too, will be caught up in the PCM's frustration and disappointment with the client and be less effective as a supervisor. With experience, training and ongoing clinical supervision in a harm reduction and client-cantered approaches, the project found that case managers can learn not to impose their own opinions or goals on their clients. Instead, they are able to ask their clients how they can best be of help to them.

POLICY AND PROGRAMMING IMPLICATIONS

Service providers working in closed settings in low resource settings may consider the following steps to set up a case management system for female prisoners to ease the transition from prison to community upon release:

Establish a working relationship with the prison authorities and provide information and, if possible, training, to key prison personnel on case management. It is important that prison personnel understand the case management approach, that they understand the benefit of this approach to prisoners and to the prison system in general, and that they act as equal partners in the design and implementation of case management support for prisoners pre-release.

Select case managers to work with female prisoners and provide them with training and a support system, including a supervisor. Case managers working with female prisoners should be female. Case managers should not be overburdened with an excessive number of cases. Expectations should be kept realistic and not overly ambitious.

Identify key services in the community, that female prisoners may require and set up a network of "trusted service providers" if possible signing MOUs as in the standard case management system.

Case management services should begin 3-6 months prior to release. They can include on-on-one meetings between the case manager and the client, and regular group meetings.

The case manager focuses on developing a client-driven post-release plan. The plan should accurately identify the challenges women feel they will face upon release and develop a method for addressing them. In the South Asian context, violence against women post release by their families members may be of particular concern, and plans should be made accordingly.

The case manager should be informed about when an inmate is to be released and be prepared to offer support at that crucial time.

Case managers should consider maintaining contact with a release female inmate for approximately one year and be prepared to address multiple and fluid challenges. The case manager can support women to adhere to services post release. For women who use / used drugs, overdose prevention upon release is a critical service.

It is critical that a support system be established for the case manager herself.

UNODC
United Nations Office on Drugs and Crime
Country Office Pakistan

For more information on the
UNODC Country Office, Pakistan
Plot No. 5-11, Diplomaic Enclave, G-4, Islamabad
www.unodc.org/pakistan

Case management for female prisoners in preparation for release: suggestions for the South Asia context

BACKGROUND

Female prisoners may face a range of gender-specific health and social challenges both pre- and post-release. In many low resource settings, women may be particularly vulnerable at the moment when they are released from prison. These women are likely to face both health issues and, in South Asia, threats of violence from family members. Case management for female prisoners is a method that can help to address these issues.

WHAT ARE THE ISSUES?

Lack of collaboration between prison and community health services for women: Women prisoners tend to have more health problems than male prisoners, and for this reason, it is especially important to link women to health services in the community when they are released. However, resources and attention allocated to women's needs in preparing them for release and following imprisonment are generally very inadequate and collaboration between prison authorities and civil social and health services is often lacking.[1]

Specific health issues that incarcerated women may be facing include:

- Many women may not have received adequate health care before incarceration.
- Women prisoners tend to have higher levels of mental disorders and depression and levels of self-harm and suicide among women in prison are markedly higher than among men.
- Women may have a history of family violence, sexual assault, and malnutrition.
- Women tend to be at greater risk of entering prison with an STI such as chlamydia, gonorrhea and syphilis, and with HIV.
- Women in closed settings are vulnerable to sexual HIV transmission through unprotected sex with male guards, sex work, sex for favours, and rape.
- Incarcerated women IDU are vulnerable to coercion from prison staff, and report trading sex (unprotected) for drugs.

Women in prisons and children: Some women may be caring for their children in prison. In some countries, mothers are temporarily separated (visits stopped) from their children as punishment. This practice strongly affect's a woman's physical and mental health and also punishes the child.

Women drug users, like all drug users who are incarcerated, experience high rates of overdose upon release.

Women in prison have less family support than men:
Male prisoners are more likely to have visits from family members when permitted, including support from their mothers, sisters, and wives. Female prisoners tend to have less support and fewer, if any, visits from family members. Women are at risk of being murdered by their families after release from prison, if they have committed what are taken in their culture to be 'moral offences', or are victims of rape or other sexual abuse. Women may also be at risk of returning to a marriage with a violent partner or being forced into a marriage. These women are all in need of special protection and support, which unfortunately is almost always inadequate in meeting their needs.[2]

[1] UNODC handbook for prison managers and policymakers on women and imprisonment. 2008.
[2] UNODC handbook for prison managers and policymakers on women and imprisonment. 2008.

Case management for female prisoners in preparation for release: suggestions for the South Asia context

EVIDENCE: GOOD PRACTICES IN CASE MANAGEMENT FOR FEMALE PRISONERS

Best practice elements to case management for female prisoners: include an individualized assessment using a client-based approach, development of a service plan to address needs and interests identified through the assessment, service brokering (referral to services), and service plan monitoring (tracking clients' access to service).[3]

Pre-release planning should start early:
According to the World Health Organisation, it is important that pre-release preparations start almost on admission to the prison. The prison health service should be a full partner with the other services available in prisons so that overall plans for support after release can be made. Pre-release preparations must be planned and provided in order to ensure continuity of care and access to health and other services after release must be a clear part of the preparations for release programme. The women themselves should be consulted about their needs and about their resettlement requirements.[4]

Key gender-specific issues for female inmates noted by WHO are:[5]

- Pre-release planning is a complex challenging issue, due to out of area imprisonment, and lack of time available for the preparations especially if sentences are short. Women tend to be more likely than men to be imprisoned in an area that is far from their home, and women's sentences tend to be shorter than men's.
- Services that help women plan for reuniting with children as they transition from prison to the community are a particularly important part of case management and re-entry services.
- The unique and complex social contexts surrounding women transitioning from jail or prison also require a case management approach that is advocacy-oriented.
- After release, a prisoner may require on-going psychiatric services. This is of particular importance for female prisoners, given their high rates of mental illness and given their higher likeliness of having received treatment for a mental health condition while in prison, which needs to be continued in community.
- Strategies are needed to ensure continuity in treatment for drug users as they move between the prison system and the community.
- The value of NGOs and voluntary groups in maintaining family contact has been shown and efforts from NGOs and volunteers aimed at women offenders, inside as well as outside the prison system, should always be encouraged.

AIDS Foundation East-West's (AFEW) case management for prisoners in Central Asia[6]

Between 2005 and 2008, AFEW set up the first case management systems for prisoners in Central Asia. Although these projects did not focus on women prisoners, the system that AFEW set up may be helpful when considering how to establish case management systems for female prisoners in low resource settings. AFEW set up successful case management programs to prepare prisoners for release in Kyrgyzstan and Kazakhstan. In Kyrgyzstan, AFEW supported an NGO to set up a "social bureau" inside one prison, "prison colony #47." The social bureau has a small office inside the prison and works to prepare inmates for release. The process begins 3-6 before the release date. Services include assistance in gathering prisoner's identity papers, consultations on HIV, restoration of family ties, and referral to the specific service providers in the community upon release. AFEW also supported another NGO which offered case management training to 1-3 prison staff in a number of prisons-generally the prison director, vice-director, and psychologist. In Kazakhstan, AFEW supported an NGO to provide discharge planning services-generally beginning three months prior to discharge from prison. Services included support for restoring inmates' identification papers, assistance in finding employment and housing, and information about services operating in the community. This NGO also organised lectures on health and provided information about HIV to inmates, and also received authorisation to recruit peer educators from among prison inmates on a paying basis. NGO staff included former inmates and PLHIV.

Women's CHOICES case management services for female prisoners in Syracuse, New York, USA[7]

Women's CHOICES offers a case management program conducted by the Centre for Community Alternatives in Syracuse, New York. Case managers work to develop discharge plans to community treatment providers. The project found that women prisoners were often released without the information to find the resources they need, and many were uncomfortable accessing service providers, and sought to address this problem.

The project includes the following components:

A Prevention Case Manager (PCM) serves between 24 and 40 clients per year. At any given time, she works with 4-5 women in jail and 12-15 women in the community post-release. The PCM attempts to bridge the service gaps for incarcerated women by providing pre-release and post-release services.

Pre-release services involve the introduction of services to women while they are still incarcerated. The PCM begins working with the inmate two or more months before her release date. She holds weekly prison-based case management meetings, and completes a needs assessment that results in a client-cantered discharge plan. In addition to these weekly meetings, the inmate participates in twice weekly "Self-Development Group Meetings." These group sessions cover an eight-week curriculum designed to help the inmate develop future goals, gain problem solving and self-management skills, and acquire critical information about substance use, sexual health, interpersonal relationships, and employment.

Post-release services:
The PCM continues working with the client for a year following release in order to maintain a strong relationship with and reassess the needs of the client, refine service plans, and provide ongoing support. The PCM functions as a safety net ensuring that clients do not fall through the cracks and that they will have an advocate to re-engage them in services should they lose connections to referral agencies. During the first month post-release, former women prisoners are scheduled to meet with the PCM twice weekly in order to support a smooth transition back into the community. Once they are stable, the PCM meets with each client twice a month to assess their progress. During this period, the PCM makes referrals based on emerging treatment and service needs, and has routine face-to-face and telephone contact with program participants and other service providers assisting them. Additionally, clients attend a twice monthly community-based support group.

Gender-specific issues this project reports encountering include:

- Many of the women reported histories of abuse and trauma, and experience anxiety, depression and interpersonal conflicts that make it difficult for them to adjust to life after prison. Few of the women recognized the need for counselling.
- Children whose mothers have been incarcerated may have experienced the loss and trauma associated with their mothers' incarceration and other problems and may have some attention problems and developmental impairments.
- For women prisoners who use or used drugs, the program found that abstinence only models set unrealistic expectations for their clients who struggle with recovery among many other daily challenges. Thus, Women's CHOICES employs a client-cantered, harm reduction focus.

Retention rates in this program were 66 percent of the women in the post- release case management services.

Support for the Prevention Case Manager:
The project found that case management with women prisoners is challenging. Women prisoners pre and post release may be struggling with the multiple challenges of drug use, psychopathology, intergenerational family problems, legal problems, and socioeconomic challenges due to discrimination and community-wide poverty. PCMs may begin their work with a conviction to make a "big" difference in the lives of their clients. When their expectations are not realized, PCMs can become frustrated, overwhelmed and demoralized. When efforts to promote healthier choices and sound decision making stall, PCMs may blame themselves or the client, their family or others involved in the case; avoid contact with the client; or leave the agency burned out and cynical. Clinical supervision of PCMs by a supervisor thus becomes a key factor in helping PCMs manage their feelings and expectations so that they can remain engaged with, but not overwhelmed by, the client. The project found that clinical supervision must be regularly scheduled and not driven by the clients' crises. Scheduled supervision helps the PCM prioritize and plan the case issues on which to seek consultation. Regular supervision provides PCMs with support in using their reactions to better understand clients' behavioural patterns and maintaining realistic expectations. The project found that the supervisor must avoid becoming overly identified with the PCM or they,

[3]Weissman, M., DeLamater, L., & Lovejoy, A. 2003. Women's choices: Case management for women leaving jails and prisons. The Source, 12(1): 9-12.
[4]WHO-EURO and UNODC. 2009. Women's health in prison: Correcting gender inequity in prison health.
[5]WHO-EURO and UNODC. 2009. Women's health in prison: Correcting gender inequity in prison health.
[6]Katya Burns. 2008. "HIV/AIDS prevention in the CAR" TMF Project Number 10540 Final Evaluation of 'HIV Client Management Project in Central Asia'; and AFEW. 2007. Recommendations on setting up a client management program for vulnerable groups: practical guidelines for social workers (Russian language only).
[7]Weissman, M., DeLamater, L., & Lovejoy, A. 2003. Women's choices: Case management for women leaving jails and prisons. The Source, 12(1): 9-12.