

How does lived experience of incarceration impact upon the helping process in social work practice?: a scoping review

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Abstract

Whilst the value of lived experience in the helping process is recognised in a range of settings including mental health, disability and substance addiction, the understanding of the role of lived experience of incarceration in the helping process is less developed. This is relevant to the question of gatekeeping into the social work profession. A heightened focus on risk has resulted in limited opportunity for those with a history of incarceration from studying and practising social work. Little is known about how a lived experience of incarceration influences the helping relationship, and in turn we know very little about the implications for service users of having reduced access to social workers who have experienced imprisonment. To better understand the current state of knowledge regarding the role of lived experience of incarceration in the helping process, a scoping review of the literature was undertaken. A thematic analysis of sixty-one articles published before 2019 was undertaken and consensus was achieved on four themes: stigma and discrimination; trust and authenticity; role modelling and hope; and, power and agency. The findings include recommendations for more nuanced policy regarding the restriction of those with a lived experience of incarceration entering the social work profession.

Key Words: lived experience, social work, incarceration, helping

Introduction

The ‘helping process’ is a term deployed within a range of professions and more specifically within social work to refer to the various processes and stages of ‘helping’ that occur with the bounds of the relationship established between a social worker and those with whom they work (Brill 1990; Fox, 2001). The helping process has been described as ‘purposeful, goal oriented and systematic’ (Bogo, 2007, p. 143). Lived experience is a concept that has long been of interest to social work and human service practitioners and educators. The emergence of the peer worker movement in the mental health field is one recent example of where an appreciation of the value of lived experience has contributed to the emergence of a role for people with a lived experience of mental illness in the helping process. However, our understanding of the role of the lived experience of incarceration (persons who have formerly been incarcerated) in the helping process is less well developed, and this scoping review seeks to consolidate what is known about this particular phenomenon. The authors acknowledge that debate exists around the use of the term ‘incarceration’ and that terminology in this space is of considerable importance. We have made the decision to use the term in this paper as it is more encompassing of the broad range of detention or confinement arrangements within the criminal justice system including prisons, home detention, remand and time spent in jail. We have also been guided by the approach to language in this area as outlined by Tran et al (2018).

Incarceration rates have risen dramatically in developed countries over the last few decades with the average European rate of incarceration raising from 62 to 112 per 100 000 residents 1980 to 2010 and a 30% increase in the number of people in custody in Australia over the last 5 years (Australian Bureau of Statistics, 2019; Bhuller et al., 2020). Former prisoners face a range of challenges on their release from prison including re-integrating into family

relationships, securing adequate housing and managing mental health issues (Decker *et al.*, 2015). An outcome of incarceration is social stigmatisation, whereby formerly incarcerated persons are labelled as deviant and assigned to a lesser social category due to their past criminal activity (LeBel, 2012b). Goffman (1968) describes this as being publicly shamed, ousted through the belief that ex-offenders possess a “weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty” (p. 4). Elsewhere Goffman (1961) details what he refers to as a ‘civil death’ that results from the systematic destruction of the self that takes place within institutions like prisons. Research finds the flow on effects from social stigmatisation to include significant marginalisation, discrimination, reduced access to social resources and prolonged psychological harm long after people have exited the criminal justice system (Markowitz, 1998; Western and Pettit, 2010). Indeed, it is argued that the suffering inherent the prison system extends far beyond the prison walls impacting communities and society at large (Quinney, 2006).

Social work is a long-established profession both within prison settings and re-entry/re-integration and rehabilitation programs (Pratt, 1975). In addition, social workers are employed in fields that work closely with the criminal justice sector and those which provide support to people who have experienced incarceration, such as probation, youth justice, mental health and drug and alcohol counselling. Social work has long prioritised the voices and experiences of marginalised individuals and communities, and principles of human rights and social justice are fundamental to the profession (Hare, 2004). Whilst these values are articulated within social work, understandings and practices are often mediated by dominant discourses (e.g. one of criminalisation, social control and punishment) alongside a risk-averse focus (Barrenger *et al.*, 2018). Increasingly the tensions between the modern prison industrial

complex (PIC) and the unpinning values and ethics of social work as a profession have become the focus of critical debate (Jarldorn, 2020).

The role and benefit of lived experience is well understood in a number of fields of social work practice and assumes that people who have similar experiences can better relate and offer empathetic support (Mead et al., 2001). This can be traced back to the origins of ‘self-help’ and ‘mutual aid’ models of intervention and practice, and are now widely incorporated into the field (Dwyer and Maruna, 2011; Eglash, 1958). Peer work or lived experience practitioners in the fields of mental health, disabilities, substance use and sex worker advocacy are well established (Ashton *et al.*, 2018; Benoit *et al.*, 2017; Bleeker and Silins, 2008; Mendoza *et al.*, 2016; Ridley *et al.*, 2017), yet this is less common in areas working with people who have involvement in the criminal justice system (Barrenger *et al.*, 2019). Lived experience practice encompasses the expertise and knowledge that arises from a shared experience; encompassing marginalisation, oppression, discrimination and along with loss or changes to social status/inclusion, relationships, employment and concepts of self (Byrne, 2017, p 2). Social work as a profession seeks to encourage the inclusion of diverse voices, building and developing the profession upon the knowledge and experiences of those facing oppression or marginalisation. The profession has had some success with this endeavour as it relates to a number of groups such as those living with disabilities, first nation peoples and LGBTIQ+ communities, yet those with criminal histories remain largely excluded.

The assessment of suitability for professional practice in social work varies internationally. In countries such as the U.K and U.S.A., where social work is a registered profession, the assessment of suitability is often undertaken by the bodies responsible for regulation of the profession (King, 2013). In these instances, how universities assess students with a history of criminal convictions is largely guided by the guidelines of these regulatory bodies and occur

when entering education or on entering the professional workforce (Curran, *et al.*, 2019; McLaughlin, 2010). Interestingly, although Australian social workers are not registered, in many Australian universities the students of social work programs are required to undergo criminal history screening on application to the program, or prior to field placement (a compulsory and critical element of social work education) (King, 2013; Young *et al* 2019). Some argue that such gatekeeping processes at the point of entry into a social work degree are important to uphold the profession's ethical responsibilities and ensure a minimisation of risk to those who access social work support (Magen and Emerman, 2000). Others contend that automatic exclusion to social work education based on criminal history contradicts core social work values and undervalues the lived experience of positive recovery and how lived experience can effectively support change (Scott and Zeiger, 2000). More recently there have been calls for the development of more nuanced ethical approaches to assessing social work fitness for practice; approaches that take into consideration contextual and relationship factors relevant to determining the suitability of those with criminal histories entering the social work profession (Bramley *et al.*, 2019).

Despite growing interest in how lived experience can support social work and human services practice, few studies have focused on the lived experience of incarceration. The role of lived experience of incarceration in the helping process is relevant to the question of fitness for practice within the social work and human service professions. This scoping review was undertaken to better understand the current state of knowledge regarding the role of lived experience of incarceration in the helping process. It is hoped that this scoping review will inform how social work (and other human service professional bodies) might better incorporate this knowledge into education, training and recruitment practices within the profession.

Methods

Scoping review

Scoping reviews are a systematic process to explore the extent, range and nature of research activity within specific areas (Levac *et al.*, 2010). They are used to map key concepts, particularly when an area is complex or has not been comprehensively reviewed before (Arksey and O'Malley, 2005). The five-stage framework identified by Arksey and O'Malley (2005) was used to guide the scoping review process for this research, ensuring a rigorous and transparent method. Following these five stages enables replication of the search strategy and increases the reliability of the study findings. The five stages are described in detail below.

Stage 1: Identifying the research question

Initially, we performed a broad search regarding imprisonment/incarceration in the available scientific and professional literature. This search allowed us to become familiar with the literature and allowed us to clarify terminology and fine-tune our search of the literature. The research team identified a scoping review would work well to answer our research question: *What does the literature tell us about the role of lived experience of imprisonment/incarceration in the helping process?* The aim of the scoping review was to summarise what is known about the topic and identify gaps in the literature (Arksey and O'Malley, 2005).

Stage 2: Identifying the relevant studies

Arksey and O'Malley (2005) recommend that a wide definition of key words for search terms should be adopted to gather a broad coverage of available literature. The research team

maintained a broad approach to defining key concepts and search terms. The following key word search strategies were combined:

“Peer” OR “peer support” OR “peer mentor” OR “peer specialist” OR “lived experience” OR “social work” OR “social work education” OR “strengths based” AND “imprisonment” OR “incarceration” OR “criminal justice” OR “probation” OR “felon” OR “convict” OR “forensic” OR “re-entry” OR “rehabilitation” OR “prison re-entry” OR “recidivism” OR “criminology”. In addition, review of the abstracts of relevant articles identified the terms ‘wounded healer’ and ‘retroflexive reformation’, which were also searched as individual terms.

The following six electronic databases were selected based on their relevance to social and human service practice. These were Pub Med, SpringerLink, Sage journals online, Wiley Online, Taylor and Francis journals, and Informit. In addition, Google scholar, Academia online and Google searches were undertaken to identify any other sources in the grey literature or within organisational websites. Equivalent searches were undertaken in all databases and all literature published prior to January 2019 were included. Studies not published in English, along with studies which were focused on within prison peer-to-peer support, peer research or literature whose specific focus was on alcohol and drug recovery, were excluded from the review.

Stage 3: Study selection

The 607 initial abstracts along with 32 additional records were screened in regards to the exclusion criteria and relevance to the research question. Full text versions of 76 articles were reviewed with 61 articles included in the final study (Figure 1).

INSERT FIGURE 1 HERE

Stage 4: Charting the data

This stage of the scoping review framework charted the selected articles. Summaries were developed of each article related to the author, year, location of research, research methods, field of practice, key findings and implications.

Stage 5: Collating, summarising and reporting the results

The fifth and final stage summarised and reported the findings (Arksey and O'Malley, 2005). An inductive, qualitative analysis was undertaken to code the information obtained from the articles into conceptually congruent categories (Elo and Kyngäs, 2008). As this was an inductive process, the research team commenced the analysis with few preconceptions and no coding framework in mind (Campbell *et al.*, 2011). Three researchers commenced the analysis by reflectively reading ten selected articles and noting codes that arose. These codes were then grouped into broader categories or themes. All team members examined initial themes, using reflective conversations to review findings, until agreement on a coding framework was reached. Two researchers continued to theme the remaining articles, meeting regularly to compare and review the process until saturation. The results below describe the content and meanings of each theme, supported by citations from the literature (Elo and Kyngäs, 2008).

Findings

The majority of the literature was published within journals with a primary disciplinary focus of criminology, psychiatry, mental health, addiction, sociology and social work. Prisoner 'reintegration' or 're-entry' programs were a significant focus of current research as is a growing area of 'peer mentoring' or 'peer workers'. Less literature examining the impact of lived experience of incarceration as this applies to professional helping roles such as social work was found. Four key themes emerged including stigma and discrimination; trust and

authenticity; role modelling and hope; and, power and agency. These themes are discussed in detail below.

Stigma and discrimination

An outcome of incarceration is social stigmatisation (LeBel, 2012a). The process of stigmatisation involves the conferral of deviant status, whereby people are assigned to a lesser social category due to their past criminal activity (Goffman, 1968; LeBel, 2012b). Stigma is also often *internalised* as part of the prison experience where people can regularly be treated as ‘worthless, despicable and not trustworthy’ (Flood, 2018, p. 153).

Goffman described this process as the production of a ‘spoiled identity’ in the stigmatised group or individual (1968). Stigma researchers also noted that when individuals or groups were perceived to be responsible for their ‘outsider status’ they were more likely to suffer more extreme forms of stigmatisation (Earnshaw *et al.*, 2013; Whitaker *et al.*, 2011). The flow on effects of social stigmatisation included significant marginalisation, discrimination, reduced access to social resources and prolonged psychological harm (Markowitz, 1998). Blame, intolerance and stereotypes often come to inform not only societal views of stigmatised people, but also public policy and clinical discourses (Duvnjak and Fraser, 2013). As a result, the life chances of those who are highly stigmatised can be limited (Mullaly, 2007).

The experience of stigma for this population is often intersectional in nature, with a number of stigmatised identities related to that of ‘ex prisoner’ (such as that of sex worker, (former or current) substance user and those associated with racial/cultural ‘outgroups’) (LeBel, 2012a). Gendered differences in stigma perception have also been noted, with women exiting from prison attracting harsher social opprobrium than their male counterparts due to perceived violations of gender norms associated with femininity (Authors’ own, 2013). These

compounding factors were seen as producing complex, deeply layered and life-long impacts of stigma (Le Bel 2012a).

The presence of people with experience of incarceration acting in helping roles has the capacity to challenge these widespread negative stereotypes surrounding those who have engaged in criminal activity (Runell, 2018). Helpers with lived experience can alter the dominant discourse from one of ‘spoiled identity’ to one of ‘survivor’, ‘champion’ and ‘advocate for change’ (Lebel, 2007; Leverentz, 2014; Weaver and Weaver, 2013). This process can also occur at a personal level for helping professionals as ‘... the social processes involved with becoming a social service provider post incarceration are also atypical in that the helper’s own criminal history is destigmatized and reconstructed as a benefit rather than hindrance to the functioning of society’ (Runell, 2018, p. 2). Runell (2018) suggested that this involved a process of ‘reversing socially imposed criminal stigmas’ (p. 4). Being ‘out in the open’ about lived experiences of incarceration challenged the stigmatising discourse, influencing public perceptions as well as helping other formerly incarcerated persons heal trauma associated with stigmatisation (Heidemann *et al.*, 2014; Leverentz, 2014; Weaver and Weaver, 2013)

The literature identified both the positive and negative impacts that professional ‘helpers’ with lived experience of incarceration can have upon stigma (including internalised stigma) on both the ‘helper’ and those being ‘helped’. Some, like Dwyer and Maruna (2011), linked the potential for positive impact to the well understood influence of ‘self help’ or ‘mutual aid’ approaches inherited from the ‘addiction recovery’ movement. They observed that ‘[i]ronically, the term “self-help” implies that individuals get involved in the efforts in order to benefit themselves; however contrary to this, one of the key features of self-help work is that people come together to help one another’ (Dwyer and Maruna, 2011, p. 295). Elsewhere

it has been argued that self-help groups can function as an ‘antidote to stigma’ (Kaufmann, 1996, p. 12). However, the reciprocal nature of the ‘self-help’ or ‘mutual aid’ model may not always be accessible or relevant in settings where a lived experience of incarceration is not shared or made explicit within the professional context. One could argue that this is especially the case for professions such as social work where disincentives to sharing such information (such as restriction on practice for those with criminal histories and barriers to education and training) are embedded into policy and practice regulating and informing the profession.

In contrast, ‘peer support’ or ‘mutual aid’ models have also been identified as posing a risk for the reproduction of stigma and stereotypes, derived from a shared identity with a stigmatised group (Gunn and Canada, 2015; Short *et al.*, 2012). While this is acknowledged, the literature appeared to identify more positive than negative aspects to the presence of people with lived experience of incarceration in helping roles, especially where they are able to explicitly draw upon this knowledge and experience in their work (Brown, 1991; Buck, 2018; Kavanagh and Borrill, 2013; Lebel, 2007; LeBel *et al.*, 2015; Mendoza *et al.*, 2016; Rowe *et al.*, 2009). As such, the benefits of a helper with lived experience can reduce discrimination, intolerance and social isolation, as well as allow individuals to feel safe, heal trauma, develop independence and expand available options (Hotaling *et al.*, 2004).

Incarceration can lower self-esteem, resulting in a person restricting their exposure to, and interaction with others (LeBel, 2012a). However, LeBel (2012a) noted that this impact can be ameliorated by positive interaction with ones ‘identity group’ (in this case, others who have also experienced incarceration).

Trust and authenticity ('real' rather than 'book' knowledge)

The role of ‘authenticity’ in the helping alliance and how this related to trust is the second key theme identified within the literature. Those with lived experience are often perceived to be more authentic when in positions of professional helper, particularly in settings where they are working with highly stigmatised or marginalised population groups (Brown, 1991; Buck, 2017, 2018; Short *et al.*, 2012). This has been associated with achieving higher levels of trust and improved outcomes (Barrenger *et al.*, 2019; Gray *et al.*, 2017), and is particularly beneficial for certain ‘hard to reach’ populations, such as those coming from the criminal justice system, where interactions with authority figures have often been embattled, demanding and experienced as oppressive (Buck, 2016).

The professional helper with lived experience of incarceration is seen to draw upon more than ‘book knowledge’ and to be able to demonstrate ‘genuine care’ for those they work with (Barrenger *et al.*, 2019). Scott (2011) described this as an increased openness and vulnerability between client and helper, whereby clients, knowing the person in the helping role to have faced similar hardship, are able to express themselves without any sense of shame or humiliation. Authenticity allows such helpers to enter uncomfortable emotional spaces, exercising genuine concern, and open and unconditional acceptance of ‘slip-ups’ and set-backs (Brown, 1991; Buck, 2016; Gray *et al.*, 2017).

Authenticity has also been linked with ‘insider knowledge’, using lived experience to inform ways of speaking or communicating, increasing understanding of client issues (Flood, 2018). In forensic mental health settings, peer workers have been observed to better understand their clients’ idiosyncratic thought patterns and emotional states, promoting the acceptance of treatment and interventions and thereby increasing positive outcomes (Short *et al.*, 2012). Insights garnished from ‘real life knowledge’ tend to carry truthfulness, an authenticity which allows clients to place greater trust in their helper and take heed of their practical advice.

This is not universally the case; however, with some studies reporting lower levels of trust and credibility where the professional helper has a shared criminal past (Buck, 2017).

Authenticity and trust are closely connected with the use of self-disclosure. The use of self-disclosure has been found to foster deeper levels of client engagement, allowing for reflection on, and open discussion regarding the lived experience of the criminal justice system (Barrenger *et al.*, 2019). This allowed clients to benefit from the wisdom taken from these experiences and place greater trust in the helping process. Buck (2016) highlighted that the practical knowledge of lived experience can also function as another tool of insight, enabling more awareness of potentially deceitful behaviour or indicators for concern because the helper has insider knowledge of their client's trauma/lived experience.

Of course, possible risks exist and include overidentification and under-identification with helper (dependency or judgment/further stigmatisation), as well as the possibility of countertransference (Fialk, 2018). It should be noted, however, that much of the research remains in the area of designated 'peer helper' or 'peer mentor' roles, roles that are often undertaken by people with limited formal training or human service qualifications.

Role modelling and hope

Linked to previous themes, the third key theme identified the concepts of role modelling and hope. Identification with a helper, perceived as having shared similar seemingly insurmountable struggles/difficulties or indeed seen as 'evidence' of overcoming their 'flawed' character, instilled hope for change and healing. In this way a path from 'deviance' to 'legitimacy' is charted, a route that provided for the 'redeeming' of stigmatised identities into something worthwhile and valued (LeBel *et al.*, 2015). LeBel *et al.* (2015) noted that this can have a powerful impact on challenging perceived long-term impacts of having a criminal history, where it is well understood by those who have criminal histories that there is an

invisible ceiling beyond which they cannot progress in society. Having professional helpers with such lived experience challenged this and functioned as a role model. Brown (1991) detailed how the pathway to credentialisation can be understood by the 'professional ex' as a journey of both redemption and hope, emphasising the existential and phenomenological dimensions of this lived experience as providing for both 'experiential and professional' legitimacy among those with whom they work (p. 226). Positive role modelling from 'wounded healers' and helpers with lived experience of the criminal justice system promoted hope and inspiration. Sowards *et al.* (2006) argued that such role modelling underscores the message that people are not defined by their criminal past and that change is achievable.

The term 'wounded healers' is well established in the counselling and psychotherapy literature and featured strongly in the literature examining the role of those with lived experience of incarceration in the helping process. Shared experiences of suffering or the helper's 'woundedness' sensitised the helper, supporting effective healing practices (Dywer and Maruna, 2011). Flood (2018) identified significant trauma histories of many who have experienced incarceration. Reframing and recovering from such trauma through the process of moving into professional helper roles is one way of addressing the hopelessness that can result from such experiences. Reframing the experience of incarceration via meaningful employment, that draws upon and values the prison experience, can be a protective factor that supported mental health (Flood, 2018).

Power and agency

The final key theme explored the power dynamics of lived experience helping relationships. Working with somebody who has lived experience appeared to shift some of the familiar power dynamics between 'helper' and 'helped' in ways that are quantifiably different when lived experience is foregrounded. The power dynamics between helper and helped is

generally much more equanimous compared to dynamics where the helper is viewed as an ‘expert’ without insider knowledge of criminal justice (Hotaling *et al.*, 2004; Leverentz, 2014). Those with lived experience are more open to self-disclosure, sharing information and less likely to act in a controlling or authoritarian manner (Phillip *et al.*, 2018). Often those with significant histories of incarceration experienced frustrations with bureaucratic processes surrounding incarceration and re-entry, finding themselves at odds with those providing them with help and assistance (Buck, 2016). A lived experience of the social, political and economic contexts of these difficulties tended to identify more effective helping processes (Hotaling *et al.*, 2004).

Research into the power dynamics between formerly incarcerated persons and parole/probation officers revealed good rapport and a shared sense of humanity were essential in developing effective helping relationships (Blasko *et al.*, 2015; Welsh, 2018). Thus, helpers with criminal justice histories were able to build working alliances at a faster and more effective rate through the parity of their experience. This alliance supported the creation of mutually agreed upon goals, improving opportunity for actualisation of the goals (Walters, 2016). Collaborative goals and ideals allowed for more trusting, open, and peaceable exchanges, relationships in which personal experiences could be explored with less judgement and adverse consequences (Buck, 2018).

More equal power dynamics also mean that clients do not feel pressured or threatened to conform to certain standards or behaviours (Buck, 2016). In contrast, helpers with a controlling manner or detached attitude have been found to have a deleterious impact, making clients feel marginalised, disenfranchised and placing them at greater risk of reoffending (Chamberlain *et al.* 2018).

Discussion

This scoping review found that the literature predominantly examined the topic of lived experience from the perspective of criminology, psychology, and psychiatry with little found in the area of social and human services. The majority of articles focused on the impact that working in the helping professions had upon the ‘recovery’ of the individual with a criminal history. A smaller body of work existed exploring the benefit for service users of having people with lived experience employed as helping professionals. Interestingly, there was limited lived experience-led research on this topic. Within professional discourses regarding criminology theory, the voice of those with lived experience of the criminal justice system is rarely considered (Weaver and Weaver, 2013). Further research into how lived experience impacts on professional roles is needed from the perspectives of those who have experienced incarceration to better inform this topic. This would be important for a range of reasons. Not the least of which would be the ability for such research to foreground knowledge to inform social work practice.

Relatedly we found very little in the literature on lived experience in the helping professions that attempted to challenge either the dominant individualist approach toward understanding criminal behaviour nor the ‘recovery’ model approach to social identity post incarceration. We suggest the focus on how the person with lived experience of incarceration might ‘recover’ from a stigmatised identity status via entry into the social work profession is but one part of the picture (albeit a valid one). There is a related need for social work as a profession to explicitly challenge stigmatisation of people with lived experience of incarceration not only as a means to benefit the individual and the people they may work with, but also to challenge the system that (re)produces criminal identities via exclusion and restriction to accessing social goods such as entry to education and professional roles. Social work and other allied professions who purport to take a social justice and structural approach toward social problems must situate our responses to such phenomena within a framework

that problematises the social inequality resulting from unjust social policy and practice. The creation of the ‘criminal other’ often serves to reinforce dominant power structures in society that explicitly disadvantage marginalised groups. Within this system social workers are often ‘coerced into silence and roles of social control’ (Jarlorn, 2020, p. 327)

Overall, this study found that lived experience helpers have the potential to support the re-entry into the community of those who have experienced incarceration, through ameliorating stigma and discrimination, developing trusting and authentic relationships, role modelling, promoting hope and agency, and managing power inequalities. Lived experience relationships promoted mutuality, reciprocity, solidarity and acceptance, as well as provided practical, emotional and identity-changing supports (Veith *et al.*, 2006). Lived experience helpers have an important role in the challenging of stigma for marginalised populations, using their lived experience to develop new narratives and identity scripts, reframing experiences and lowering perceptions of social stigma (LeBel *et al.*, 2015; Maruna *et al.*, 2004). Research identified that these prosocial outcomes are also linked with desistance and increased life satisfaction (LeBel *et al.*, 2015), important outcomes to be considered when evaluating the potential value of lived experience in the helping professions.

The role of self-disclosure was also identified as an important element in the development of trusting and authentic relationships. Self-disclosure, the limits to this and its perceived benefits have long been the focus of debate and discussion in social work, the human services and psychotherapy more generally (Raines, 1996). Social work has a long (but somewhat controversial) engagement with the role of self-disclosure and its relative risks and benefits to the therapeutic relationship (Philips *et al.*, 2018). It is expected that social workers, through their training, have the skills to use appropriate self-disclosure in ways that enhance rather than detract from the helping alliance. There is no reason to assume that those with lived

experience of incarceration would be any different, indeed, there is good reason to assume positive impacts for highly marginalised or stigmatised communities (Seppings, 2015).

The studies examined in this review largely focused on positive benefits that can arise from the lived experience of a helper, however some risks were also identified - most notably the risk of over-identification of the helper with the person being helped, and more broadly the risk of countertransference (Fialk, 2018). We note however that much of the research related to this topic examined the role of unskilled or semi-skilled peer workers, rather than qualified helping professionals who also identify as having lived experience of incarceration. This is possibly compounded by the reluctance of qualified professionals such as social workers to disclose such lived experience due to stigma and explicit disincentives (Perry, 2004). Further research to understand the impact of professional training on how practitioners effectively manage this risk is needed.

The role of lived experience of incarceration in the helping process is relevant to the question of gatekeeping into the social work profession, professional associations, and universities. People with lived experience of incarceration are being increasingly excluded from helping professions, and in particular from the social work profession (Haski-Leventhal, Gelles and Cnaan, 2010; Nelson and Cowburn, 2010). These barriers appear to be firming over time, consistent with a broader emphasis on risk that is dominating the evolution of human services in Australia and elsewhere (Green, 2007). The implications of restrictive regulations need to be considered not only in regards to the impacts on those with criminal histories seeking to work in the profession, but also in relation to those who may potentially benefit from access to practitioners with a lived experience of incarceration. Restrictions upon entry to the social work profession for those with lived experience of incarceration is, therefore, likely to reinforce marginalisation and exclusion, reducing the possibility for clients to access lived

experience practitioners. This review highlights the need to contextualise such concerns alongside consideration of the benefits of lived experience of incarceration to the helping professions overall, and more specifically the potential costs of continuing to limit access to social work training for those with such lived experience.

Conclusions and implications

This scoping review has identified a number of benefits from the inclusion of lived experience of incarceration on the helping process. These include benefits for both those engaged in helping and those who are helped. It is hoped that increasing the knowledge that policymakers and practitioners have access to will result in better social work service provision for those with complex circumstances. It is recommended that the social work profession take a more nuanced approach to protecting vulnerable service users, thereby reducing the use of blanket exclusions on people with serious criminal histories from entering the profession.

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