CASE MANAGEMENT WITH WOMEN
OFFENDERS: LITERATURE REVIEW

Shelley Turner

With assistance from Assoc Professor Chris Trotter

Monash University Criminal Justice Research Consortium

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Outline of the Literature Review

Aims of the Review

This literature review relates to case management in community corrections with women offenders. The review summarises research outcomes about best practice principles for the management of women offenders under community corrections supervision. The review also examines the outcomes of evaluations of case management as a supervisory and rehabilitative mechanism.

The central purpose of this literature review is to inform a new pilot project for Corrections Victoria (Australia), known as the 'Dedicated Women's Case Management' project, that involves using specialist case managers for women offenders, assessed as being at medium to high risk of re-offending or with multiple and complex needs.

Areas Covered by this Review

This review covers international and national literature on effective practice and ‘what works’ with offenders and in particular, women offenders, to reduce recidivism and international, and Australian literature on case management approaches in community corrections, with particular reference to those designed for women offenders.

Structure of this Review

1. Discussion and analysis of findings from literature on ‘what works’ with adult, and young offenders
2. Discussion and analysis of findings from literature on 'what works' with women offenders
3. An analysis of contemporary issues in case management as they relate to 'what works' with women offenders
4. An overview of the good practice principles for case management with women offenders under community correction supervision

**Types of Material Reviewed**

Preference has been given (in order) to the following types of material:

1. Meta-analysis of randomised controlled trials
2. At least one randomised controlled trial
3. At least one controlled study without randomisation
4. At least one other type of quasi-experimental study
5. Descriptive studies, such as comparative studies, correlation-based studies or case-control studies
6. Expert committee reports or opinions, clinical experience or respected authority, or both
Scope and Context of the Review

• Most of the meta-analyses in this review and the primary studies on which they are based originate from the USA and the UK, as there is a lack of relevant primary studies conducted in Australia.

• The majority of primary studies that form the basis of the ‘what works’ literature discussed in this review involve adult, male offenders or mixed groups of adult male and female offenders, and mixed groups of juvenile or young offenders.

• Only one meta-analytic study examining the effectiveness of general correctional intervention with women offenders could be located (see Andrews & Dowden 1999). The meta-analysis included a sample of 26 distinctive studies that generated 45 tests of treatment with sample groups of predominantly female offenders, (24 test sample groups were composed wholly of female offenders). The authors recommended further primary studies involving women offenders, particularly adult women offenders.

• Attempts have been made to source studies that relate directly to the target group for this review, that is, adult women offenders under community correctional supervision in Victoria (Australia).

• Literature that focuses exclusively on female offenders under the age of 18 years has been excluded from this review when considering what works for adult women offenders.

• Emphasis has been given to studies that examine case management approaches in a community corrections context, rather than institutions.
• The following two key British reports in relation to case management in community corrections emerged from the literature as being of substantial relevance to this review:

  o *Case Management: Context for Supervision, A Review of Research on Models of Case Management: Design Implications for Effective Practice* (Holt 2000). This report makes recommendations for the development of a coherent case management model to aid effective practice in community corrections.

  o *Examining Case Management Models for Community Sentences* (Partridge 2004) was commissioned by the Home Office (UK) in 2001 and involved a survey of all national probation sectors regarding the features of their home case management approaches. Of 54 possible sectors, responses were received from 31, which identified three main models of case management. Performance data from Her Majesty’s Inspectorate of Prisons (HMIP) were also analysed to consider possible linkages between certain models of case management and performance. However, central to the research was an analysis of five case study sectors that collectively represented each of these models. This involved gaining an understanding of each model and the associated supervision systems and staff and offender experiences by interviewing all levels of staff (managers, practitioners and administrative), as well as offenders and to gauge any causal relationship between motivation and the varying models of case management.

• The following two key texts are referred to in this review:

  o *What Works with Women Offenders* (Sheehan, McIvor & Trotter 2007), which includes Australian and international content and a useful discussion on probation and parole with women offenders that
makes reference to a primary study conducted in 2003, in Victoria (Australia) with women exiting prison (see Trotter 2007). The study involved interviews with 138 women sentenced to 3 or more months of correctional supervision and post-release follow-up interviews 1–3 months (83 women) and 12 months (69 women) after their prison exit date.

• *Reducing Re-offending: Social Work & Community Justice in Scotland* (McNeill & Whyte 2007), of which chapter seven provides a highly relevant discussion to this review entitled, ‘Offender Management or Change Management?’

• Parts of the discussion and analysis of case management in Australian human services and community corrections has been drawn from a book chapter, by the same author as that of this review, entitled, ‘Case Management in Corrections: Evidence, issues and challenges’ – the book is currently in press (Turner (in press)).

• Particular attention has been paid to a body of work by Barbara Bloom and Stephanie Covington (and colleagues) in regards to developing gender-responsive strategies for women offenders and guiding principles for the implementation of these. A key paper in this regard is *Gender Responsive Strategies: A Summary of Research, Practice, and Guiding Principles for Women Offenders* (Bloom, Owen & Covington 2005), which forms part of a 3-year project by the US Department of Justice, National Institute of Corrections that aims to, ‘...examine gender-responsive strategies and their implications for community corrections.’ (Sydney 2005)

• Of further and final note is a report prepared for the United States National Institute of Corrections entitled, ‘Women Offender Case Management Model’ (WOCMM). The WOCMM described as:
‘...a conceptual model that will be used to guide the delivery of gender-responsive case management services to criminal justice involved women. The Women Offender Case Management Model’ (WOCMM) evolved from gender-informed, evidence-based practices and is designed to reduce recidivism, increase the availability of services, and enhance the lives of women. (Orbis Partners Inc. 2006)

The report merges the theory, philosophy and recommended core practices of correctional case management and gender-responsive approaches to working with women offenders. It describes specific gender-responsive case management processes and strategies for implementation and evaluation of these processes (Orbis Partners Inc. 2006).

Definition of Terms

‘Women Offenders’
- adult women, who have been found guilty of a criminal offence (in all Australian States, people aged 18 years or more are treated as adults in the criminal justice system, except in Queensland where this occurs at 17 years). This definition is used in this document, although it is acknowledged that in Victoria women offenders are defined as those being supervised in the community as distinct from women prisoners who are in corrections facilities.

‘Young Women Offenders’
- adult women, who have been found guilty of a criminal offence, aged 18 – 25 years (or 17 – 25 years in QLD)

‘Female Offenders’
- women and young women offenders, as defined above

‘Juvenile Offenders’
- girls and boys, aged 10 – 17 years (or 16 years in QLD), who have been found guilty of a criminal offence
‘Prisoners / Inmates’
- residents of an adult correctional facility

‘Corrections’
- legislative, community and institutional based systems designed specifically to process, support and manage adult offenders, including in some cases, a number of juvenile offenders

‘Juvenile Justice’
- legislative, community and institutional based systems designed specifically to process, support and manage juvenile offenders

‘Community Corrections’
- includes supervision, community-based sanctions, and services directed at offenders who have been placed under supervision by the courts (probation) or the Parole Board (parole)
- for the purposes of this review, this term will only apply to adult offenders

‘Juvenile Community Corrections’
- includes supervision, community-based sanctions, and services directed at offenders who have been placed under supervision by the courts (probation) or the Parole Board (parole)
- for the purposes of this review, this term will only apply to juvenile offenders

‘Criminogenic needs’
- refers to dynamic factors (those that can be altered) in an offender’s personal circumstances that research has demonstrated as useful to predicting risk of recidivism, such as, employment, attitudes and beliefs and relationships (for a more detailed definition see Latessa & Lowenkamp 2005)
‘Exit/Re-entry Planning’
- planning and preparation undertaken to assist incarcerated offenders transition successfully from the custodial environment to the community by reducing the risk of recidivism and re-incarceration
- for the purposes of this review, the term ‘exit planning’ will be used to refer to the above

‘After-care’ or ‘Throughcare’
- interventions, programs or components of programs (such as ‘post-release’ mentoring schemes) that aim to assist recently incarcerated offenders to successfully re-enter the community without further offending or re-incarceration

WHAT WORKS?

An overview of ‘what works’ with offenders

What works to reduce recidivism?
In the context of this review, evidence-based interventions or ‘what works’ are those founded on the principles outlined in What Works in Reducing Criminality (McGuire 2000). McGuire’s review found that a wide range of interventions with offenders can be effective in reducing recidivism, but that certain interventions work better than others and that punitive, deterrence-based interventions are linked to increases, rather than reductions in recidivism. McGuire identified that the services and programs that work best to reduce recidivism are characterised by the following features:
• **Theoretical soundness** – services and programs that are built around overt and clearly articulated theoretical underpinnings that provide a cause-and-effect rationale for crime and offending behaviour, based on experimentally sound data from disciplines such as, psychology, criminology and related social sciences.

• **Risk assessment** – services and programs that acknowledge the crucial role of risk-assessments of recidivism, drawn from information about participants’ criminal history and other variables, and that allocate various grades and types of supervision or service delivery to participants, appropriate to this knowledge.

• **Criminogenic needs** – services and programs that involve ‘...assessments of criminogenic needs or dynamic risk factors, such as attitudes, criminal associates, skills deficits, substance abuse, family issues, or self-control problems which are known to be linked to offending behaviour and which change over time.’ (McGuire 2000)

• **Responsivity** – services and programs that engage participants by recognising the necessity to tailor services to individual needs and by responding appropriately to ‘...the active, focused and participatory learning and change styles encountered in many offenders’ (McGuire 2000)

• **Structure** – services and programs that provide staff and participants with lucid aims and outcome goals, and encourage expert and ordered staff participation in activities that are clearly related to individual offenders’ needs.

• **Methods** – services and programs that employ a cognitive-behavioural approach, which can involve a compilation of ‘theoretically inter-related methods’ that centre on the interactions between a person’s feelings, thoughts and behaviour during the course of an offence (McGuire 2000).

• **Program integrity** – services and programs that ensure that only suitably trained staff deliver interventions and that the integrity of the program is continuously scrutinised and evaluated to ensure adherence to their
prearranged aims and outcome goals and their chosen methods of intervention.

The findings of McGuire’s (2000) review also lend support to a wider view that interventions delivered in a community setting are more effective than those delivered in prisons or detention centres (McGuire 2000; Trotter 2007). However, it is important to note McGuire’s (2000) finding that, ‘...badly-designed, poorly implemented services emerge as ineffective regardless of criminal justice setting.’ In summary, programs or services that work best to reduce recidivism comprise structure and theoretical soundness, risk assessment of re-offending and corresponding levels of service or supervision, responsivity of services to individual differences in learning and change styles and assessments of criminogenic needs.

Effective practice with involuntary clients

Offenders or clients of correctional systems can also be described as ‘statutory’, ‘mandated’, ‘coerced’ or ‘involuntary’ clients, the latter of which is preferred in this review. The term is not meant to imply that all so-called involuntary clients are necessarily ‘resistant’ to intervention, but rather that it is important to acknowledge the coercive influence of statutory systems, (e.g. in the criminal justice system clients can be offered increased or reduced punitive sanctions, depending on their level of compliance with the conditions of a legal mandate) (Chui 2003). Effective practice with involuntary clients requires particular approaches and worker skills to enhance client motivation for positive change, which has implications for the way in which correctional staff work with their clients (Rooney 1992; Trotter 2006). Trotter (2006) identifies a number of approaches as effective in producing improved outcomes for involuntary clients including, role clarification, reinforcing and modelling pro-social values, collaborative problem-solving (based on the client’s definition of problems and goals), and an integrated approach that uses all of these. He argues that, ‘Effective work with involuntary clients involves understanding what the client expects from the intervention and clarifying misconceptions.’ (Trotter 2006) Trotter further notes that building positive worker-client relationships through empathy,
humour, optimism and some self-disclosure can provide the foundation for effective outcomes when accompanied by pro-social modelling and problem solving (Trotter 2006). Trotter (2006) also points to the value of dealing with a wide range of client needs, consistent with findings from a meta-analysis by Andrews and Bonta (2003).

What works with young offenders?

While McGuire’s review provides significant and useful insights into ‘what works’ for offenders in general, given the developmental differences between adult and young offenders, (both of whom come into contact with the Victorian adult correctional system), it is important to consider the possible associated differences in risk, need and responsivity by also examining ‘what works’ for young offenders. A literature review prepared by McGuire, Kinderman and Hughes (2002) for the Youth Justice Board for England and Wales compiles 23 systematic reviews or meta-analyses that examine effective practice with juvenile and young offenders (ranging in ages 12 – 21 years) to reduce recidivism rates. The compilation excludes meta-analytic reviews focused on sex offenders or exclusively on adults. The findings indicate that, on average, the effects of ‘treatment’ are positive in terms of reducing recidivism compared to ‘no treatment’. The mean effect is approximately 9 – 10 percentage points (McGuire, Kinderman & Hughes 2002), which according to the authors, ‘...is statistically significant...[and] would be perceived as worthwhile in public policy terms’ (McGuire, Kinderman & Hughes 2002). The authors note that the average effect size alone should not be considered an adequate description of the effect of interventions with juvenile and young offenders, as there is considerable variability in outcomes, owing to a variety of other factors.

The authors found no or insufficient evidence to support the following approaches as effective in reducing re-offending rates for young offenders:

- **Deterrence-based approaches and punitive sanctions such as, shock incarceration programs** – (e.g. boot camps, ‘Scared Straight’ program) these in some cases actually yield significant increases in recidivism, which supports McGuire’s earlier finding for adult offenders, that punitive, deterrence-based
Interventions are linked to increases, rather than reductions in recidivism (McGuire 2000).

- **Institutional milieu therapy**
- **Vocational training without connection to genuine employment prospects** – these appear related to increased recidivism rates.
- **Wilderness or outdoor challenge programs that are without high standards of training or therapeutic aspects** – these appear related to increased recidivism rates.
- **Programs that target only ‘non-criminogenic needs’** – these are associated with increases in recidivism.

In addition, an Australian Institute of Criminology (AIC) review (Sallybanks 2002) of ‘what works’ for preventing and reducing offending in young people (aged 12 to 25 years), concluded that more effective programs are targeted at individual’s needs.

The report noted that:

> One program does not necessarily “fit all” and a case management approach to dealing with young people may be more appropriate. Finding the right program for the young person is important so that the risk factors and problem behaviours specific to that individual are addressed (Sallybanks 2002).

Following on from this premise, it has also been argued that programs should be culturally specific in order to meet the needs of individuals (Sallybanks 2002), which is important to take into account in all correctional program development given the overrepresentation of Indigenous Australians in the criminal justice system, as well as high numbers of offenders from other specific ethnic backgrounds.
WHAT WORKS WITH WOMEN?

An overview of ‘what works’ with women offenders

Who are women offenders?

Until relatively recently, issues faced by girls and women in the criminal justice system have largely been ‘invisible’, due for the most part to their small numbers in a system overwhelmingly populated by and designed for boys and men (Bloom & Covington 1998; Chesney-Lind 2000; Corston 2007; McIvor 2000). However, over the past thirty or so years, a dramatic increase in the numbers of girls and women entering the criminal justice system in Australia and other English-speaking countries has encouraged an awareness of and increased attention to these issues by researchers, corrections administrators, policy makers and legislators (Australian Institute of Criminology 2001; Bloom, Owen & Covington 2005; Cabinet Office 2009; Chesney-Lind 2000; Frost, Greene & Pranis 2006; National Institute of Corrections 2010; NSW Government 2010; Worrall 2009; Zaplin 2007). In particular there has been an increased awareness of and concern about the direct applicability of research findings from studies conducted predominantly with men to the development and implementation of correctional rehabilitative approaches and programs for women in the criminal justice system. There are numerous calls for primary research to be conducted with and about women in order to develop an evidence base around ‘what work’s for women and there has been substantial debate about the requirement for and efficacy of a gender-responsive approaches to addressing the needs of women offenders (Andrews & Dowden 1999; Bloom, Owen & Covington 2005; Chesney-Lind 2000; Forsythe & Adams 2009).

A number of key, overlapping issues can be identified from the literature that set apart the life experiences of female offenders from their male counterparts and therefore also impact on their experiences of the criminal justice system. These are summarised as follows:
• **Nature of offences** – it is evident that women offend to a lesser degree in terms of frequency and seriousness than men and are convicted for non-violent, property or drug-related offences to a greater degree (Allegritti 2000; Baldry & Vinson 2000; Bloom & Covington 1998; Bloom, Owen & Covington 2005; Chesney-Lind 2000).

• **Motivation for offending** – women are more likely than men to be motivated to commit offences due to issues related to gambling, alcohol or other drug misuse, and destitution (Bloom 1999; Bloom & Covington 1998; Bloom, Owen & Covington 2005; Chesney-Lind 2000; Forsythe & Adams 2009).

• **Alcohol and other drug misuse** – extrapolating from the previous point, compared to men, women appear more prone to perpetrate offence(s) while intoxicated with drugs or for the purposes of sustaining their drug use, and accordingly, a stronger nexus between the severity of women’s substance misuse and their offending is evident than for men (Chesney-Lind 2000; Forsythe & Adams 2009). In addition, there is evidence that the nature (type, quantity, context and method) of drug misuse differs between women and men offenders along with the corresponding social and health impacts, with women incurring greater levels of social stigmatisation in relation to their substance misuse, particularly if they are mothers or pregnant (Allegritti 2000; Covington 2002). There is also research to suggest that Indigenous Australian women prisoners have more extensive substance use histories than Indigenous Australian men prisoners (Johnson 2004, In NIDAC 2009).

• **Mental illness** – there are higher recorded levels of mental illness, trauma (including manifestations of PTSD – Post Traumatic Stress Disorder) and substance misuse among female than male offenders and suggestions of greater prevalence of eating disorders and depression among women offenders (Allegritti 2000; Bloom & Covington 1998; Corston 2007; Forsythe & Adams 2009). Mental illness, combined with a high incidence of victimisation experiences (see next dot point), appear to be influencing factors in many women offenders’ substance misuse and can be characterised as ‘self-medication’ (Bloom 1999; Chesney-Lind 2000; Forsythe...
& Adams 2009). Notably, there is research to suggest that Indigenous Australian women prisoners also experience greater rates of mental health issues than Indigenous Australian men prisoners (Johnson 2004, In NIDAC 2009).

- **Victimisation** – women offenders have experienced high levels of physical, psychological and sexual abuse in their lives, which it is argued plays an apparent and significant role in contributing to their criminality and influencing offending patterns (Allegritti 2000; Bloom 1999; Bloom & Covington 1998; Bloom, Owen & Covington 2005; Corston 2007; Forsythe & Adams 2009).

- **Care responsibilities for dependents** – an obvious and widespread difference between women and men offenders is the significantly greater level of care responsibilities borne by women for dependent children, (including throughout and by way of pregnancy), and single parenthood is common for women offenders (Allegritti 2000; Bloom 1999; Bloom & Covington 1998; Bloom, Owen & Covington 2005; Corston 2007; Covington 2002).

- **Lack of employment, skills and education** – although this is common to men and women offenders, it appears that women can face additional barriers to overcoming these difficulties, due in part to persistent, outdated social attitudes and stereotypes of gender roles that devalue the importance of stable, financially and emotionally rewarding employment for women and do not encourage financial independence and career development for women (Allegritti 2000; Bloom & Covington 1998; Bloom, Owen & Covington 2005; Cameron 2001; Chesney-Lind 2000; Covington 2002).

- **Indigenous or non-dominant ethnic background** – again, although there is an overrepresentation of both male and female offenders from Aboriginal and non-English speaking backgrounds, the rate of imprisonment and involvement of women from these backgrounds, particularly young women, has increased at a rate faster than that for men (NIDAC 2009). The rate of imprisonment for women in other English-speaking countries, who are of
colour and from backgrounds that are not of the dominant ethnicity, has also seen a substantial increase (Bloom 1999).

- **Role of relationships** – in contrast to the generally cited offending risk factor of ‘peer relationships’ or ‘associates’ for men, women’s offending often arises and is cultivated through their relationships with members of their family, including partners or spouses, their friends and any person deemed to be a ‘significant other’, such as a colleague or support-person (Bloom & Covington 1998; Bloom, Owen & Covington 2005).

These and other issues combine to create a set of complex needs that are largely unique to women offenders and which form the basis for calls to review the current ‘what works’ literature and research to determine if conventional approaches (or those that have been founded from research conducted primarily with male offenders) are appropriate and responsive to these needs.

**Examining what works with women offenders**

In 1999, Andrews and Dowden published, *A meta-analytic investigation into effective correctional intervention for female offenders*, which examined the importance of programs designed for female offenders complying with the principles of program integrity, human service, risk, need, responsivity and ‘core correctional practice’ (Andrews & Dowden 1999). The study concluded overall that programs adhering to these principles were significantly more effective as they demonstrated higher average reductions in recidivism. However, Andrews and Dowden (1999) noted that among the studies reviewed, there were only a very small number involving adult female offenders and female offenders in prison and restorative justice settings. They urged that priority be given to research in to these areas, as well as to ‘...controlled-outcome studies of specific responsivity factors, in particular of gender-specific responsivity factors...’ (Andrews & Dowden 1999).
Gender-responsive approaches

Compelling theoretical arguments have been mounted by a number of writers to support the development of ‘gender-responsive’ approaches in the criminal justice system to address the identified complex and multiple needs of women offenders (see for examples, Bloom, Owen & Covington 2005; Chesney-Lind 2000; Department of Justice - Corrections Victoria 2007; Hume 2004). The director of the (USA) National Institute of Corrections (NIC) argues that, ‘Being responsive in the criminal justice system requires the acknowledgment of the realities of women’s lives, including the pathways they travel to criminal offending and the relationships that shape their lives.’ (Thigpen 2005, In Bloom, Owen & Covington 2005) From 2003 – 2006, the NIC commissioned a project entitled, Gender Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders, as part of which it contracted the American Probation and Parole Association (APPA) to produce a bulletin to examine gender-responsive approaches and their implications specifically for community corrections (see APPA 2009; Sydney 2005).

The following definition of gender-responsiveness as it relates to women offenders in the criminal justice system has been presented as part of the NIC project and appears generally accepted across the literature:

Gender-responsiveness involves creating an environment through site and staff selection and program development, content, and material that responds to the realities of women’s lives and addresses participants’ issues. Gender-responsive approaches are multidimensional and based on theoretical perspectives that acknowledge women’s pathways into the criminal justice system. These approaches address social and cultural factors (e.g., poverty, race, class, and gender) and therapeutic interventions involving issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. These interventions provide a strength-based approach to treatment and skills building, with an emphasis on self-efficacy. (Covington & Bloom 2000, In; Sydney 2005)

The following simpler, succinct definition that relates to gender-responsiveness with women offenders in community corrections is also included:

Gender-responsiveness for women offenders in community corrections involves creating a corrections environment that reflects an understanding of the realities of women’s lives (Sydney 2005).
The research conducted as part of the NIC project, along with other related research forms the basis of the two Better Pathways policy statements (see Corrections Victoria 2005 - 2006, 2007) developed and issued by Corrections Victoria. These documents outline Corrections Victoria’s four-year strategy to deal with the increased female prison population, including a correctional services delivery model that they suggest, ‘...takes into account the distinct needs, characteristics, life experiences and family circumstances of women offenders within broader offender management practice.’ (Corrections Victoria 2007) The Better Pathways policy documents clearly demonstrate a thorough understanding and articulation of the underlying theories, related considerations and six guiding implementation principles of gender-responsive strategies in corrections. Therefore, only a brief overview is provided in this review.

The major underlying theories of gender-responsivity, which are important for understanding why women offend, how they respond to supervision, their motivation to change, community reintegration and relationships with partners, significant others and children (Bloom 1999; Bloom & Covington 1998; Bloom & McDiarmid 2000; Bloom, Owen & Covington 2005), are summarised as follows:

1. **Relational Theory** – posits that men and women have unlike thinking about maturity in that men view maturity as a path to independence, whereas women consider a sense of social connectedness to be their goal (Sydney 2005). The assumption that the male view of maturity is universal is misleading in understanding the importance of social connectedness to women and its influence on offending behaviour and desistance (Sydney 2005).

2. **Trauma Theory** – purports that women’s offending behaviour and their response to correctional and other interventions are influenced by the considerable effects that trauma and violence have had on their lives, and that understanding this nexus can assist to provide responsive services and interventions (Sydney 2005).
3. **Addiction Theory** – posits a causal relationship between drug use and offending for women, where drug use is influenced and characterised by general and gender-specific psychological stressors, cultural and social factors, relationship issues, low self-esteem, disempowerment, and health risks (Sydney 2005). There is evidence to suggest that an holistic approach to treating substance abuse, that is enduring, child-friendly and humanising, works best for women offenders (Covington 2000, In Sydney 2005).

There appear to be three key areas to consider in terms of the responsiveness to women offenders’ needs in the criminal justice system, which are summarised as follows (see Bloom, Owen & Covington 2005 for more detail):

1. **Assessment procedures** – a key consideration in terms of assessment procedures is that given the multiple and complex needs of women offenders, their levels of risk on an assessment tool are likely to be rated as relatively high, which disadvantages women in a system that punishes higher risk offenders (Trotter 2007). In other words, it is important not to directly equate high need with high risk (Martin, Kautt & Gelsthorpe 2009). There appears to be widespread concern about this issue and that the distinct and distinctive needs of women offenders have been inadequately accommodated or researched in the development of risk classification instruments (Hardyman & Van Voorhis 2004; Martin, Kautt & Gelsthorpe 2009; Orbis Partners Inc. 2006). However, some studies propose that the principle of risk is equally applicable to women and that tools based on studies of mixed populations such as the LSI (Level of Supervision Inventory Revised) risk-assessment tool, used in Australia and other English-speaking countries, could even more successfully predict recidivism for women than for men (Raynor & Miles 2006, Andrews & Dowden 2006, In Trotter 2007).

2. **Services and programs** – given the identified specific needs of women, programs and services should also address issues related to trauma, substance misuse, and mental health while simultaneously promoting health relationships and a sense of connectedness with family, children, spouses/partners, significant others and the community (Sydney 2005).
There is also research to suggest that effective services and programs with women offenders in community corrections are those that address criminogenic needs, employ a problem-solving approach (that promotes client-worker agreement and dealing with client problems from the client’s perspective) and those where workers engage in pro-social modelling and reinforcement of pro-social values (Trotter 2007).

3. **Staffing and training** – there is an apparent lack of gender-specific training provided to staff in the criminal justice system about the needs and issues relevant to women offenders and evidence to suggest a generally negative attitude among correctional staff about working with female offenders, based largely on a perception that female offenders are more difficult to work with than male offenders (Alder 1998b; Bloom, Owen & Covington 2005; Gaarder, Rodriguez & Zatz 2004; Hardyman & Van Voorhis 2004; Shaw 2000). As this second issue most probably relates to the first, there is a clear imperative for correctional staff to be trained to understand the gender-specific needs of women offenders and how to be responsive to these, which includes education about the aforementioned relevant theories (relational, developmental, addiction) (Bloom, Owen & Covington 2005).

As part of the NIC project, six guiding principles for the implementation of gender-responsive strategies for women offenders were also developed that apply across all levels of an organisation and are summed up as follows (see Sydney 2005 for more detail):

1. **Gender** – acknowledge that it makes a difference
2. **Environment** – establish an environment founded on personal safety, respect and dignity
3. **Relationships** – develop relational policies, practices and programs, which encourage positive connectivity with family members, partners, spouses, significant others, children and the broader community
4. **Services and supervision** – employ holistic, integrated, culturally appropriate services and supervision to address alcohol and other drug misuse, mental health issues and trauma
5. **Socio-economic status** – provide opportunities for women offenders to access safe and stable accommodation, educational or vocational training, employment and other assistance to improve their socio-economic conditions

6. **Community** – institute a system of supervision in the community and prison exit-planning and after-care with holistic and collaborative services

Bloom, Owen and Covington (2005) contend that each of these principles is firmly embedded in supporting empirical evidence and provide a summary of such evidence in relation to each principle (see Bloom, Owen & Covington 2005). They further contend that agency policy-changes are also important to implementing and supporting gender-responsive strategies and suggest the following elements are required for such policy:

1. **Creation of parity** – an emphasis that equity does not equate to uniformity
2. **Commitment to women’s programs** – by making this a priority, through adequate staffing, resources and training at all levels of the organisation
3. **Development of applicable procedures for women offenders** – by reviewing relevant active procedures and policies
4. **Responsiveness to women’s pathways** – through the development of appropriate programs, services and policies
5. **Consideration of community** – by developing robust partnerships with non-statutory, community agencies that provide relevant services
6. **Inclusion of family and children** – to reinforce and consolidate these relationships

In addition and in conclusion, Bloom, Owen and Covington (2005) state that, ‘Ultimately, commitment and willingness on the part of policymakers and practitioners will be needed to actualise the vision and implement the principles and strategies of a gender-responsive criminal justice system.’ (Bloom, Owen & Covington 2005)
EXAMINING CASE MANAGEMENT

Analysis of contemporary issues in case management relevant to ‘what works’ with women offenders

Defining case management

Case management approaches are widely and commonly used across a range of human services in Australia and other English-speaking countries (Kennedy, Harvey & Gursansky 2001). There appears to be of a perception of collective understanding about case management that some writers argue diverts attention from the need for close examination and analysis of case management to develop good theory and practice (Gursansky, Harvey & Kennedy 2003). It is clear from the literature that definitions of the term ‘case management’ actually vary widely and range from those that describe it as a general approach or methodology for work practices to those that classify case management as a profession or specialisation in its own right (Austin & McClelland 2000; Camilleri 2000; Furlong 1997). Specific definitions of ‘case management’ appear to be shaped by the environment where it is practiced, resulting in a range of terms used to refer to and describe case management approaches, including for example, ‘care management’, ‘offender management’, or ‘managed care’ (Birgden & McLachlan 2002 (revised 2004); Gursansky, Harvey & Kennedy 2003; McNeill & Whyte 2007). There are a number of features that are generally agreed to be, in varying degrees, common to all case management models. These features include, the role of the case manager in ‘boundary spanning’ and ‘seamless service delivery’ by providing a link between clients and services, and the processes of assessment, planning, coordination, monitoring, reviewing and evaluation (Greene & Vourlekis 1992; Gursansky, Harvey & Kennedy 2003; Moxley 1989; Partridge 2004). However, as there is no universal definition of ‘case
management’, the term is ambiguous with ensuing implications for case management practice and the evaluation of its efficacy (Camilleri 2000; Gursansky, Harvey & Kennedy 2003; Hicks 2006). Confusion among corrections clients, staff or agencies about case management could have significant implications for the implementation of effective case management practice with offenders, such as, role clarification, program integrity and ensuring a robust service structure (Hicks 2006; McGuire 2000; Trotter 2006).

**Models of case management**

Although the term ‘case management’ has evaded a clear or universal definition, three main ‘models’ of case management theory and practice can be discerned, which are described as follows:

‘**Generalist**’ or ‘**generic**’ models – stress the importance of client-worker engagement and relationship over time and require an individual case manager to take responsibility for carrying out all the processes, tasks and functions of case management, (e.g. assessment, co-ordination, referral and case planning) (Gursansky, Harvey & Kennedy 2003; Partridge 2004). Case managers work with caseloads of clients with diverse levels of risk / needs and undertake a variety of different tasks, such as report-writing, program-delivery and supervision, and where required, they also commission and coordinate client services that are beyond the case manager’s capacity to deliver (Partridge 2004). Such an approach is also known in the mental health sector as a ‘clinical’ model (Partridge 2004). ‘Generalist’ approaches are purported to emphasise consumer choice, rights and participation, individualised case planning and to enhance service flexibility, resource efficiency and cost-effectiveness and it is considered that the continuity of worker-client contact and the clarity of the case manager’s role are beneficial to clients (Gursansky, Harvey & Kennedy 2003; Partridge 2004). It is noted that such a model requires significant agency input, by way of staffing levels and ongoing and appropriate staff training (Partridge 2004).
‘Specialist’ models – involve the same processes, tasks and functions described for ‘generalist’ approaches, but with the distinction that the case manager is commissioning rather than delivering services for clients. Case managers in these models are regarded as specialists with skills and training, particular to a context or task (e.g. assessment or report-writing) and work with specific client caseloads, such as all those at high-risk of recidivism (Gursansky, Harvey & Kennedy 2003; Partridge 2004). Clients attend separate probation case management teams that focus on different functions, such as program-delivery or supervision, and attend a variety of partnership agencies according to their individual needs, such as substance misuse or budgeting skills and case management responsibility shifts, as clients move between teams and as their risk/needs are re-assessed and re-classified (Partridge 2004). ‘Specialist’ case management approaches are promoted as beneficial for addressing complex and ongoing needs of clients (Gursansky, Harvey & Kennedy 2003). Potentially, these models can boost staff morale as they can coordinate roles and work together, but the process could be confusing for clients and they could struggle to engage with multiple service providers, which could be detrimental to their progress (Partridge 2004). Much energy needs to be devoted to ensuring service coordination and communication to prevent gaps and breakdowns as clients transfer between various service providers (Partridge 2004).

Hybrid models – have been identified in an exploratory study, commissioned by the UK Home Office in 2001, which examined and compared models of case management in probation services across the England and Wales (Partridge 2004). This approach to case management involves variations of combinations of components of generic and specialist approaches and uses a team approach as a way of enhancing continuity – in relationships, the environment and service delivery – and thereby, combating some of the impacts on clients of staff turnover, shortages and leave absences (Partridge 2004). It appears that given the apparent flexibility of ‘hybrid’ models, special efforts would need to be made to ensure role clarity, effective communication and service coordination, to avoid unnecessary overlap or gaps in service delivery.
This same UK Home Office study also cites other research (see Ross 1993, In Partridge 2004) that distinguishes three case management models by the type and degree to which a case manager provides interventions, namely, ‘minimal’, ‘coordination’ and ‘comprehensive’. These can be conceptualised on a spectrum, where ‘minimal’ models just involve the fundamental tasks of assessment, planning and referral, ‘comprehensive’ models involve these and extra tasks such as, review, re-assessment, evaluation and direct client interventions, and ‘coordination’ models sit somewhere in between. Partridge (2004) suggests that the minimalist and comprehensive models are broadly comparable to generalist and specialist models, in that order.

**Evaluating case management**

Generally, the literature around case management outcomes has been described as, ‘...large, rapidly expanding and full of anecdotal reports and poor quality research studies’ (Holloway & Carson, 2001, In Kopelman et al. 2006) and there are calls for more research into this area (Camilleri 2000; Gursansky, Harvey & Kennedy 2003). The inexact definition of ‘case management’ appears to play a substantial, problematic role in numerous studies, particularly comparative studies, which have tried to evaluate and analyse various styles and applications of case management (Camilleri 2000; Partridge 2004), since the intended purpose and outcomes of case management in individual settings differ according to their related organisational goals (Partridge 2004; Turner (in press)).

However, the Case Management Society of Australia (CMSA), (a non-profit organisation that aims to support and develop ‘quality’ case management practice), has attempted to provide an overarching definition of case management. The CMSA claims that the following definition is reflective of the Australian context and applicable to case management as it is practiced by both non-professionals and professionals, within a range of settings and sectors (CMSA 2004):

> Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs through
communication and available resources to promote quality cost-effective outcomes. (CMSA 2004)

This definition clearly emphasises addressing client health needs as the primary goal of case management and the CMSA argue that this is because they perceive case management in Australia to be situated within a ‘social model of health’. The CMSA provide the following definition of a ‘social model of health’:

A conceptual framework within which improvement in health and well-being are achieved by directing efforts towards addressing the social and environmental determinants of health, in tandem with biological and medical factors. (Department of Human Services (Vic.), 2002, p. 42, in CMSA 2004)

While useful for conceptualising the processes and goal of case management in broad terms, the definition provided by the CMSA does not appear sufficient to accurately and usefully describe the processes and goal of case management as it might appear in a specific setting, such as community corrections. Similarly, while the National Standards of Practice for Case Management, published by the CMSA in 2004, (revised in 2008), offers a useful framework for case managers by which to broadly evaluate their own practice and effectiveness, it is not (and cannot be) sufficiently detailed to allow case managers to evaluate their practice and effectiveness according to the specific goals and requirements of their agencies and sectors.

There is consensus among researchers that case management is defined and shaped by the context in which it occurs, and as such, it follows that an examination of the case management context is a vital first step to evaluating the efficacy of specific case management approaches or models (Austin & McClelland 2000; Gursansky, Harvey & Kennedy 2003; Healey 1999; Heseltine & McMahon 2006; Holt 2000). Therefore, in order to determine if a case management approach is effective with women offenders in a community corrections setting, it is important to ensure a clear understanding of the context of community corrections.
Community corrections context

‘Community corrections’, also known as ‘probation and parole’ in Australia, refers to the services provided by corrections agencies to offenders who are sentenced by the criminal courts to serve community-based orders, such as probation or community services orders, or who are conditionally released from prison on parole by a Parole Board. In Victoria, the term ‘community corrections’ only applies to adult offenders (18 years or more) subject to supervised, community-based orders. When compared to areas such as social work and mental health, there is an apparent lack of debate and trustworthy research outcomes into the effectiveness of case management approaches in community corrections (Bonta et al. 2004; Camilleri 2000; Heseltine & McMahon 2006; Partridge 2004; Raynor 2003). Moreover, as noted by Heseltine and McMahon (2006), in Australia relevant comparative studies are hampered by limited understanding of what is occurring in and between constituent jurisdictions. They conclude that overall, ‘[t]he efficacy of current case management models in community corrections has yet to be empirically explored…’ (Heseltine & McMahon 2006)

Heseltine and McMahon (2006) also suggest that there are many questions about the application and effectiveness of case management models derived from fields, such as, social work and health to community corrections, due to the distinctive concerns and requirements intrinsic to a community corrections population and the complex ‘dual’ role of community corrections workers. Issues, unique and intrinsic to community corrections populations, generally relate to the significant limitations on individual autonomy and choices available to community corrections agencies, clients and workers. Perhaps the most obvious example of this is that all corrections clients are involuntary clients and generally do not (at least initially) choose to receive services from community corrections. It should be acknowledged however, that in many cases, a limited range of choices do exist for clients within the criminal justice and community corrections systems, but they may not be choices that a client wishes to make.
There are also implications and challenges for resource allocation in community corrections to provide and maintain consistent levels of service. Although CCS provides an advice service to the courts, the flow of clients is unpredictable and principally controlled by external decision-makers such as police, magistrates and judges. In addition, the length, type and conditions of community based orders imposed by these external decision-makers, dictate to a significant extent the length and nature of interventions that can be provided to corrections clients. Moreover, a required and desired outcome of community corrections is client compliance. Clients must comply with conditions of a legal order and where one exists, with those of a case plan related to the legal order. Compliance with a case plan may itself be a condition of an offender’s probation or parole and in almost all cases, ‘compliance’ necessarily entails that the client take steps to reduce their risk of recidivism and ultimately, cease offending altogether (Healey 1999; McNeill & Whyte 2007). So, it is clear that in addition to being accountable to the correctional agency in which they are operating, community corrections clients and workers must also be mindful of and accountable to the overarching criminal justice system.

**Role of community corrections workers**

The role of community corrections workers has historically been to balance client ‘needs’ with their ‘deeds’, that is, to address the criminogenic and other related needs of clients in order to promote rehabilitation, while at the same time ensuring their compliance with court mandates and penalties that have been imposed as punishment for their offences (Turner (in press)). Given this ‘dual role’, community corrections workers can be viewed in basic terms as agents of change and control, processes that can occur simultaneously. The dual role of community corrections workers appears to stem from the dual goals of community corrections agencies, which, in order to improve community safety, are to (1) rehabilitate offenders through improving their social functioning and capabilities, and (2) manage risks associated with offenders (Heseltine & McMahon 2006; Ward & Stewart 2003).
Research around the rehabilitation process for offenders indicates that a crucial factor is effective engagement and relationship between client and worker, as this encourages offender compliance and the development of so-called ‘normative mechanisms’, where workers understand and address clients’ beliefs, attachments and perceptions of legitimacy about what is it clients are complying with and why (Bottoms 2001; McNeill & Whyte 2007; Trotter 2006). However, as noted, community corrections workers are only permitted to intervene and assist their clients according to the type, period and conditions of their legal order, regardless of any client need or desire for ongoing therapeutic involvement or practical support. This creates a tension for community corrections workers: How to both ‘engage’ their involuntary clients to assist them to develop the intrinsic motivation required for successful rehabilitation, while at the same time working within the confines of the legal order, which may or may not be reflective of the client’s criminogenic and other needs (Turner in press).

**Case management with involuntary clients**

According to Trotter (2006), ‘Workers with involuntary clients are often described today as ‘case managers’ rather than ‘caseworkers’.’ Trotter further suggests that describing workers’ roles in this way can also have some bearing on how the work is actually conducted and that case workers are more inclined than case managers to have a therapeutic or direct service role, rather than one of service coordination (Trotter 2006). In Australia, it appears that government agencies are progressively being handed the responsibility for case planning and management, while the responsibility for direct service delivery or case work is handed to community or voluntary organisations (Trotter 2006). Some writers consider this problematic, suggesting that community agencies are frequently insufficiently funded to deliver these services (Cross 1997) with the end result that instead of receiving assistance, clients are increasingly likely only to be ‘managed’ (Markiewicz 1994; Ife 1997; McMahon 1998; Searing 2003, In Trotter 2006). Other writers note that the establishment of case management ‘partnerships’ between community corrections and voluntary agencies has seen a dramatic increase in the past decade or more and
continues to proliferate, but that the role of community corrections within these arrangements, details of how the partnerships are set up, implemented and maintained, and whether or not they ‘work’ has received scant attention in the way of rigorous research (Camilleri 2000; Chui 2003; Cross 1997; Gibbs 1999; James & Bottomley 1994; Smith, Paylor & Mitchell 1993). A related consideration is criticisms of case management approaches that involve a large number of people, which is more likely to be the case in case management partnerships, as such arrangements create difficulties in case planning and decision-making, and inconsistently apply effective practice techniques, particularly, role clarification, pro-social modelling and problem-solving (Trotter 2006).

Case management in community corrections

Case management, as it is applied in most community corrections contexts, is the framework within which rehabilitative interventions occur and it is commonly accepted that in order to provide successful rehabilitation interventions, an effective case management approach is essential (Day, Howells & Rickwood 2003). The distinction between case management as a framework and rehabilitative interventions as the actual service delivery can also be conceptualised in more traditional, social work terms as case management and case work. For example:

Casework often involves the application of some of the techniques understood to be effective in offender rehabilitation and case management provides the structure in which rehabilitation interventions are offered. Both can have an impact on the success or otherwise of the intervention. (Day, Howells & Rickwood 2003)

Thus, to assess the overall effectiveness of service-delivery to offenders, community corrections agencies must examine and evaluate not only the efficacy of individual interventions and programs, but also the efficacy of the framework or structure which supports these, such as case management. Such an approach is also supported by the Case Management Society of Australia, which recommends that case management practice should be evidence-based (CMSA 2004).

Findings from the UK Home Office study (Partridge 2004), indicated that of the three identified types of case management approaches, (generalist specialist and hybrid
models) in probation services across England and Wales, generalist models provided an overall more coherent supervision experience for offenders. The study additionally found that generalist models of case management appeared to boost staff motivation by permitting them to work with a mixed caseload of offenders and have continued contact with the same clients, so that consequently, staff could notice the impact of their work (Partridge 2004). Specialist models, by comparison, appeared to benefit senior management through facilitating them to closely coordinate service delivery and direct resources at certain clients and at major supervision stages (Partridge 2004). Specialist models also appeared to provide the least coherent supervision experience, owing to a large amount of task separation and movement of offenders between different teams (Partridge 2004). As a precursor to effective practice with involuntary clients is role clarification and clarification of the purpose of interventions, this finding supports Robinson’s (2005) assertion that ‘...offenders are not best served by a system...in which staff are obliged to engage in a ‘pass-the-parcel’ style of supervision’. It also corresponds with criticism identified by Trotter (2006) of approaches that focus on ‘symptoms’ rather than the ‘person’ through ‘specialist’ agencies and workers.

Overall, the UK Home Office study (Partridge 2004) concluded that no matter what the type of model, the following core case management features were identified that enhanced engagement with offenders:

- **Acknowledgement** of clients’ needs and experiences
- **Continuity of contact**, particularly in the early supervision stages, with the same case manager and other staff is crucial for building worker-client rapport and trust
- Similar to the last point, **face-to-face contact** with a small case management team assists both workers and clients, because it assists to create **continuity** of relationships
- **Limiting task separation** ensures a more coherent supervision experience for clients
Chief motivating factors for clients include **transparency, flexibility and support**, as demonstrated through collective meetings attended by the case manager, other practitioners, the client and staff from any partnership agencies.

In general, community corrections services appear broadly to be moving away from generalist case management models in favour of specialist models. Examining probation work in Scotland, McNeill and Whyte (2007) suggest that:

> [T]he shift from generic practice (where the caseworker manages and delivers all aspects of the intervention) towards more specialist practice (where case management and program delivery functions are typically split) has been one of the most significant changes in probation work in the last decade.

Such a shift is perhaps related to a broader philosophical shift that appears to be occurring throughout criminal justice and corrections systems across the UK, USA, Australia and other English-speaking countries towards a more punitive and risk-based approach to managing offending and offenders (McNeill & Whyte 2007). For example, the stated goals of the UK National Offender Management Service (NOMS) are to ‘punish offenders’, ‘protect the public’, ‘reduce re-offending’, ‘rehabilitate offenders’, and to ‘ensure victims feel justice has been done’ (Harper & Chitty 2005; Ministry of Justice 2010). Similarly, in Australia, there appears to have been a philosophical shift towards ‘protecting the public’ and ‘reducing re-offending’, where the goal of rehabilitation has merit primarily as a way of ensuring community safety and preventing recidivism (Chui & Nellis 2003). Reflecting these changes, is the increasing expectation that community corrections workers ‘manage’ clients, (in particular ‘risk manage’), rather than provide direct service (Alder 1998a; Heseltine & McMahon 2006; Trotter 2006).

In 2000, Holt published a review of research on the subject of case management models in the fields of social work and community health to help develop a clear case management model to aid the delivery of effective practice in probation services (Holt 2000). He argued that agencies should make a clear distinction between the service coordination or administrative role of a case manager and their
role as the ‘human link’ in the process of supervision (Holt 2000; Partridge 2004). Holt’s review identified the following four key, interrelating features required for a community corrections case management model:

- **Consistency** – a crucial facet of seamless service delivery and prerequisite to increasing offender motivation and learning and the development of an effective worker-client relationship
- **Continuity** – required for assessment and supervision across time and the entire spectrum of interventions to create the sense of a single holistic, supportive and steady relationship
- **Consolidation** – of learning, required to assist offenders to join up fragments of learning to form a whole, using reflective practice and supervision, as well as community integration where offenders’ strengths can be utilised and confirmed
- **Commitment** – of the case manager to the case plan, offender and process of supervision, vital to reducing recidivism and promoting positive change

Holt’s conclusions have subsequently been reviewed and confirmed by McNeill and Whyte (2007) in their examination of the role that case management approaches play in the reduction of recidivism. However, given the broader context of the criminal justice system to a community corrections setting, McNeill and Whyte argue that the following additional feature should to be added to Holt’s list:

- **Compliance** – of the client with the conditions of the legal order and the associated case plan (McNeill & Whyte 2007)

Incorporating compliance as an important feature of a case management model in community corrections also goes some way to addressing Heseltine and McMahon’s (2006) concern, that for any such model to be effective in reducing re-offending it must be mindful of the dual role of a community corrections worker (Heseltine & McMahon 2006).

**Case management approaches with women offenders**
In 2005, the National Institute of Corrections (NIC) in the USA endorsed a proposal by Orbis Partners Inc. to design a conceptual, gender-responsive case management model to facilitate service provision to women offenders in the criminal justice system (Orbis Partners Inc. 2006). In 2006, Orbis Partners Inc. developed The Women Offender Case Management Model (WOCMM), which aims to reduce recidivism and improve the health and wellbeing of women offenders and their families (Orbis Partners Inc. 2006). Broadly, the WOCMM model merges the six guiding principles for gender-responsiveness (described earlier in this review) with identified effective practice principles for ‘what works’ to reduce recidivism. The WOCMM is underpinned by the following nine core practices (see Orbis Partners Inc. 2006 for more detail):

1. **Comprehensive approach** – addressing the multiple and complex needs of women offenders in a holistic way
2. **Strengths-based approach** – recognition and development of women’s strengths and protective factors
3. **Collaboration** – involving women offenders to reach sought after outcomes
4. **Promotion of ‘limitless’ service delivery** – beyond the scope and course of a legal order to encourage long-term positive change, which involves community stakeholders
5. **Adherence to risk/need principles** – matching services to assessed levels of risk / need, including using gender-responsive risk assessments
6. **Community-linkages and capacity-building** – reducing recidivism, enhancing women offenders’ personal safety and encouraging long-term positive change
7. **Multi-disciplinary team approach** – involving the client and relevant stakeholders from a range of different disciplines and backgrounds, and a referral/brokerage component to practice, as well as direct service delivery from within the team that includes, assessment, therapy or other treatment and mentoring as required
8. **Progress and outcome observation and evaluation** – through established feedback mechanisms and in order to ensure successful outcomes and
contribute to the wider literature concerning this type of practice and outcomes

9. **Program integrity** – through regular and ongoing staff training and cross-training, supervision and provision of the necessary resources for adherence to the principles and procedures of the WOCMM.

The actual process of the WOCMM is broken down into four overlapping phases, summarised as follows (see Orbis Partners Inc. 2006 for more detail):

1. **Client engagement and assessment** – this phase involves the use of formal assessment tools to better understand the factors that contributed to the woman’s involvement in the criminal justice system. Orbis Partners Inc. make the following recommendations about the characteristics and use of risk/need assessment tools:
   
   i. It is essential that the tool is **gender-responsive**.
   
   ii. The instrument should have been **validated for women offenders**.
   
   iii. It is preferred that the tool focuses on **dynamic**, rather than static risk factors because, as women tend not to come to the attention of mental health services or the courts until later in life than men, these will give a more accurate and holistic understanding of a woman’s life, the commencement of problems and coping strategies.
   
   iv. A **comprehensive picture of a client’s personal and contextual factors** should emerge from the results that take into account gender-specific issues, such as history of victimisation, mental and physical health, child care, coping skills, etc.
   
   v. Results should assist to **identify protective factors and strengths** and **inform and give direction to the case management process** by providing a summary of risk/need issues.
   
   vi. Re-assessment results should **aid in the monitoring of client progress and outcomes**.

2. **Enhancing client motivation** – this phase involves assisting clients to develop intrinsic motivation to make the necessary lifestyle changes to cease
offending and improve their general wellbeing. This is based on research that suggests client intrinsic motivation, that is, a belief that change is important and actually possible, is a necessary precursor to lasting and successful change (see Miller & Rollnick 2002). The following three strategies are proposed to assist the development of intrinsic motivation:

i. **Feedback** – from the worker to the client about their identified challenges and strengths

ii. **Prioritise** – the client identifies which challenge to address first

iii. **Personal goal** – the challenge is set as a goal, and using a decisional balance process, the pros and cons of this are identified in a collaborative way

3. **Implementing the client case plan** – this phase involves the worker both delivering and brokering services as required to realise the case plan. The following four key areas of need in a woman’s life are suggested to be considered:

   i. Vocational
   
   ii. Personal
   
   iii. Family / Social
   
   iv. Life (including basic survival needs)

The case plan should be a dynamic document that is regularly reviewed and provides a record of the key client challenges and strengths, short and long-term personal goals (in order of priority) and personal strategies and resources to facilitate change and progress. It should also be the central communication link between all team members (Orbis Partners Inc. 2006).

4. **Reviewing client progress** – this phase can be likened to a quality assurance process, whereby the case plan is continually monitored and updated to the accuracy and relevance of information and the ongoing viability of goals as they are achieved or made redundant. This process can involve:

   i. Developing new short-term goals as others are achieved in order to achieve long-term goals
ii. Exploring any obstacles to success if goals have not been achieved and developing solutions that in turn can slightly or completely alter goals

iii. Refocus case plans when long-term goals have been achieved to assist clients to maintain these changes

Finally, as noted, the conception of the WOCMM, it was intended that the model itself would be subject to a process and outcome evaluation in order to contribute to knowledge and research about what works with women offenders. In January 2007, supported by substantial grants from the NIC, the Connecticut Justice Department’s Court Support Services Division (CSSD) was chosen to pilot the WOCCM in a community corrections setting, while the Utah State Department of Corrections was selected to pilot the program in a prison context. As the focus of this review is community corrections, a brief overview of only the Connecticut CSSD WOCMM pilot program will be provided in this review.

In preparing for the implementation of the WOCMM pilot, CSSD made the following arrangements (Court Support Services Division 2008):

- Provided eight, full-time Gender Specific Probation Officers (GSPOs), dedicated solely to the WOCMM and located at the four selected demonstration sites for a period of 12 months;
- Stipulated that caseloads for the GSPOs would not exceed 35 clients to give staff the required time to address the clients’ distinctive and multiple needs;
- Stipulated a client selection criteria that excludes sex offenders and arsonists, but provides eligibility for women who are 18 years and older; sentenced recently to probation for a minimum period of 12 months; and according to the Level of Service Inventory-Revised (LSI-R) score 22 or above. After going through the regular CSSD’s intake process, eligible clients for the WOCMM would be referred and accepted on a first come/first serve basis, until the cap of 35 is reached on the caseload and the places of women who complete their probation orders or leave the WOCMM caseload for any other reason, will filled by new participants on an ongoing basis throughout the pilot;
• Provided training for the GSPOs in the delivery of gender-specific assessments for the purposes of case planning;
• Provided a dedicated WOCMM project field coordinator, responsible for quality assurance and for supporting and supervising the GSPOs through a team approach, as well as coaching and mentoring; and
• Developed local teams in each of the selected demonstration sites that involved the GSPO (as case manager) and two contracted staff from the CSSD network providers that included a resource advocate (to ensure client linkages to a network of services) and an intervention specialist (trained in provision of gender-specific interventions).

Information provided in a newsletter of the Connecticut Justice Department’s CSSD provides a summary of the proposed evaluation of the WOCMM pilot, which is expected to take place over three years (2007 – 2010) and involve at least 300 women offenders (Court Support Services Division 2008). For comparison purposes, the progress of women, who were excluded from the WOCMM due to the case load cap, but who would otherwise have been eligible, is to be monitored. The focus of the evaluation is on measuring recidivism outcomes and indicators of quality of life, but as yet, these findings are not available as the pilot appears to be still continuing (Court Support Services Division 2008).
GOOD PRACTICE RECOMMENDATIONS

Summary of good practice principles for case management with women offenders under community corrections supervision

Overarching principles

There are two key findings that emerge from the literature as being relevant in a general sense to the development of good case management practice with women offenders in community corrections. These are summarised as follows:

1. **Therapy or problem solving is more effective than punishment and discipline**

   Perhaps a useful starting point to summarise the good practice principles collected from this review of the literature is to acknowledge the overall recidivism-reducing benefits of all therapeutic approaches, compared with those that favour punishment and discipline. It therefore follows that case management approaches that support therapeutic and rehabilitative-oriented interventions should demonstrate better outcomes in terms of reduction in recidivism and re-incarceration rates.
2. **Well-designed community-based interventions are more effective than institutional-based interventions**

A second overarching finding from this review is that, in general, community-based interventions demonstrate greater reductions in recidivism than those based in institutions, but only if they have been well-designed. Poorly designed programs and interventions appear to have no such positive effects on recidivism rates, regardless of the context in which they appear. It thus follows that in order to be effective, case management approaches with women offenders in the community must be well-designed.

**Principles requiring gender-responsiveness**

In addition to these general findings, a number of findings that relate specifically to the development of good case management practice with women offenders in community corrections have also emerged from the literature. These are summarised below and organised according to the identified principles ‘what works’ to reduce recidivism, cited at the beginning of this review (McGuire 2000).

It is recommended that an effective case management model for women offenders in community corrections adheres to the following principles:

**Responsivity**

- The principle of responsivity to gender must take primacy and this should influence the way in which the remaining ‘what works’ principles are understood and applied
- Given the overrepresentation of Indigenous Australian women and those from culturally and linguistically diverse backgrounds, an effective case management approach, should also be responsive to cultural and other individual needs
Criminogenic needs

• A sound understanding of women offenders’ unique and complex needs is required to target interventions appropriately.

• Given the information available about women’s criminogenic needs, it is important that a case management model for women offenders facilitates treatment that addresses drug-related offending, drug and gambling addiction, mental health, coping with trauma and victimisation, improving socio-economic status and enhancing healthy relationships with family, children, significant others and the community.

Theoretical soundness

• An effective case management model for women offenders should be explicitly? underpinned by a clear explanation of relational, addiction and trauma theories, as these demonstrate a cause-and-effect rationale for women’s offending behaviour.

• The cause-and-effect rationale for crime and offending behaviour should be understood to varying degrees of complexity by correctional administrators, staff and clients alike.

Risk assessment

• Appropriate, gender-responsive risk and need assessments of women offenders should be carried out in order to accurately and consistently screen and match offenders with suitable levels of supervision and service provision.

• Gender-responsive risk assessment instruments should be used and include those that, provide a comprehensive picture if a client’s personal and contextual factors, focus on dynamic, rather than static risk factors, identify women’s protective factors and strengths, and have been validated for women offenders.

• Effective case management approaches should facilitate the provision of more intensive levels of supervision and service delivery to those assessed at
the greatest risk of re-offending and minimal levels of supervision and intervention to first-time/low-risk offenders.

Structure

- Case management in community corrections should provide the structure or framework within which rehabilitative interventions are delivered.
- In order for intended outcomes to be achieved from a case management approach, the definition, objectives, roles and procedures of such an approach should be clear to administrators, staff and participants.
- An effective case management model in community corrections should provide clients with, consistency and continuity of service, consolidation of learning, commitment from the worker to the client, to supervision and to the case plan, and should be cognisant of the dual role of community corrections workers to facilitate client compliance with the legal order and case plan.
- In all correctional case management models, but particularly in inter-agency case management partnerships, authority structures and roles should be clarified, goals and expectations of interventions should be clearly articulated, consequences for non-compliance should be made transparent and the number of case managers and case workers should be no more than is necessary to enable effective practice.
- Generalist models of case management would appear most suited to working with women offenders, as these are considered to provide clients with a more coherent supervision process due to their emphasis on case manager role clarification and worker-client engagement, continuity of contact and relationship.

Methods

- A case management model for women offenders in community corrections should facilitate the following practice methods that have been shown to be effective with women offenders:
• Worker role clarification, pro-social modelling and reinforcement, and collaborative problem-solving
• Vocational training with the prospect of actual employment
• Enhancing intrinsic motivation
• Employing a strengths-based approach and not challenging or confronting women
• Building community links and capacity
• Holistic, humanising and child-friendly approaches
• Focus on a wide range of issues which are of concern to the client
• Cognitive-behavioural approaches
• In addition, the case management model should support the development of a consistent and continuous worker-client relationship, but also promote limitless service delivery through the involvement of non-statutory services

Program Integrity
• As poorly implemented programs can have no effect on recidivism and may actually increase recidivism, environmental and other issues that could act as barriers must be considered and addressed, in order to successfully implement a case management model in community corrections for women offenders.
• Adherence to the six guiding principles for implementation of gender-responsive strategies (Bloom, Owen & Covington 2005) is recommended.
• Examination of current policies and changes is recommended to ensure the creation of parity, commitment of priority resources and funding to women’s programs, the development of applicable procedures for women offenders, responsiveness to women’s pathways, and inclusion of family and children, in order to support the effective implementation of a gender-responsive case management model.
• Providing ongoing gender-specific training for correctional and other criminal justice staff is essential to ensuring an effective, gender-responsive case management model for women offenders.
• Ensuring that robust mechanisms for evaluation of the processes and outcomes of a case management model with women offenders in community corrections is included in its design and implementation, in order to contribute to quality assurance and ongoing evaluation and development of good correctional practice with women offenders.

The need for further research

This review has also identified that for the development and ongoing improvement of good case management practice with women offenders in community corrections, there is a need for further evaluation studies and research. The unique and complex needs of women offenders appear well-documented, as are the arguments for why these require a gender-responsive approach, but there is a lack of research involving adult women offenders, gender-responsive approaches, and case management outcomes, particularly models of case management that involve inter-agency partnerships. It is clear that a controlled-outcome study or similarly robust process and outcome evaluation of the proposed 'Dedicated Women's Case Management' project would greatly benefit the ongoing developing of good correctional case management practice with women offenders under community correction supervision.
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