to give you information to help you understand a situation	1	2	3	4	5
3.	Someone to give you good advice about a crisis	1	2	3	4	5
4.	Someone to confide in or talk to about yourself or your problems	1	2	3	4	5
5.	Someone whose advice you really want	1	2	3	4	5
6.	Someone to share your most private worries and fears with	1	2	3	4	5
7.	Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
8.	Someone who understands your problems	1	2	3	4	5
9.	Someone to help you if you were confined to bed	1	2	3	4	5
10.	Someone to take you to the doctor if you needed it	1	2	3	4	5
11.	Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
12.	Someone to help you with daily chores if you were sick	1	2	3	4	5
13.	Someone who shows you love and affection	1	2	3	4	5
14.	Someone to love and make you feel wanted	1	2	3	4	5
15.	Someone who hugs you	1	2	3	4	5
16.	Someone to have a good time with	1	2	3	4	5
17.	Someone to get together with for relaxation	1	2	3	4	5
18.	Someone to do something enjoyable with	1	2	3	4	5
19.	Someone to do things with to help you get your mind off things	1	2	3	4	5

The following segment asks for **your opinions and views** on social support.

1. (a) What / Who do you feel is a source of social support for yourself? (you may tick more than one)

□ Financial assistance
□ Caseworker
□ Employment
□ Faith / religion
□ Self-help groups (CDAC, Mendaki, SINDA, EA)
□ Colleagues
□ Befrienders / Volunteers
□ Family
□ Friends
□ Significant other
□ Community (please specify: ____)
□ Religious leaders / believers
□ Support group (NA, AA, etc.)
□ Others, please specify: _____

1. (b) Please rank the chosen social support according to order of importance (1 being the most important).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

2. To what extent do you think your caseworker(s) understand your needs regarding social support?

Do not understand at all										Fully understand
0	1	2	3	4	5	6	7	8	9	10

(a) (i) In what ways do your caseworker(s) <u>UNDERSTAND</u> your needs (regarding social support)?

(ii) In what ways do your caseworker(s) <u>NOT UNDERSTAND</u> your needs (regarding social support)?

(b) What can be done to understand your needs better?

SECTION [B]: WELL-BEING

Using the following scale from 0 to 10, please rate the **extent to which you agree** with the following statements.

Totally disagree	0	1	2	3	4	5	6	7	8	9	10	Totally agree
1.	I am very satisfied with my life.											_____
2.	I have the energy to accomplish my daily tasks.											_____
3.	I think my life is useful and worthwhile.											_____
4.	I am satisfied with myself.											_____
5.	My life is full of learning experiences and challenges that make me grow.											_____
6.	I feel very connected to the people around me.											_____
7.	I feel able to solve the majority of my daily problems.											_____
8.	I think that I can be myself on the important things.											_____
9.	I enjoy a lot of little things every day.											_____
10.	I have a lot of bad moments in my daily life.											_____
11.	I think that I live in a society that lets me fully realise my potential.											_____

SECTION [C]: SELF-STIGMA

Please indicate **how much you agree** with the following statements.

		Strongly disagree	Disagree	Agree	Strongly agree
The public believes most people with a criminal record:					
1.	Cannot be trusted.	1	2	3	4
2.	Are disgusting.	1	2	3	4
3.	Are unwilling to get or keep a regular job.	1	2	3	4
4.	Are dirty and unkempt.	1	2	3	4
5.	Are below average in intelligence.	1	2	3	4
6.	Are unpredictable.	1	2	3	4
7.	Cannot be rehabilitated.	1	2	3	4
8.	Are dangerous.	1	2	3	4
9.	Are bad people.	1	2	3	4

Please indicate **how much you agree** with the following statements.

		Strongly disagree	Disagree	Agree	Strongly agree
I think most people with a criminal record:					
1.	Cannot be trusted.	1	2	3	4
2.	Are disgusting.	1	2	3	4
3.	Are unwilling to get or keep a regular job.	1	2	3	4
4.	Are dirty and unkempt.	1	2	3	4
5.	Are below average in intelligence.	1	2	3	4
6.	Are unpredictable.	1	2	3	4
7.	Cannot be rehabilitated.	1	2	3	4
8.	Are dangerous.	1	2	3	4
9.	Are bad people.	1	2	3	4

Please indicate **how much you agree** with the following statements.

		Strongly disagree	Disagree	Agree	Strongly agree
Because I have a criminal record:					
1.	Cannot be trusted.	1	2	3	4
2.	Are disgusting.	1	2	3	4
3.	Are unwilling to get or keep a regular job.	1	2	3	4
4.	Are dirty and unkempt.	1	2	3	4
5.	Are below average in intelligence.	1	2	3	4
6.	Are unpredictable.	1	2	3	4
7.	Cannot be rehabilitated.	1	2	3	4
8.	Are dangerous.	1	2	3	4
9.	Are bad people.	1	2	3	4

SECTION [D]: DEMOGRAPHICS

1. What is your race?

□ Chinese □ Malay □ Indian □ Others, please specify: _____

2. What is your year of birth?

_____

3. What was your type of offence?

□ Penal □ Drug-related

4. Are you currently in any programme?

□ Yes (Please state:_____) □ No

5. What is your marital status?

□ Single □ Single – in a relationship

□ Married □ Divorced

□ Separated □ Widowed

□ Others, please specify: _____

6. What religion do you currently practice?

□ Buddhism □ Islam

□ Christianity □ Hinduism

□ Taoism □ Atheist

□ Free-thinker □ Others, please specify: _____

7. What is your highest level of education received?

□ No education □ Primary School

□ Lower Secondary School □ Upper Secondary School

□ JC / Pre-University □ ITE

□ Polytechnic □ University

□ Post-graduate □ Others, please specify: _____

8. What is your highest educational qualification that you have obtained?

□ PSLE
□ GCE 'O' Levels
□ GCE 'N' Levels
□ GCE 'A' Levels
□ Diploma
□ Nitec / Higher Nitec
□ Bachelor's Degree
□ Honours Degree
□ Post-graduate Degree
□ Others, please specify: _____

9. Are you currently employed?

□ Yes (Proceed to question 11)
□ No (Proceed to question 10)

10. Have you been in any other employment previously after release?

□ Yes (Proceed to question 11)
□ No (Proceed to question 13)

11. What is your current / last occupation?

---

12. How satisfied are you with your current / last job(s) overall?

□ Very satisfied □ Satisfied □ Neutral □ Dissatisfied □Very dissatisfied

13. Which category best describes your current gross monthly personal income? (before tax and CPF deductions)

□ No income
□ $1,000 and below
□ $1,001 – $2,000
□ $2,001 – $3,000
□ $3,001 – $4,000
□ $4,001 – $5,000
□ $5,001 – $6,000
□ Above $6,000

14. What is your major source of finances?

□ Job income
□ Personal savings
□ Formal financial assistance
□ Support from family/friends/others
□ Others, please specify: _____

15. Who lives with you in your household currently? (you may tick more than one)

□ No one
□ Family
□ Significant other
□ Friends
□ Flatmate / Roommate
□ Others, please specify: _____

The questionnaire for practitioners is shown below.

SECTION [A]: DEMOGRAPHICS

1. Which gender do you identify with?

☐ Male ☐ Female

2. What is your race?

☐ Chinese ☐ Malay ☐ Indian ☐ Others, please specify:

3. What is your year of birth?

_____

4. What is the highest educational qualification that you have obtained?

_____

5. How many years of experience do you have in the aftercare sector?

_____

6. Which category best describes your current gross monthly personal income? (before tax and CPF deductions)

☐ $3,000 and below ☐ $5,001 – $6,000

☐ $3,001 – $4,000 ☐ $6,001 – $7,000

☐ $4,001 – $5,000 ☐ Above $7,000

7. Please describe your main job responsibilities.

_____

SECTION [B]: PERCEPTION ON SOCIAL SUPPORT

The following section asks for **your opinions and views** on social support. Please take on a general perspective rather than focusing on specific cases when answering the questions.

1. (a) What / Who do you feel is a source of social support for the clients? (you may tick more than one)

□ Financial assistance
□ Caseworker
□ Employment
□ Faith / religion
□ Self-help groups (CDAC, Mendaki, SINDA, EA)
□ Colleagues
□ Befrienders / Volunteers
□ Family
□ Friends
□ Significant other
□ Community (please specify: _____)
□ Religious leaders / believers
□ Support group (NA, AA, etc.)
□ Others, please specify: _____

1. (b) Please rank the chosen social support according to order of importance for clients' reintegration (1 being the most important).
Please rank in general importance rather than focusing on specific cases.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

2. (a) For the first three choices in (1b),

(i) Please give your reason(s) on how each choice can aid in clients' reintegration?

(ii) Please explain why each choice belongs to the respective ranks in 1(b) (i.e. why is choice A in rank 1, choice B in rank 2 etc).

(b) For the last two choices in (1b),

(i) Please give your reason(s) on how each choice can aid in clients' reintegration?

(ii) Please explain why each choice belongs to the respective ranks in 1(b).

---

3. Generally, how aligned do you think you are with clients' needs?

Do not understand at all										Fully understand
0	1	2	3	4	5	6	7	8	9	10

(a) (i) In what ways do you think you are <u>ALIGNED</u> with that of clients' needs?

(ii) In what ways do you think you are <u>NOT ALIGNED</u> with that of clients' needs?

(b) What do you think can be done to better align the viewpoints regarding social support between clients and practitioners?
