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Achieving Crime Prevention and Community Safety Through Evidence-Based and Theoretically-Driven Early Interventional, Diversionary, as Well as Community Building and Engagement Programs

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From Prison to Community: A Rapid Scoping Review of Offender Reintegration Programs

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Abstract

The reintegration of offenders into society remains a critical concern within criminal justice systems across the world. Community-based reintegration interventions have increasingly been implemented to facilitate social inclusion and the engendering of prosocial activity post-incarceration. It has been argued that such social reintegration measures have the potential to increase the effectiveness of rehabilitation programs, and thus, may increase the likelihood of recidivism reduction downstream through multi-modal strategies. However, evidence regarding their effectiveness remains fragmented across intervention types, outcomes, and geographical and implementation contexts. This rapid scoping review mapped the empirical evidence on community-based, tertiary-level social reintegration interventions for justice-involved individuals, the theoretical frameworks that underpin them, and the recidivism and reintegration outcomes they report. A systematic search of Scopus, PubMed, and Google Scholar identified 2291 records published between 2016 and 2026. Following screening and eligibility assessment guided by the PRISMA-ScR framework, 17 studies met all the inclusion criteria. The included studies examined a range of interventions, including housing support, employment programs, peer support initiatives, mentoring programs, mental health and substance use interventions, re-entry courts, and multi-component reintegration programs. The Strengths-Based Approach was the most frequently identified theoretical framework (n = 6), followed by Desistance Theory and Peer Support/Recovery Capital (n = 5 each), although several studies lacked explicit theoretical grounding. Findings indicate that housing stability, employment opportunities, peer mentoring, service engagement, and continuity of care are associated with positive reintegration outcomes. Evidence for recidivism reduction was strongest among mentoring, housing, and integrated multi-component interventions, although findings were mixed across studies. The review highlights the importance of theory-driven, community-based, and person-centered approaches to offender reintegration at the tertiary-end of the criminal justice system, and identifies the need for more rigorous evaluations in diverse geographical and cultural contexts.

Keywords: offender reintegration; prisoner reentry; community-based interventions; social reintegration; recidivism; desistance; rehabilitation; tertiary intervention

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1. Introduction

The reintegration of offenders into society represents a critical phase in the criminal justice continuum (that being at the tertiary end of a criminologically coopted epidemiolog-

ical interventional framework), with significant implications for both individual outcomes and public safety. Although not exclusively so, tertiary interventions of this nature tend to focus "on those who have already offended" with the aim of "… prevent[ing] reoffending …" (Battams et al. 2021, p. 621). However, as Borzycki (2005, p. xv) pointed out, "… offender reintegration … is … [actually, more concerned with engendering] … active and productive community participation by ex-offenders", and not primarily on recidivism reduction. Nevertheless, there is a close relationship between them, particularly in relation to rehabilitation programs that are designed to decrease reoffending. As Borzycki (2005, p. 8) explained, "… social, psychological and economic disadvantages … can impede [offender] integration into the broader community", and hence, in tandem with the delivery of appropriate rehabilitative programming via multi-modal approaches, "these factors must … be addressed if offender rehabilitation is to be effective". More particularly, these disadvantageous factors would include, for example:

> "… poor educational attainment and employment histories, social isolation and exclusion, poor physical and mental health, and alcohol and other drug misuse. … In addition to the above, following release prisoners may experience stigmatisation and discrimination, lessened employment prospects, reduced access to housing, loss of family and social ties, negative mental health effects such as institutionalisation, increased risk of suicide and early death, and difficulties in accessing needed supports, such as drug treatment" (Borzycki 2005, p. xvi)

High rates of recidivism across jurisdictions continue to challenge policymakers and practitioners, highlighting the need for empirically supported effective reintegration measures to be included in multi-modal strategies to reduce recidivism rates (Borzycki 2005; Travis 2005; Petersilia 2004), particularly for ex-inmates, post release (Hall and Chong 2018). In response, there has been a growing shift towards community-based approaches that emphasize the implementation of social reintegration interventions that contribute to recidivism reduction. The theoretical frameworks that underpin many of these community reintegration measures include, for example, Desistance Theory (Maruna 2001; Laub and Sampson 2003), Social Capital Theory (Rose and Clear 2003), Social Bond Theory (Hirschi 1969); Labeling Theory (Lemert 1951; Becker 1963); the Risk–Need–Responsivity (RNR) model, a schema used "… for the assessment and treatment of offenders … [albeit] … contextualized within a general personality and cognitive social learning theory of criminal conduct" (Bonta and Andrews 2007, p. 1; Andrews and Bonta 2010), and so on. Despite these developments, the literature remains fragmented across disciplines, intervention types, and contexts. Previous studies have highlighted the importance of employment (Uggen 2000), housing stability (Metraux and Culhane 2004), and social support (Berg and Huebner 2011) in facilitating reintegration into society. More recent synthesis has highlighted the multifactorial nature of reintegration, identifying individual, interpersonal, and structural factors and their relationships with post-release outcomes (Mathlin et al. 2024). However, there remains limited synthesis of how these interconnected factors are addressed within community-based programs.

For clarity, four related but distinct terms are used in this review. Reintegration refers to the process of social inclusion and active, productive participation in community life after release (Borzycki 2005), and is the focus of this review. Rehabilitation refers to programs aimed at changing the factors associated with offending, including through the multi-modal approaches noted above. Desistance refers to the longer-term process of ceasing offending, which typically involves changes in identity and social bonds (Maruna 2001; Laub and Sampson 2003). Recidivism is a measured outcome, usually defined as rearrest, reconviction or reincarceration within a follow-up period. Reintegration interventions are therefore delivered within rehabilitative and desistance contexts, and recidivism is treated here as

one outcome among several: an important, but incomplete, indicator of reintegration. Recidivism and reintegration outcomes are accordingly charted and reported separately.

This study aims to systematically map the extant empirical evidence on tertiary-level offender community reintegration programs that seek to address these disadvantageous factors, the theoretical frameworks that underpin them, and the recidivism and reintegration outcomes they report, using a rapid scoping review approach. Specifically, it seeks to identify intervention types, examine theoretical foundations, and analyze key success factors and gaps in implementation.

2. Materials and Methods

2.1. Study Design

This study employed a rapid scoping review methodology, guided by the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) framework (Tricco et al. 2018). A rapid scoping review was used to get an overview of already existing studies on the best practices of social reintegration measures for individuals leaving prison globally. The rapid approach was chosen to enable timely synthesis within a constrained timeframe while preserving methodological rigor. This design is appropriate given the breadth of intervention types, theoretical frameworks, and outcome measures represented within the offender reintegration literature. This rapid scoping review was conducted and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). The completed PRISMA ScR checklist is provided as Supplementary Materials (Table S1).

2.2. Research Question

The review was guided by the following research question:

What community-based interventions support the social reintegration of people released from prison, which theoretical frameworks (if any) underpin them, and what recidivism and reintegration outcomes do they report?

2.3. Eligibility Criteria

Inclusion exclusion criteria were established and applied across all stages of screening.

Inclusion criteria

- Peer-reviewed empirical studies and the gray literature published between January 2016 and May 2026.
- Studies reporting on community-based interventions targeting the social reintegration of post-incarcerated individuals.
- Studies involving justice-involved populations who have been in prison and are part of community-based social reintegration.

Exclusion criteria

- Studies focused exclusively on prison-based or custodial interventions with no community-based element.
- Opinion pieces, reviews, editorials, commentaries, and theoretical papers without empirical data.
- Full texts that were inaccessible.

2.4. Search Strategy

The first step was to identify all the existing published works on social reintegration methods or programs around the world. A systematic electronic search was conducted across three databases namely SCOPUS, PubMed and Google Scholar. To ensure compre-

hensiveness, supplementary searches were conducted through governmental publications, gray literature and reference list search of already selected studies, program evaluations, and reports not captured through database searches. The search was limited to articles published in English between 2016 and 2026 to capture the most contemporary evidence. Searches were conducted from June 2025 and latest on May 2026. The following Boolean string was applied across title, abstract and keyword fields:

The search strategy was developed using combinations of keywords and Boolean operators related to offender reintegration, community-based interventions, and reintegration outcomes. The search terms included:

("offender reintegration" OR "prisoner reentry" OR "prisoner re-entry" OR "community reintegration" OR "post-release" OR aftercare OR transition* OR throughcare OR desistance OR reentry OR reintegration OR "formerly incarcerated" OR ex-offender* OR offender* OR prisoner* OR inmate* OR "justice-involved") AND ("community-based" OR "community intervention*" OR "community program*" OR "reentry program*" OR "community supervision" OR "reintegration program*" OR rehabilitation) AND (reoffend* OR rearrest* OR reconvict* OR "social reintegration" OR reintegration OR resocialization).

Search terms were adapted to the indexing requirements and search functionalities of each database. In addition to database searching, supplementary searches were conducted using search engines to identify relevant studies that may not have been retrieved through the primary search strategy.

2.5. Study Selection and Screening Process

Records retrieved from all the sources are consolidated and managed using Rayyan software. A total of 2291 studies were retrieved initially. It was uploaded and screened for duplicates (duplicates n = 252). The screening process proceeded in three sequential stages, as detailed in the PRISMA-ScR flow diagram (Figure 1).

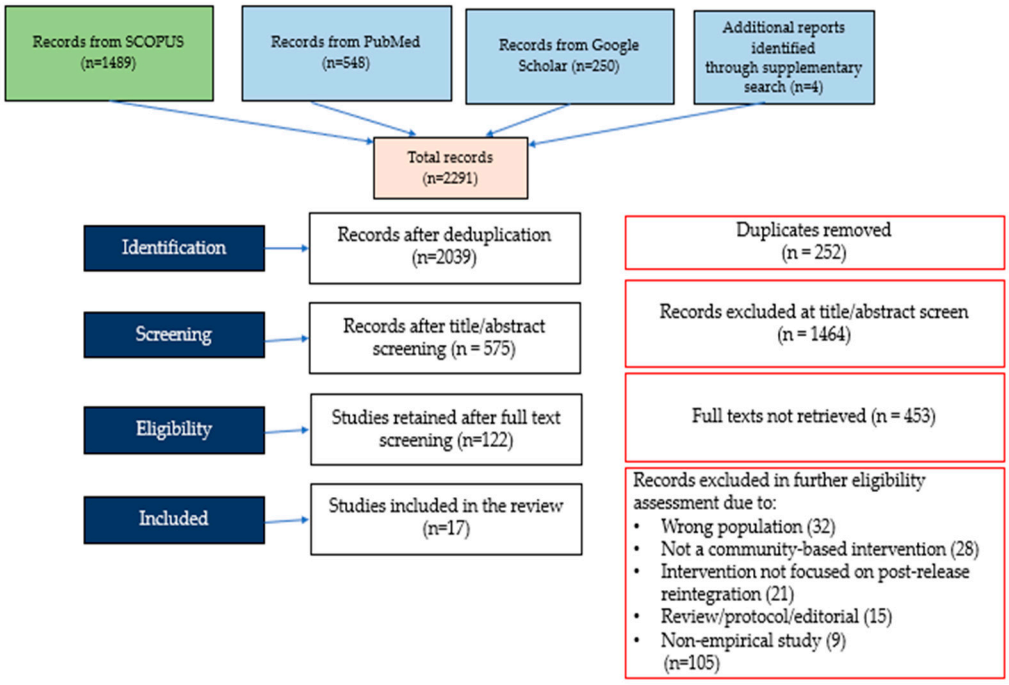


Figure 1. PRISMA-ScR flow diagram.

All titles (n = 2039) were screened for relevance against the eligibility criteria. In the second stage, abstracts were reviewed and studies not meeting the eligibility criteria were excluded (n = 1464), leaving 575 records for full-text retrieval. Full-text retrieval was

attempted for all 575 records through institutional database access, open-access repositories, and Google Scholar. Despite these efforts, 453 full texts could not be retrieved because of subscription barriers, paywalled journal access, or unavailability in accessible repositories. Direct author contact was not pursued given the rapid-review timeframe. Reasons for exclusion at the full-text stage were documented for all studies assessed. The potential impact of inaccessible full texts is acknowledged as a limitation, as studies that could not be retrieved could not be assessed against the eligibility criteria and may therefore have introduced selection bias.

The remaining 122 studies were assessed for eligibility at full text through an intervention-specific eligibility screen to determine the inclusion of only empirical research examining community-based offender reintegration programs into the scoping review. The second round of screening determined whether the intervention targeted the issue of post-release community reintegration rather than prison-based rehabilitation or correctional interventions. As a result, 105 reports were excluded: wrong population (n = 32), not a community-based intervention (n = 28), intervention not focused on post-release reintegration (n = 21), review, protocol or editorial (n = 15), and non-empirical study (n = 9). In total, 17 studies were included in the scoping review.

The study selection and screening results are summarised in Table 1. Any conflicts among reviewers during the process of screening were sorted out via discussion and agreement. In case of the need for more information, the senior author was consulted.

Table 1. PRISMA-ScR chart.

Screening Stage	Number of Records
Records identified	2291
Duplicates removed	252
Records screened (title and abstract)	2039
Records excluded after title and abstract screening	1464
Records after title/abstract screening	575
Full texts not retrieved	453
Studies retained after full text screening	122
Further eligibility exclusions	105
Final included studies	17

2.6. Data Extraction

Data were extracted from all 17 included studies using Rayyan and a standardized data extraction sheet developed by the second author in accordance with the review objectives. The extraction template was piloted before full application and subsequently refined to ensure that it captured information relevant to the review questions. The template comprised six domains: (1) bibliographic details; (2) study design and methodology; (3) geographic context; (4) participant characteristics; (5) intervention type, components, and theoretical orientation; and (6) findings and outcome measures. Data charting was performed by a single reviewer (the second author) and cross-checked by co-authors with discrepancies resolved by discussion. The extracted data and extraction framework were subsequently reviewed and validated by co-authors, with their feedback incorporated into the final dataset and interpretation.

2.7. Data Synthesis

A narrative synthesis approach was adopted, given the heterogeneity of study designs, intervention types, theoretical frameworks, and outcome measures across the included studies. The extracted data were organized thematically, with interventions grouped into domains, and also based on target population. Study, intervention, population and outcome characteristics were summarized narratively and in summary tables. The findings are presented in a narrative format. Findings were not pooled across study designs: recidivism outcomes are drawn mainly from experimental and quasi-experimental studies (Section 3.4), whereas experiential and mechanism-level findings come mainly from qualitative and mixed-methods studies (Section 3.5). Assessment of reporting bias was not undertaken, as the purpose of this rapid scoping review was to map the breadth and characteristics of available evidence rather than to estimate pooled intervention effects.

2.8. Use of Generative AI

During the preparation of this manuscript, generative AI tools (ChatGPT [GPT-6], Claude [Sonnet 4.6]) were used for the purposes of grammar check and manuscript drafting assistance. All content, data interpretations, and conclusions were reviewed, verified, and validated by the authors. The authors take full responsibility for the content of this publication.

3. Results

3.1. Study Characteristics

The scoping review identified 17 empirical studies assessing the effectiveness of offender reintegration programs delivered through community-based initiatives published within the period of 2016 to 2025. Geographic spread was primarily North American, whereby 12 of 17 studies (n = 12, 70.6%) took place in the United States, complemented by South Africa (n = 2, 11.8%), United Kingdom (n = 1, 5.9%), Canada (n = 1, 5.9%), and Israel (n = 1, 5.9%).The characteristics of the 17 included studies, including their study designs and other key features, are summarised in Table 2. The methodology utilized varied greatly, whereby eight qualitative studies (47%), six randomized controlled trials or quasi-experimental designs (35%), and three mixed methods studies (18%) were identified.

Table 2. Characteristics of included studies.

Characteristic	*n* (%)
Study Design	
Qualitative	8 (47%)
RCT/Quasi-experimental	6 (35%)
Mixed methods	3 (18%)
Population	
General adult offender population	12 (71%)
Women offenders	1 (6%)
Substance-involved	4 (24%)
Mental health condition	3 (18%)

Note: Population categories were not mutually exclusive; individual studies could include participants with more than one population characteristic. Consequently, percentages may sum to more than 100%.

The population of interest among studies differed. General adult offenders released back into the community after imprisonment accounted for the majority (n = 12, 71%) of

all research. Four studies (24%) targeted individuals involved in substance abuse, with opioid, stimulant, and alcohol use disorder among them. There were three studies (18%) that concentrated on individuals in need of mental health care or those with co-occurring mental health and substance use disorders. One study (6%) focused only on female offenders' reintegration. Population exclusions included exclusion of individuals who had been convicted of sexual offenses (n = 3) due to specific organizational management arrangements, and one study which excluded people with severe mental problems as well as sex offenders.

The sample sizes of these studies varied from 9 to 966 participants. Large samples were characteristic for randomized controlled trials (D'Amico and Kim 2018: n = 966; Zortman et al. 2016: n = 450), whereas qualitative and pilot studies used small samples (n = 9–48). Duration of interventions was quite different, spanning from provision of assistance immediately after release (hours to days) to throughcare (12 months or more). The detailed study selection summary, including study titles, countries, interventions, and reported outcomes, is provided in Appendix A (Table A1).

Country of Study

The geographic distribution of included studies was predominantly American, with the majority of studies conducted in the United States (12). Notable contributions also came from South Africa (two), the United Kingdom (one), Canada (one) and Israel (one).The interventions identified in the included studies, along with their countries of implementation and reported recidivism and reintegration outcomes, are summarised in Table 3.

Table 3. Intervention and country of study.

Intervention	Reference	Country	Recidivism Outcome	Reintegration Outcome
Multi-Component Reentry Initiative	Eberth et al. (2022)	USA	Mixed outcomes	Mixed reintegration outcomes
Federal Reentry Court	Taylor (2020)	USA	No reduction in arrests; fewer revocations	Increased employment and service utilization
MOVE Housing Program	Kirk et al. (2018)	USA	Lower rearrest rates	Increased housing stability
COMEBACK (Community Health Workers Eliminating Barriers in Access to Care)	Khazi-Syed et al. (2024)	USA	Mixed outcomes	Improved HIV care engagement and service utilization
RESET Program	MacInnes et al. (2021)	UK	Not directly measured	Improved housing stability and service engagement
REALISTIC Aftercare Program	Larner (2017)	South Africa	Mixed (≈50% rearrested)	Improved self-esteem and social support
D.C. Central Kitchen	Matthews et al. (2020)	USA	Not directly measured	Improved employment readiness and self-efficacy
Peer-Led Reintegration Center	McLuhan et al. (2023)	Canada	Not directly measured	Improved social integration and service access
Certified Recovery Specialist Support	Kreager et al. (2025)	USA	Not directly measured	Improved recovery support and family engagement
CLEAR Mentoring Program	Walsh and Gerkin (2017)	USA	Not directly measured	Identity transformation and reintegration
Peer Mentoring/Peer-Led Reentry Support	Sells et al. (2020)	USA	Significant reduction in parole violations/recidivism among mentored participants	Improved social navigation, support networks, citizenship, community engagement and transition support

Table 3. *Cont.*

Intervention	Reference	Country	Recidivism Outcome	Reintegration Outcome
Peer Community Health Worker Navigation (WISH-TC)	Thomas et al. (2019)	USA	Not assessed directly	Improved healthcare engagement, treatment access, health literacy, motivation, substance use recovery support, and social service navigation for formerly incarcerated women
Transitional Community Adherence Club (Peer-Led Group Reentry Intervention)	Mabuto et al. (2024)	South Africa	Recidivism not measured	HIV treatment enrolment increased from 36% (usual care) to 61% (intervention) at 6 months post release
Multi-Component Reentry Program (Second Chance Act Programs)	D'Amico and Kim (2018)	USA	Mixed/limited effects on recidivism; the program primarily increased access to reentry services, with no strong overall reduction in recidivism reported across sites	Improved access to case management, reentry planning, job-search assistance, cognitive behavioral therapy, substance abuse treatment, and other support services; participants were more likely to have a trusted case manager and reentry plan
Volunteer-Based Community Mentoring	Elisha (2025)	Israel	Not directly measured. Stakeholders reported that mentoring may help prevent reoffending and support desistance, but no objective recidivism data were collected	Improved social integration, employment stability, family relationships, healthcare access, self-efficacy, wellbeing, and community connectedness. A program graduate transitioned into a peer mentor role
Multi-Component Reentry Program	Zortman et al. (2016)	USA	Significant reduction in recidivism at 1 year (19.0% vs. 28.0% control); effect diminished by 3 years (46.7% vs. 49.4%)	Improved employment, housing independence, family relationships, avoidance of substance use, prosocial attitudes, and service engagement
Fresh Start Prisoner Reentry Program	Hunter et al. (2016)	USA	Not reported in the extracted information	Strengths-based case management; recognition of individual strengths and capabilities; empowerment and self-determination; family engagement; goal setting and future orientation; pre-release preparation combined with post-release support; positive practitioner-participant relationships. The program supported recognition of existing capabilities and resources, goal development, and community reintegration

3.2. Intervention Types

Six major intervention categories were identified across the 17 included studies (Table 4), with considerable variation in program components, intensity, and theoretical orientation. Peer Mentoring/Peer-Led Support was the most prevalent category (n = 8, 47%), followed by Multi-Component Programs (n = 4, 24%) and Health-focused interventions (n = 3, 18%). Housing and Transition Support, Employment and Vocational Training, and Reentry Courts and Case Management were each represented in two studies (n = 2, 12%).

Because intervention categories were not mutually exclusive, individual studies incorporating multiple intervention domains were classified under each applicable category; consequently, the sum of category frequencies exceeds the total number of included studies (n = 17).

Table 4. Intervention categories.

Intervention Category	*n*	Studies
Peer Mentoring/Peer-Led Support	8	Sells et al. (2020); Walsh and Gerkin (2017); McLuhan et al. (2023); Kreager et al. (2025); Elisha (2025); Thomas et al. (2019); Matthews et al. (2020); Mabuto et al. (2024)
Housing and Transition Support	2	Kirk et al. (2018); MacInnes et al. (2021);
Employment and Vocational Training	2	Matthews et al. (2020); Eberth et al. (2022)
Reentry Courts and Case Management	2	Taylor (2020), Zortman et al. (2016)
Multi-Component Programs	4	Eberth et al. (2022) D'Amico and Kim (2018); Hunter et al. (2016); Zortman et al. (2016)
Health-focused (HIV, substance use)	3	Khazi-Syed et al. (2024); Mabuto et al. (2024); Thomas et al. (2019)

Note: Intervention categories were not mutually exclusive. Studies incorporating multiple intervention domains were classified under each applicable category; consequently, the sum of category frequencies exceeds the total number of included studies (n = 17).

3.2.1. Mentoring, Peer Support, and Social Capital Interventions (n = 8, 47%)

Most interventions included mentoring, peer support, and social capital intervention programs. Mentoring programs employed peer mentors, community volunteers, community health workers, and individuals with lived experiences of imprisonment to assist the participants during their community transition. Examples included the peer-mentored community reentry program (Sells et al. 2020), volunteer-based community mentoring (Elisha 2025), the peer-led reentry service hub (McLuhan et al. 2023), certified recovery specialist support (Kreager et al. 2025), employment-focused peer mentoring (Matthews et al. 2020), the Women's Initiative Supporting Health Transitions Clinic (Thomas et al. 2019), the CLEAR mentoring program (Walsh and Gerkin 2017), and the REALISTIC aftercare program (Larner 2017). Common elements included relational support from individuals with lived experience, identity transformation through role modeling, social network development, and navigation assistance for community reintegration. However, program aims, populations, designs, and outcome measures differed, so these shared features should not be interpreted as evidence of a uniform effect.

3.2.2. Housing and Transitional Support Interventions (n = 3, 18%)

Housing was an important part of reintegration initiatives. The housing initiative was meant to address stability, security and provision of housing services. These included MOVE, which provided housing vouchers and relocation services (Kirk et al. 2018); the RESET program, which provided housing advocacy and 12-week intensive treatment (MacInnes et al. 2021); and the housing components of multiple-component programs (Eberth et al. 2022). Such interventions led to positive outcomes like stability of residential status, access to services and decreased risk of criminal activities. Such reintegration strategies involved relocation from criminogenic neighborhoods, homeless individuals, and secure tenancy as a base of reintegration.

3.2.3. Employment and Strengths-Based Reintegration Interventions (n = 2, 12%)

These programs focused on vocational training and identity-based employment. The intervention programs included the D.C. Central Kitchen culinary job training program (Matthews et al. 2020), and the Fresh Start Prisoner Reentry Program, which was based on

strengths-based case management, goal setting, and employment preparedness (Hunter et al. 2016). Such interventions included both employment services and psychological empowerment and identity construction based on occupational roles.

3.2.4. Reentry Courts with Structured Approaches and Coordinated Case Management Programs (n = 2, 12%)

With structured approaches in reentry courts and coordinated case management programs, the aim was to enhance continuity of care and ensure access to community-based programs. The Federal Reentry Court (Taylor 2020) and Pennsylvania Reentry Program (Zortman et al. 2016) integrated judicial oversight, monthly review hearings, case management, substance abuse treatment, employment assistance, and family reunification support. These programs emphasized continuity of supervision and coordinated access to services.

3.2.5. Interventions in the Area of Health, Trauma Informed and Behavioral Support (n = 3, 18%)

There were a number of interventions related to various health concerns including substance abuse, mental health problems, and trauma recovery. They include COMEBACK Community Health Worker intervention for people with HIV and substance use disorders (Khazi-Syed et al. 2024); Women's Initiative Supporting Health Transitions Clinic (WISH-TC) for previously incarcerated women (Thomas et al. 2019); and Transitional Community Adherence Club (TCAC) to encourage HIV treatment adherence following release from prison (Mabuto et al. 2024).

3.2.6. Multiple Component Reintegration Programs (n = 4, 24%)

The multiple component programs comprised more than one service to be provided by different agencies. Some of the components included case management, accommodation, employment, behavior modification, mentoring, and treatment services. The People of Change Program provided wraparound services including counseling, mentoring, life skills, and occupational therapy (Eberth et al. 2022). The Second Chance Act Programs combined individualized case management, employment services, cognitive–behavioral therapy, substance abuse treatment, and community support (D'Amico and Kim 2018). The Fresh Start Prisoner Reentry Program integrated strengths-based case management with family engagement and employment support (Hunter et al. 2016). These programs reflected a comprehensive, multi-domain approach to reintegration.

3.3. Theoretical Foundations

The Strengths-Based Approach was the most frequently identified theoretical framework, appearing in six studies (n = 6). Desistance Theory and Peer Support/Recovery Capital were each identified in five studies (n = 5). The Strengths-Based Approach emphasized client self-determination, internal capabilities, and positive, goal-oriented growth rather than static risk tracking (Eberth et al. 2022; Elisha 2025; Hunter et al. 2016; Khazi-Syed et al. 2024; Larner 2017; McLuhan et al. 2023). Within this grouping, Positive Criminology was explicitly leveraged by Elisha (2025) to frame volunteer mentoring as a humanistic support system, while Hunter et al. (2016) uniquely operationalized the Good Lives Model to guide multidimensional case management. The distribution of theoretical frameworks and models across the included studies, along with the corresponding references, is presented in Table 5.

Table 5. Methodological distribution of theoretical frameworks.

Theoretical Framework/Model	*n*	Included Studies and Authors
Strengths-Based Approach	6	Eberth et al. (2022); Elisha (2025); Hunter et al. (2016); Khazi-Syed et al. (2024); McLuhan et al. (2023); Larner (2017)
Desistance Theory	5	Elisha (2025); Matthews et al. (2020); Sells et al. (2020); Taylor (2020); Walsh and Gerkin (2017)
Peer Support/Recovery Capital/Community Health Worker Models	5	Khazi-Syed et al. (2024); Kreager et al. (2025); Mabuto et al. (2024); McLuhan et al. (2023); Sells et al. (2020)
Risk–Need–Responsivity (RNR)	3	D'Amico and Kim (2018); Hunter et al. (2016); Zortman et al. (2016)
Good Lives Model	1	Hunter et al. (2016)
Critical Time Intervention (CTI) Framework	1	MacInnes et al. (2021)
Gelberg–Andersen Behavioral Model for Vulnerable Populations	1	Khazi-Syed et al. (2024)
Self-Determination Theory	1	Thomas et al. (2019)
Trauma-Informed Care	1	Thomas et al. (2019)
Positive Criminology	1	Elisha (2025)
Cognitive Transformation Theory	1	Matthews et al. (2020)
Environmental/Neighborhood Effects	1	Kirk et al. (2018)
Transtheoretical Stages of Change	1	Eberth et al. (2022)
Not Explicitly Stated	5	Evaluations focusing on programmatic operations without declaring formal frameworks (e.g., pure program evaluations).

Note: Total n exceeds the overall study sample size because several papers applied multi-theoretical or integrated conceptual frameworks.

Models emphasizing Peer Support, Recovery Capital, and Community Health Worker paradigms featured prominently in five studies (Khazi-Syed et al. 2024; Kreager et al. 2025; Mabuto et al. 2024; McLuhan et al. 2023; Sells et al. 2020). These frameworks focus on resource mobilization, the creation of prosocial social networks, and leveraging shared lived experience as a relational mechanism to support the transition from carceral settings to the community.

Desistance Theory, identified in five studies, focused on the non-linear cessation of criminal behavior, identity transformation, and the development of alternative narratives that support community participation (Elisha 2025; Matthews et al. 2020; Sells et al. 2020; Taylor 2020; Walsh and Gerkin 2017). Traditional evidence-based correctional frameworks, such as the Risk–Need–Responsivity (RNR) model, which is contextualized "within a general personality and cognitive social learning theory," were explicitly used in three studies to examine the alignment between program intensity, individual risk, and criminogenic needs (D'Amico and Kim 2018; Hunter et al. 2016; Zortman et al. 2016).

Other specialized institutional, structural, or behavioral frameworks appeared in individual studies, including the Critical Time Intervention (CTI) framework (MacInnes et al. 2021), which addressed immediate vulnerabilities following release; and the Gelberg–Andersen Behavioral Model for Vulnerable Populations (Khazi-Syed et al. 2024), which informed health service access.

Five studies lacked an explicit, named theoretical framework, although underlying strengths-based, relational, or social support orientations could be inferred from their program designs. This suggests a potential gap in the articulation of theoretical foundations, with nearly one-third of the included studies lacking an explicitly stated theoretical framework.

3.4. Recidivism Outcomes

Evidence for recidivism outcomes was heterogeneous and was largely based on the nature of the intervention and design of the study.

Peer-mentored reentry provided the strongest direct evidence of recidivism reduction among the included studies. In a pilot randomized controlled trial conducted in the United States, Sells et al. (2020) found significantly lower recidivism among participants receiving peer mentoring in addition to standard community reentry services compared with those receiving standard services alone. The authors suggest that early intervention, relationship quality, social navigation, criminal desistance, and gainful citizenship may be important features of the mentoring model. However, given the small sample and the pilot nature of the study, these mechanisms require further investigation. Thus, peer mentoring should be regarded as a promising intervention rather than a universally superior model, particularly given the limited evidence across diverse geographical and criminal justice contexts.

Multiple component interventions had some puzzling results. The Pennsylvania Reentry Program (Zortman et al. 2016) demonstrated large reductions in recidivism in the first year (19.0% intervention vs. 28.0% control group). But at year 3, any differences became insignificant (46.7% vs. 49.4%). Thus, short-term positive outcomes might not persist without continuous assistance. The Second Chance Act Programs (D'Amico and Kim 2018) increased employment and earnings rates and engagement with services but did not demonstrate any statistically significant improvement in rearrest, reconviction, or reincarceration rates; participants in the intervention group were even more likely to be rearrested.

The Federal Reentry Court (Taylor 2020) was successful in reducing probation revocations but did not reduce new arrests, which led to the important conclusion about the need for a different measure of success in reintegration of offenders. Finally, the COMEBACK Community Health Worker intervention (Khazi-Syed et al. 2024) also yielded inconsistent results: the higher dose of intervention had been linked to higher recidivism rate but better health outcomes.

Eight (47%) qualitative and mixed-methods studies do not consider recidivism rates at all, but rather look into the mechanisms of change, participants' experiences, and integration success (Matthews et al. 2020; McLuhan et al. 2023; Kreager et al. 2025; Walsh and Gerkin 2017; Thomas et al. 2019; Larner 2017; Elisha 2025; Hunter et al. 2016). From this type of qualitative research, it could be concluded that mentoring, peer support, and strengths-based approaches could help develop mechanisms that are connected to desistance (identity transformation, social support network formation, hope).

3.5. Reintegration Outcomes (Housing, Employment, Service Engagement)

Reported reintegration outcomes included housing stability, employment-related outcomes, service engagement, and social integration. Findings varied by program and study design, and the outcomes were not measured consistently across the 17 studies. The following sections summarize the main reported patterns without assuming that improvements in one domain necessarily translated into reductions in recidivism.

Housing Stability: There were three studies that used housing as an outcome measure. In particular, the MOVE program (Kirk et al. 2018) in Maryland, USA, showed significant improvement in residential stability and relocation away from risky places. The RESET

program (MacInnes et al. 2021) succeeded in providing housing security for those with mental health challenges and decreasing homelessness. The Pennsylvania Reentry Program (Zortman et al. 2016) indicated improved housing independence and stability as one of the perceived outcomes.

Employment and Economic Outcomes: Positive outcomes related to employment seemed to emerge in different programs. The Federal Reentry Court (Taylor 2020) and Pennsylvania Reentry Program (Zortman et al. 2016) provided data on the rise in employment and economic stability. The D.C. Central Kitchen program (Matthews et al. 2020) provided positive impact on employment readiness and self-efficacy. The Second Chance Act Programs (D'Amico and Kim 2018) significantly increased employment assistance utilization and earnings. Nevertheless, employment achievements did not contribute to the decrease in recidivism (D'Amico and Kim 2018).

Service Engagement and Continuity of Care: In all the case management and reintegration programs, there was marked increase in engagement with mental health services, addiction treatment, health care, and social service. The RESET program (MacInnes et al. 2021) helped to engage individuals in general practitioner services and welfare benefit access. The COMEBACK Community Health Workers Eliminating Barriers in Access to Care program (Khazi-Syed et al. 2024) helped in improving engagement in clinic appointments and HIV treatment engagement. The Transitional Community Adherence Club (TCAC) program (Mabuto et al. 2024) saw large improvements in engagement in HIV treatment after release from prison (61% for intervention vs. 36% for usual care). The Women's Transitions Clinic (Thomas et al. 2019) increased engagement with health care and addiction treatment services.

Social Integration, Social Support, and Self-Identity: The qualitative findings relating to mentoring programs, peer support groups, and strengths-based interventions revealed improved social integration and social networks. The Fresh Start Prisoner Reentry Program (Hunter et al. 2016) helped improve family relations and goal-setting abilities. The Peer-Mentored Community Reentry program (Sells et al. 2020) facilitated "gainful citizenship" and participation in community activities. The participants in the D.C. Central Kitchen (Matthews et al. 2020), CLEAR mentoring (Walsh and Gerkin 2017), and Reintegration Centre (McLuhan et al. 2023) programs experienced greater social connections, less social exclusion, and an identity shift from a criminal identity to prosocial identity. The participants in the WISH-TC program (Thomas et al. 2019) felt supported, respected, and empowered. The aftercare program in South Africa (Larner 2017) helped boost self-respect, emotional articulation, and social connectedness although the improvements declined after the program ended.

4. Discussion

4.1. Promising Community-Based Tertiary-Level Reintegration Interventions

Three types of intervention strategies have been found to be effective or have promising potential for use in offender reintegration that purportedly led to meaningful recidivism reduction based on evidence compiled within this scoping review. The clearest direct evidence concerning recidivism came from selected experimental or quasi-experimental evaluations, while qualitative and mixed-method studies provided insight into experiences, relationships, and possible mechanisms. These findings correspond with and contribute to the recent literature on desistance-centered and strengths-based reintegration interventions (Maruna and LeBel 2003; McNeill and Weaver 2010), while recognizing the limitations of the small and geographically concentrated evidence base.

In the first place, a randomized controlled trial study by Sells et al. (2020) has found that the odds of recidivism reduction are significantly high (≈4.5), with peer mentors

having the lived experience of imprisonment acting as relators, role models, and guides. The results of this study agree with the previous desistance literature highlighting the importance of social relations and role models in crime cessation (Laub and Sampson 2003; Giordano et al. 2002). The evidence from qualitative studies has shown that mentoring relationships help offenders change their identities, build prosocial networks, and feel hopeful (Matthews et al. 2020; Walsh and Gerkin 2017; Thomas et al. 2019). Research on peer-focused prison reentry programmes suggests that mentors' lived experience of incarceration can enhance their perceived credibility and effectiveness as role models, helping them provide guidance that participants regard as relevant to the challenges of reintegration (Matthews 2021). Interventions targeted at housing provide an evidence-based strategy. The Maryland MOVE housing vouchers (Kirk et al. 2018) had the effect of reducing the rate of rearrest due to the provision of housing stability and the relocation from criminogenic neighborhoods. This is in line with environmental criminology studies which emphasize the impact of neighborhood environments on criminal behavior (Sampson et al. 2008) and with evidence from Washington State's Reentry Housing Pilot Program, in which high-risk people released from prison who received housing assistance and wraparound services had significantly fewer new convictions and prison readmissions for new crimes than a matched comparison group, although revocations did not differ (Lutze et al. 2014). The RESET program (MacInnes et al. 2021) managed to provide a high level of stable housing for vulnerable individuals with mental health problems, indicating that housing is not only a practical need but also a psychological foundation that aids in accessing other forms of reintegration services. In recent studies, Kirk et al. (2018) proved that housing stability provides opportunities for involvement in employment, treatment, and other social services while housing instability and homelessness make it difficult to access those services.

A multi-component program that is also grounded in a theoretical framework provides a slightly more complicated scenario. The Pennsylvania Reentry Program (Zortman et al. 2016) was able to produce a considerable reduction in recidivism (19% vs. 28%) that became smaller by year 3 (46.7% vs. 49.4%), indicating that such improvements may not be maintained without continued help. Likewise, Second Chance Act Programs (D'Amico and Kim 2018) were able to greatly improve employment and service access but did not show any reductions in rearrest, reconviction, or reincarceration rates. This pattern of improved proximal reintegration outcomes without corresponding reductions in recidivism is consistent with a systematic review and meta-analysis of reentry programmes for adult men, which found no statistically significant pooled effects on rearrest, reconviction, or reincarceration (Berghuis 2018). This suggests that improvements in employment and service access should not automatically be interpreted as evidence of reduced recidivism (LeBel et al. 2008).Strongest cases can be found where multi-component programs include peer support (Hunter et al. 2016; Eberth et al. 2022) or where housing is linked with peer mentoring. If programs are focused on providing instrumental support (work, services), but no relational, identity-related or social capital elements are included, proximate reintegration outcomes can be gained without any recidivism prevention, which is in line with theories that emphasize the need for psychological and relational transformation along with material assistance (Maruna 2001; Weaver 2019).

4.2. Critical Success Factors in Offender Reintegration

Five common success factors cut across different kinds of interventions in different settings, offering scientific backing to some important principles of current practices in desistance and social work.

4.2.1. Stability of Housing as a Base

Stable housing has both been identified as a factor directly influencing successful reintegration through both quantitative and qualitative methods of research. Kirk et al. (2018) prove the effect of housing on recidivism, while MacInnes et al. (2021) and Thomas et al. (2019) reveal how stable housing allows people to participate in social services. Moreover, besides providing a material base for participation, stable housing can be seen as something helping people overcome desperation and engaging in future plans and connections (Roy and Cebulla 2013). Such a need for stable housing correlates well with findings related to Maslow's theory and its use in a criminal justice context, where material safety is necessary before anything else (Maslow 1943).

4.2.2. Employment as an Opportunity for Reintegration

There is evidence from multiple sources (Taylor 2020; Matthews et al. 2020; Zortman et al. 2016) linking employment with positive reintegration, social reintegration, and construction of a prosocial identity. However, D'Amico and Kim (2018) reveal that employment help alone is not effective at reducing recidivism, which means that employment is most useful when offered as part of a wider reintegration package. Current studies distinguishing between "quality employment" and "employment per se" show that factors such as the quality of a job, its sustainability, and meaningfulness matter greatly to desistance (Uggen et al. 2004; Western and Pettit 2010). This may be due to material economic stability as well as identity reconstruction around a prosocial job.

4.2.3. Continuity of Care and Service Coordination

Continuity of care and service coordination. Studies using qualitative and mixed methods (MacInnes et al. 2021; Khazi-Syed et al. 2024; Thomas et al. 2019; Mabuto et al. 2024) consistently find that linkage between correctional, health, substance abuse, and social services is associated with engagement and successful outcomes. On the contrary, service fragmentation leads to barriers to engagement, especially for people with complex needs (e.g., mental health issues, substance abuse, housing issues). Re-entry courts (Taylor 2020; Zortman et al. 2016) prove to be successful partially because of judicial supervision facilitating service coordination and accountability. This is consistent with a systematic review of interventions at the prison-to-community transition for people with mental health conditions, which found a developing evidence base that targeting this period can improve contact with community mental health and other services, while noting the need for higher-quality evidence (Hopkin et al. 2018).

4.2.4. High-Quality Helping Relationships

Quality of relationships. Across various studies based on qualitative analysis, people mentioned that the quality of the relationships with service providers played an important role in their success. According to Zortman et al. (2016), it was mentioned that the success depended on the "trusting relationships with parole agents". As for Thomas et al. (2019), they found out that the women "felt supported, respected, and empowered". For example, according to McLuhan et al. (2023), the "respectful and non-judgmental approach" of the peer workers helped people to have better access to services. The above means that professional competence, care, and respect rather than particular components of programs can predict outcomes. It seems that the programs with former prisoners among employees (Matthews et al. 2020; Sells et al. 2020; Elisha 2025) tend to be very effective due to credibility and reduced shame.

4.2.5. Social Support, Peer Network Development, and Identity Reconstruction

Sells et al. (2020) and numerous qualitative studies highlight social capital and prosocial identity development as mechanisms independent of employment or housing. Through mentoring programs, individuals are brought into contact with peers and prosocial models and allowed to undergo identity reconstruction from a criminal identity to a reintegrated identity. The above is in line with the existing Desistance Theory literature (Maruna 2001; Laub and Sampson 2003), where it is pointed out that stopping the perpetuation of crime involves both behavioral and psychological restructuring. LeBel et al. (2008) in a ten-year follow-up of 130 men released from prisons in the United Kingdom, found that subjective states before release affected reoffending both directly and through the social circumstances men later experienced, and Giordano et al. (2002) similarly identify cognitive transformation as central to desistance.

4.3. Theoretical Grounding and the Practice-Theory Gap

The studies that show substantial evidence for reduction in recidivism (Sells et al. 2020: Desistance Theory; Kirk et al. 2018: Neighborhood Effects; Zortman et al. 2016: Risk–Need–Responsivity) have all made reference to an explicit theoretical framework. However, the studies showing the most comprehensive use of randomized control trials, specifically a large multi-site randomized control trial (D'Amico and Kim 2018: $n = 966$) utilizing comprehensive case management and employment services without any reference to an explicit theoretical framework, showed an improvement in employment and service access but not in reduction in recidivism.

Recent evidence from a systematic review and meta-analysis of reentry programmes for adult male offenders found no statistically significant pooled effects on rearrest, reconviction, or reincarceration (Berghuis 2018). This highlights the importance of examining the theoretical foundations of community-based reintegration interventions rather than assuming that programme components alone are sufficient to produce effective outcomes. The prevalence of atheoretical interventions may indicate a gap between practice and theory, or that practitioners use theoretically consistent approaches without explicitly identifying them as such. This represents a missed opportunity to strengthen the systematic development of knowledge and evidence-informed practice. In addition, the reviewed theories and interventions reveal that the main concepts used as interventions are the Desistance Theory, RNR model, Strengths-Based Approach, and Recovery Capital framework, thus indicating different theoretical approaches to ceasing criminal activities. Interventions focused on desistence involve identity transformation and role changes; RNR involves risk matching and responsivity in treatment; strengths-based approaches focus on resilience and capabilities; and Recovery Capital approaches focus on social and community capital. The most successful interventions could possibly use several theories simultaneously (Hunter et al. 2016; Eberth et al. 2022) rather than one strictly defined model because the current trend goes towards using "integrated desistance frameworks" that include structural, relational, and psychological mechanisms (McNeill 2023).

4.4. Gaps and Implications

Several critical gaps limit the transferability of the findings. The evidence base was geographically concentrated, with the majority of studies conducted in North America and limited representation from Global South contexts. This geographical concentration may constrain the applicability of findings across different social, economic, cultural, and criminal justice settings, particularly where reintegration is shaped by different employment opportunities, family structures, and community resources. Second, only one study explicitly examined women's reentry (Thomas et al. 2019), highlighting the limited represen-

tation of gender-specific reintegration experiences within the evidence base. Longer-term follow-up was also limited; the finding reported by Zortman et al. (2016), in which benefits observed at 12 months were not sustained at year three, underscores the importance of examining the durability of intervention effects and the potential need for sustained support. Finally, substantial heterogeneity in intervention characteristics and outcome measures prevented meta-analysis and limited direct comparison across studies.

The review also identified a theoretical gap. Of the 17 included studies, 12 explicitly identified or reported a guiding theoretical framework, while five studies (29.4%) did not explicitly report a named theoretical framework. Thus, approximately one-third of the included studies lacked explicit theoretical articulation. Although several of these interventions reflected coherent strengths-based, relational, or social-support orientations, their underlying theoretical foundations were not clearly articulated by the study authors. This may limit the ability to identify mechanisms of change, replicate theoretically informed interventions, and build cumulative knowledge regarding how community-based reintegration programs achieve their outcomes.

4.5. Implications for Social Work Practice and Policy

Nearly one-third of the included studies lacked explicit theoretical grounding. Although these studies did not articulate clear theoretical foundations, several reflected coherent programmatic approaches and incorporated elements consistent with established theoretical perspectives. One possible explanation is that community-based reintegration programs may be developed primarily around immediate practical post-release needs, with theoretical principles embedded implicitly in program design and delivery rather than explicitly identified. This may contribute to a practice–theory gap in which potentially theory-informed interventions are insufficiently connected to articulated mechanisms of change. This gap has implications for practice, research, and policy.

Studies demonstrating evidence of recidivism reduction, including Sells et al. (2020), which explicitly drew on Desistance Theory; Kirk et al. (2018), which incorporated a neighborhood-effects perspective; and Zortman et al. (2016), which applied the Risk–Need–Responsivity model, all articulated an explicit theoretical framework. However, the large multisite randomized controlled trial by D'Amico and Kim (2018; $n = 966$), which evaluated comprehensive case management and employment services without an explicitly stated theoretical framework, demonstrated improvements in employment and service access but not in recidivism reduction. This contrast suggests that explicit theoretical grounding may be relevant to understanding how interventions are expected to produce change, although the small number and heterogeneity of studies prevent any conclusion that theoretical specification itself leads to greater intervention effectiveness.

The Strengths-Based Approach, which was the most frequently identified theoretical framework in the review ($n = 6$), emphasizes individual strengths, capabilities, self-determination, and positive development rather than focusing exclusively on deficits or risks (Francis and Chong 2015). Its prominence among the included interventions suggests the relevance of strengths-oriented perspectives to community-based reintegration, particularly where interventions seek to support agency, resilience, social participation, and positive identity development.

Explicitly linking intervention design to a guiding framework and intended mechanisms of change may help clarify programme implementation and evaluation. Taxman (2008), for example, examined Maryland's Proactive Community Supervision model, which integrated risk-and-need assessment, tailored services, and offender-change strategies within an evidence-based supervision approach. The prevalence of interventions without explicitly stated theoretical foundations may indicate that community-based reintegration

practice is sometimes ahead of its theoretical articulation, or that practitioners employ theoretically consistent approaches without explicitly identifying the frameworks underpinning them. This represents a potential loss of learning in the process of developing and communicating intervention knowledge.

The reviewed theories and interventions reflected several complementary approaches to desistance and reintegration, including Desistance Theory, the Risk–Need–Responsivity model, the Strengths-Based Approach, and Recovery Capital. These perspectives emphasize different but potentially complementary mechanisms: desistance approaches focus on identity transformation and changing social roles; RNR focuses on matching intervention intensity to risk and addressing criminogenic needs; strengths-based approaches emphasize capabilities, resilience, and self-determination; and Recovery Capital approaches emphasize the mobilization of social and community resources. Some interventions may therefore benefit from drawing on complementary theoretical perspectives rather than relying on a single explanatory model, particularly where reintegration involves interacting psychological, relational, and structural processes (Hunter et al. 2016; Eberth et al. 2022; McNeill 2023).

5. Limitations

This review has a few limitations. A scoping review maps the extent and nature of evidence rather than aiming for exhaustive coverage or pooled effect estimates. First, the search was restricted to Scopus, PubMed, and Google Scholar and to English-language publications, which may have resulted in the omission of relevant non-English studies and gray literature. Second, the rapid review methodology and substantial heterogeneity in study designs, intervention characteristics, outcome measures, and follow-up periods limited the depth of critical appraisal and precluded meta-analysis or direct comparison of findings. Third, the evidence base was geographically concentrated, with 12 of the 17 included studies (70.6%) conducted in the United States, which may limit the transferability of findings to other criminal justice, cultural, and socioeconomic contexts. Fourth, 453 potentially relevant full texts could not be retrieved despite attempts through available institutional and open-access sources. Their exclusion may have introduced selection bias, although the extent of any resulting influence on the findings could not be determined. Finally, no eligibility criterion excluded sexual-offense populations. However, some studies of Circles of Support and Accountability identified through the search were excluded under the stated criteria, for example because the full text could not be accessed or because the study participants were not people who had been in prison. Evidence on reintegration programs for people convicted of sexual offenses may therefore be under-represented, which limits the applicability of the findings to this specialized population.

6. Conclusions

The community-based reintegration measures should be viewed as a promising paradigm shift away from custodial models or as a throughcare strategy post-incarceration towards more non-coercive, person-centered tertiary-level interventional frameworks. This rapid scoping review has reviewed the empirical evidence of 17 studies conducted between 2016 and 2025 that identified six different types of intervention and described the recidivism and reintegration outcome they reported.

The evidence shows that peer mentoring, proper housing, and job opportunities are an important triad in successful reintegration efforts. Nevertheless, these factors focused on continuity of service provision, trustful relationships, and a person-centered approach. The high frequency of strength-based, desistance and peer-support frameworks, together with the importance of peer-led interventions, suggests that both structural (housing, job opportunities) and relational (peer mentoring, case management quality) factors should be considered.

Nevertheless, there are several research gaps that need to be addressed in future: namely, an excessive number of studies based in the Global North, lack of attention to the issue of reintegration among women, and insufficient knowledge regarding long-term effects of the interventions (beyond 12–24 months). For policy and practice, these findings suggest that peer-mentored and housing supportapproaches combined with employment support are promising areas for investment, and that explicit theoretical grounding would strengthen program design and evaluation.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/socsci15110744/s1, Table S1: PRISMA-ScR Checklist.

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Abbreviations

The following abbreviations are used in this manuscript:

PRISMA-ScR	Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews
RNR	Risk–Need–Responsivity model
GLM	Good Lives Model
CBT	Cognitive–Behavioral Therapy

Appendix A

Table A1. PRISMA-ScR study selection summary.

	Author-Year	Title	Country	Intervention	Recidivism Outcome	Reintegration Outcome
01	Eberth et al. (2022)	A cautionary tale of a prisoner re-entry initiative: Lessons learned	USA	Multi-Component Reentry Initiative	Mixed outcomes	Mixed reintegration outcomes
02	Taylor (2020)	Beyond recidivism: An outcome evaluation of a federal reentry court and a critical discussion of outcomes that matter	USA	Federal Reentry Court	No reduction in arrests; fewer revocations	Increased employment and service utilization

Table A1. *Cont.*

	Author-Year	Title	Country	Intervention	Recidivism Outcome	Reintegration Outcome
03	Kirk et al. (2018)	The impact of residential change and housing stability on recidivism: pilot results from the Maryland Opportunities through Vouchers Experiment (MOVE)	USA	MOVE Housing Program	Lower rearrest rates	Increased housing stability
04	Khazi-Syed et al. (2024)	The role of community health workers in re-entry of people with HIV and substance use disorder released from jail: a mixed methods evaluation of a pilot study	USA	COMEBACK Community Health Workers Intervention	Mixed findings	Improved HIV care engagement and service utilization
05	MacInnes et al. (2021)	Supporting prisoners with mental health needs in the transition to RESETtle in the community: the RESET study	UK	RESET Program	Reoffending not primary outcome	Improved housing stability and service engagement
06	Larner (2017)	Pathways from violence The impact of community based intervention on offender reintegration in Gugulethu	South Africa	REALISTIC Aftercare Program	Mixed (≈50% rearrested)	Improved self-esteem and social support
07	Matthews et al. (2020)	D.C. Central Kitchen: Peer mentoring, structure and self-empowerment play a critical role in desistance	USA	D.C. Central Kitchen	Recidivism not assessed	Improved employment readiness and self-efficacy
08	McLuhan et al. (2023)	Finding help and hope in a peer-led reentry service hub near a detention centre: A process evaluation	Canada	Peer-led Reintegration Center	Recidivism not assessed	Improved social integration and service access
09	Kreager et al. (2025)	Bridge Over Troubled Waters? Certified Recovery Specialist Support and Community Reentry: A Pilot Study	USA	Certified Recovery Specialist Support	Recidivism not assessed	Improved recovery support and family engagement
10	Walsh and Gerkin (2017)	Flipping the Script: Masculinity and Reintegration in a Parolee Mentoring Programme	USA	CLEAR Mentoring Program	Recidivism not assessed	Identity transformation and reintegration
11	Sells et al. (2020)	Peer-Mentored Community Reentry Reduces Recidivism	USA	Peer Mentoring/Peer-Led Reentry Support	Significant reduction in parole violations/recidivism among mentored participants	Improved social navigation, support networks, citizenship, community engagement and transition support
12	Thomas et al. (2019)	"They didn't give up on me": a women's transitions clinic from the perspective of re-entering women	USA	Peer Community Health Worker Navigation (WISH-TC)	Recidivism not assessed	Improved healthcare engagement, treatment access, health literacy, motivation, substance use recovery support, and social service navigation for formerly incarcerated women
13	Mabuto et al. (2024)	Transitional community adherence support for people returning from incarceration in South Africa: a randomized trial	South Africa	Transitional Community Adherence Club (Peer-led Group Reentry Intervention)	Recidivism not assessed	HIV treatment enrolment increased from 36% (usual care) to 61% (intervention) at 6 months post release

Table A1. *Cont.*

	Author-Year	Title	Country	Intervention	Recidivism Outcome	Reintegration Outcome
14	D'Amico and Kim (2018)	Evaluation of Seven Second Chance Act Programs: Impact Findings at 30 Months	USA	Multi-Component Reentry Program (Second Chance Act Programs)	Mixed/limited effects on recidivism; the program primarily increased access to reentry services, with no strong overall reduction in recidivism reported across sites	Improved access to case management, reentry planning, job-search assistance, cognitive behavioral therapy, substance abuse treatment, and other support services; participants were more likely to have a trusted case manager and reentry plan
15	Elisha (2025)	Civil Society in Action: Insights into Volunteer-Based Community Mentoring for Reentry Support	Israel	Volunteer-Based Community Mentoring	Recidivism not assessed. Stakeholders reported that mentoring may help prevent reoffending and support desistance, but no objective recidivism data were collected.	Improved social integration, employment stability, family relationships, healthcare access, self-efficacy, wellbeing, and community connectedness. A program graduate transitioned into a peer mentor role.
16	Zortman et al. (2016)	Evaluating reentry programming in Pennsylvania's Board of Probation and Parole: An assessment of offenders' perceptions and recidivism outcomes	USA	Multi-Component Reentry Program	Significant reduction in recidivism at 1 year (19.0% vs. 28.0% control); effect diminished by 3 years (46.7% vs. 49.4%)	Improved employment, housing independence, family relationships, avoidance of substance use, prosocial attitudes, and service engagement
17	Hunter et al. (2016)	A Strengths-Based Approach to Prisoner Reentry: The Fresh Start Prisoner Reentry Program	USA	Fresh Start Prisoner Reentry Program providing strengths-based support before and after release, focusing on personal strengths, family relationships, goal setting, employment, and community reintegration.	Not reported in the extracted information. The program helped individuals recognize existing capabilities and resources while supporting goal development and community reintegration.	Recognition of individual strengths/capabilities; empowerment and self-determination; family engagement; goal setting/future orientation; pre- and post-release support; positive practitioner-participant relationships

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