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ADDRESSING REOFFENDING THROUGH ADDRESSING OFFENDER MENTAL HEALTH

Exploring the viability of the Change Laboratory method as means of promoting social innovation in the delivery of integrated mental health care offenders in prison services.

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Summary

Recidivism rates are a typical measure of the success of the criminal justice system. Effective collaboration is required between criminal justice services and mental health services to effectively achieve offender rehabilitation and reduce reoffending. Previous work on collaborative practice in the Norwegian prison systems (Hean et al., 2016) has concluded that more effective models of collaboration are required between the mental health and criminal justice services. It made the case for implementation of the *Change Laboratory Method* (CL) of interagency working and workforce transformation as a means of supporting interagency collaborative practice in this context. The CL has been used successfully and extensively by researchers internationally to transform interagency working practices in a wide range of countries (e.g., Finland, Brazil; New Zealand) and contexts (e.g. child protection, secondary health care and business) with an extensive list of products and work transformations arising from them (e.g. new adaptations of care pathways, new forms of service delivery) (Kerosuo & Engeström, 2003, Warmington et al., 2005, Tolviainen, 2007, Virkkunen et al., 2014).

However, CLs as interventions are a new idea in Norwegian prison development, none as yet having been applied across organisational borders or specifically to the challenges facing collaboration between correctional and health and welfare services. It is essential therefore to explore first the feasibility of the such a possible intervention before implementation. The aim of this developmental project was therefore to conduct first the ethnographic phase of a CL intervention in a case study Norwegian prison, and identify issues that would benefit from future intervention, organizational development and learning. Second, the project explored the viability of the CL as a means of addressing these and improving collaboration between Correctional and Mental Health Services.

The purpose of the first CL phase is for the interventionist team to describe the current situation of collaboration in the prison. The focus was to reveal challenges (theoretically described as contradictions) by seeing them as systemic causes of problems in collective activity instead of indications of individuals' actions. Data from the first CL phase was gathered through interviews, observations and documentary data from an open department at the prison in Region West of the Norwegian Correctional Services. A cultural-historical activity theory approach guided the

methods of data collection and analysis. This meant that the collaborative tools and voices of frontline workers, such as officers and mental health workers were brought to the fore.

The analysis illustrated the complexity of the collaboration network in the prison, its variety of actors, and its challenges. This report presents the characteristics of current collaboration practices, examples of good practice as well as its challenges, and the complexity of the collaboration network between the mental health and prison services. These collaboration practices have developed with an aim to enhance the welfare of offenders and to reduce recidivism. However, the increasing needs of offender, of which loneliness and mental health were central, have come into play, which challenges the outputs of the services and collaboration between service providers.

We report here three potential contradictions for future exploration by the prison that arose from the analysis. The first pertained to the challenges facing the BRIK assessment tool. BRIK is a tool used in the prison through which information on offender's needs and resources are collected and evaluated by the officer and offender together. However, a lack of time to keep the content of BRIK regularly updated and ensuring the quality of its content ,is a challenge. In the report, we suggest that these challenges are connected to the fact that users of the tool (members of interagency meetings, offenders and officers) perceive the meaning and purpose of BRIK differently. For offenders, BRIK represents a tool to get more face-to-face time with the officer, which points to the inmate's need of having more social contact. However, for the officer BRIK is one of their work tasks, a task required of them by Correctional Services authorities. For members of interagency meetings with health and other services, however, BRIK is a tool for understanding an offender's motivation behind any specific request they might make of the meeting. This contradiction between different needs and meanings of purpose of BRIK challenges the effective use of the instrument.

The second contradiction lay in observations that the prison officer`s purpose of work has changed over time but the development of tools to support their work has not kept up with these changing objectives. The third contradiction pertained to the suboptimal work organization, development, and flow of psychological knowledge in the prison.

The purpose of this ethnographic phase of the CL presented in this report is not to fully elaborate these above contradictions collected by researchers as it essential to the model that these are articulated and understood by the prison, mental health and other prison based actors themselves when participating in future interventions. The contradictions raised by the ethnographic phase must be further revealed within this group of actors working together. Based on the potential contradictions raised in the ethnographic phase of the CL we now recommend a second phase of the CL in which our observations and findings of the collaborative network would be presented as mirror data to representatives of this network. This next phase would seek to open up new perspectives and motivate people in the prison to examine and develop their current practices further and collectively. During the process of CL, the organization would learn to solve their own contradictions and develop their activity. However, to ensure the implementation of this second phase ,careful negotiation, sensitivity and commitment of the researchers, prison management and frontline professionals involved, is required.

Background: reducing recidivism

Recidivism rates are a typical measure of the success of the criminal justice system. Reducing these rates depends largely on the success with which offenders are rehabilitated during their prison sentences and whether offenders receive sufficient support during their transition from prison back into the community. Recidivism rates are a difficult measure, but according to Fazel and Danesh (2002) 20% of offenders will reoffend within 2 years. This rises to over 70% among certain groups (Cramer, 2014) (75% among males aged 25-44 years sentenced for theft) (Graunbøl et al., 2010). Recidivism has both human and economic costs for the offender as well as the Norwegian society as a whole (Nyström, Jess, and Soydan, 2002; Jess, 2005).

Reducing recidivism rates is a key priority within the *Nasjonal strategi for samordnet tilbakeføring etter gjennomført straff 2017-2021* (Justis og beredskapsdepartementet 2017). Risk factors associated with reoffending include a history of antisocial behaviours, personality patterns and attitudes, antisocial networks, isolation form family and friendship groups, poor educational attainment, substance misuse and poor living conditions. This is of concern as around 92% of Norwegian prisoners are identified with some form of mental suffering (Cramer, 2014). Education, physical and mental health services are required to help manage these risk factors/needs of the inmates and improve the chances of successful rehabilitation.

The 'Import model' of service delivery to inmates is a key strategy and a requirement by law to deliver health and mental health services to inmates (see Act 2001, paragraph 4). Implementation of this model requires cooperation between the Correctional Service and other public services such as generalist and specialist health care services. The aim of this cooperation is to offer services to inmates equitable to that received by the general population. Successful collaboration means the elimination of gaps and/or unnecessary duplications of service efforts during the transition of the offender between departments within the prison and then back into the community. When integration of services and collaboration between professionals works well, mental health and reoffending outcomes improve (Kodner and Spreenuwenberg, 2002), impacting reoffending rates and the financial and emotional costs incurred by the offender, the victims, their families and the tax payer in supporting prison and health services (Bjerkan et al., 2011). Efforts to promote collaboration between correctional services and other public services, specifically in health and welfare services is highly topical, as reflected in both Norwegian and international

policy e.g. Norway's Coordination Reform. WHO's Global Strategy on People-Centred and Integrated Health Services (Helse og Omsorg Departement, 2013; WHO, 2015; Department of Health, 2010)

The collaboration between mental health professionals and criminal justice professionals is particularly important and needed to better assess, diagnose and treat offenders with mental issues. When addressing offenders´ mental health, there is a need for flexible and effective partnership between health services provided by the Regional Health Authority and municipality on the one hand and the correctional services on the other. Previous studies (Hean, Willumsen, and Ødegård, 2018, 2017a; Hean, Ødegård, and Willumsen, 2017b) have shown there to be significant challenges to collaboration between Norwegian correctional services and mental health services. These are linked to different conceptualizations of confidentiality, knowledge sharing, and commitment to collaboration between agencies.

Limited of provision of psychiatric services uniformly within prisons nationally means that contact between prison officers and mental health specialists is often limited. There are different views of threshold levels for transfer of prisoners from prison into specialist mental health facilities. The distribution of responsibility for offender care across systems is often unclear and there are concerns about other professionals failing to take responsibility for the offender as expected. The resource limitations, logistical issues related to travel distances between services and differing working patterns and poor attitudes towards the offender population all influence the collaboration between services (Langeveld and Melhus, 2004; Hean et al. 2017a, 2017b). Suggestions have been made to facilitate responsibility group ('ansvarsgruppe') and other interagency meetings to take into account the logistics and limited resources of both mental health and prison services is required. Improved use of tools that focus on needs assessment, such as the health care oriented Individual plan, new BRIK which outlines the needs and resources of offender as means for re-integration, and Coordination Units ('koordinerende enheter') which coordinate rehabilitation, are also required to improve the flow of information between healthcare professionals and staff in the prison to assist them in overcoming collaboration challenges and provide better conditions for inmates with mental health disorders. Tackling these challenges will contribute to the reduction of recidivism rates in the longer term.

Aim of the project

The aim of this developmental project was to identify first, from the perspective of a case study in a Norwegian prison, the key challenges or contradictions facing the site that would benefit from future intervention, organizational development and learning. Second, the project explored the viability of a research-interventionist method called the *Change Laboratory* as a means of improving collaboration between Correctional and Mental Health Services.

The Change Laboratory (Engeström et al., 1996; Kerosuo et al., 2010; Virkkunen and Newnham, 2013) is a potential tool to improving collaboration between prison and mental health service providers and promoting innovation within the prison system. The Change Laboratory focuses above all on concrete practices within the prison. This is because a focus on policy, regulation and strategic designs, although necessary, is often insufficient for good and fluent implementation of tangible transformations within the local context. This intervention method offers a research-facilitated tool whereby front line professionals, service leaders and offenders in the prison system can identify their challenges, analyse these challenges, and create their own models of collaborative activity.

The Change Laboratory method

Change Laboratory (CL) is an intervention method promoting collaboration and innovation creation in organizations and at work (Engeström et al., 1996; Kerosuo et al., 2010; Virkkunen and Newnham, 2013). It draws theoretically from cultural-historical activity theory (CHAT) (Vygotsky 1978, Leont'ev 1978, Engeström 1987) and is designed for promoting interagency working, innovation creation, work practice transformation and organizational learning. This method is typically used by a team or a group of members of different work units with the help of a researcher-interventionist. CL has been applied in a variety of workplaces and communities, such as paper mills, factories, entrepreneurial contexts, elderly care and hospitals to schools and newsrooms with participants representing different professional backgrounds and perspectives (usually employees, their management and clients) (Virkkunen and Newnham, 2013).

CHAT proposes that, to understand interprofessional and interorganizational collaboration, the facilitating researcher-interventionist needs to develop an understanding of the character of work activity of the context in which the CL is applied and thus the CL method incorporates ethnographic field research as its starting point. In this project, this understanding was gained by carrying out "developmental ethnography" including participant observations and interviews in multiple sites (see Engeström, 2000; also Marcus, 1995; 1998) within the research site. This ethnography was aimed at critical aspects of work, interagency working and collaboration between the prison and mental health service providers (Virkkunen and Newham, 2013, see also Engeström 2008.)

Within the research site, the service provision of care takes place in multiple locations and is fragmented by multiple providers representing different, historically established professional fields. Single service providers have a very specific division of labour, tools, rules and values among them. During their daily work they focus on the aspects of objects included in their own tasks and are not usually concerned about the uncoordinated character of care and the fragmentation of the overall object.

From the health professionals' view, for example, the object/goal of their work activity is connected to the offender's physical and mental suffering and to diagnosis and treatment. The prison officer's object/goal is also connected to the offender but is focused on control and the implementation of the offender's sentence. For the offender, the object/goal of activity is embedded in their own life goals and experiences. Currently, the actors involved use specific models and tools, (e.g. risk assessment tools or interagency meetings), to construct the meaning of their work activity and to ensure that their daily practices run as smoothly as possible.

The lack of shared tools and the overall management of the service system may lead to breaks and disturbances in the offender's service provision (see also Engeström, 2001; Kajamaa, 2010). What motivates these historically distinct parties to carry out interagency work and to collaborate to improve the quality of service provision then becomes a core question. In the multi-organizational field of prison services and health care, the CL method can be utilized to define the distinct objects/goals and contradictions within and between the different stakeholders.

The theoretical tool provided by activity theory and the CL method, applied in this project, is the conceptual model of the *activity system* (see Figure 1.), which allows sense making of systemic

factors behind seemingly individual and accidental disturbances, deviations, and innovations occurring in daily practice within the workplace (Engeström 2008, p. 27, see also Engeström, 1987).
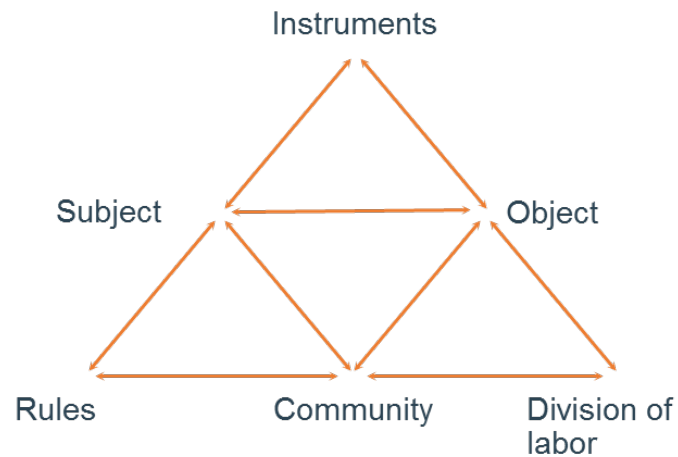

Figure 1. A Model of Activity system (Engeström 1987 p. 78)

During the CL, contradictions are depicted within and between the activity systems, with the help of the researcher and the ethnographic data she/he has collected prior to the intervention. The contradictions are seen as connected to the historical development and transformation of work and production and to the larger societal contradictions. In the context of the research site, they manifest locally as disturbances, gaps or innovations in the daily work activity. The contradictions can be identified with the help of the activity system model within and between its elements during the CL process and the development of the collective work activity (Engeström, 1987; Engeström & Sannino, 2011). Further, such "inner contradictions emerge when one component changes or develops beyond the operational logic of the other components, originally due to interaction with and influence from other systems" (Engeström 2008, p. 27). Moreover, the contradictions are driving forces for innovation, knowledge creation and learning. In this project, the manifestations of contradictions, in other words, the tensions and disturbances were identified as deviations from the normal script in the work processes of the prison services and mental health services. The script is a defined plan with explicit rules and instructions or tacitly assumed traditions. The disturbances emerge between people and their instruments/tools or between two or more people. Disturbances appear in the form of obstacles, difficulties, failures, disagreement or conflict (Engeström 2008, p. 24).The CL process brings together about 10 to 15

key stakeholders from the studied prison services and mental health services into a series of working group meetings. In these meetings the participants identify the disturbances existing in and between their current activities, and jointly design and experiment with new collaborative forms of activity.

In the working group meetings, facilitated by the researcher, a 3 X 3 matrix is used to collect the viewpoints of the participants to collectively analyse their working practices (Figure 2.). In the vertical plane, participants explore their working practice in regard to its past, present and future aspects. In the horizontal surface, they do this at different but intertwined levels. First, they define the problems, disturbances or innovations in their work by analysing "the mirror" provided by the researcher. This contains the viewing and the analysis of audio-recorded and / or videotaped work episodes as well as interviews and the feedback gained from the service users (see the left side of the Figure 1). As the CL process proceeds, participants then begin to utilize theoretical models (model and vision surface in the Figure 1) of the activity system (described earlier in this section) and the cycle of expansive learning, based on activity theory. During the process, which typically includes six to ten CL sessions (2-3 hours each), the participants jointly develop new ideas, models and conceptualizations of their work activity, to make sense and to overcome the contradictions hampering their daily work activity and the high quality service provision.
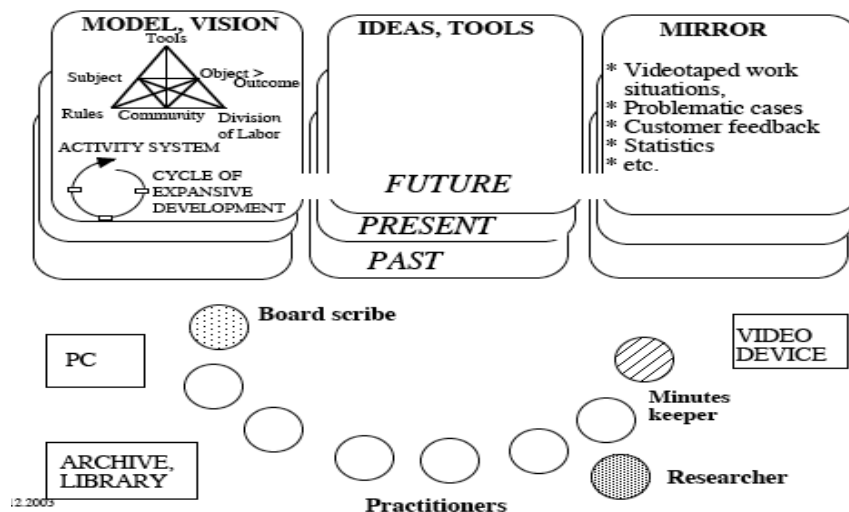

Figure 2: Prototypical layout of the Change Laboratory (Engeström et al. 1996, p. 11)

The CL generates learning outcomes and activity changes, which cannot be fully anticipated by the interventionist and the participants (Engeström, Rantavuori and Kerosuo, 2013; Kajamaa, 2011). These outcomes may include the construction of a new concept and model for the activity in

question, the creation and implementation of concrete new practices and instruments for the activity, and the formation of new type of agency among the participants. Such outcomes typically require a lengthy time period to emerge, to stabilize and to diffuse (Kajamaa & Shultz, 2018). In the context of this project, the anticipated outcome may be defined as the development of a better understanding of the importance of the service collaboration in terms of high quality service provision, including issues such as modifications in the patterns of communication and information exchange between key stakeholders within the prison, and new local practices of working with the offender.

Taken together, the CL offers an especially useful method for enhancing the collaboration between prison and related service providers as it provides theoretical tools for examining organizations as complex, heterogeneous systems consisting of multiple actors, elements and levels of hierarchy and thus has the potential for the generation of innovative solutions that fit each situation uniquely (Bodrožić, 2008).

Study Objectives

Although the CL has been shown to be highly successful in other contexts, the complexity and unpredictability of challenges facing interagency working within the criminal justice services, means a full feasibility study using the CL in this context is premature. Concept development and validation of the model in this new context is first required. With the aim of concept development and validation, the objectives of this developmental project were to:

- Collect ethnographic data on collaborative practices as a case study in a Norwegian prison
- Highlight potential or hypothetical contradictions facing the case study site that would benefit from future intervention, organizational development or learning.
- Explored the viability of a second phase of the CL research-interventionist method in which these contradictions would be elaborated (using the ethnographic data as mirror material) to trigger innovation and organisational change.

The research site

The study was carried out in an open department at a prison, called Prison X. In this prison department, the offenders' possibilities to actively contribute to their own life is enhanced. The department has implemented practice tools such as BRIK (an assessment tool for evaluating the needs and resources of convicted persons) and responsibility groups. In addition to these, they have developed an interagency meeting group in which professionals of services together coordinate the rehabilitation and treatment of the offender through the sentence plan.

Ethics and Access

The department was selected through a negotiation process, including the leader of regional level and the prison management. Permission for the study was granted through NSD reference number 51047. The management of the prison health service at 'Helsedirektoratet' [Eng. transl. Directorate of Health] was informed of the study. Before collecting the data, all participants received an information letter and subsequently provided written consent to participate in the study (see appendix 1). The researcher stressed that participation was voluntary and that consent could be withdrawn at any stage in the research process.

Methods of the research and data

Our data collection followed the theoretical underpinnings of cultural-historical activity theory and the methodology developed for CL (Virkkunen & Newnham 2013, 16–17), which starts with an ethnographic phase of data collection by the researcher, charting the situation and subsequently highlighting areas of potential future development (see appendix 2). A case study approach allows for the use of different data and methods when the object of inquiry is a phenomenon or process (Laine et al. 2007). This means that a case study can be undertaken in an investigation into a phenomenon in its context (Rowley 2002). In a case study methodology, triangulation, i.e. the combination on different levels of techniques, methods, strategies, or theories is important (Johansson 2003).

In order to get as broad a picture as possible of the research site (prison, its units and collaboration partners in the service system), we collected different kinds of data, used activity system as unit of analysis[1] and utilized different kinds of methods in analysing the data, and had multiple researchers familiarize themselves with the data sets.

Data collection and analytical choices are described shortly below:

1. *Ethnographic observations* in the prison's open unit formed the first data set, which was needed to create mirror material for CL. These observations were done in prison by following the work of different worker groups. The data consisted of observations of daily work activities documented by the researcher in the prison officer office, morning meetings, hand over meetings ('øverlappningsmøtene'), and collaboration meetings (see also Table 1). This data set is based on field notes and analysed according to CL principles, which are based at the notion of disturbances in work activities (Virkkunen & Newhamn 2013, 19–22). Normally in a CL, videotaped data is used to trigger discussions but due to confidentiality and security issues, we did not videotape any work activities.

2. *Interviews[2]* (see Table 1.) provided material for mirror data but also descriptions of historical developments concerning the work practices within prison (e.g. rehabilitation programs). The interviews were semi-structured and analysed with qualitative content analysis and categorized to themes with the help of elements of the activity system[3] (Engeström 197, 78). However, as it became clear that a variety of constraints would not allow the CL to be carried out, we analysed the remaining data by using the elements of an activity system (see Figure 1). The interview questions are presented in appendix 3.

3. *Documentary material* included 58 photos of the prison facilities and policy-related documents describing the socio-historical changes in correctional services and prisons, such as legislation, national strategies for correctional services and descriptions of evaluation methods and tools used in the correctional services.

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[1] Please, see p. 7

[2] Interviews were done both in Norwegian and in English. These interviews were not transcribed because the initial aim was to use only small part of them in the Change Laboratory sessions as mirror material. In addition, as there were many researchers collecting data, some notes were in Finnish.

[3] Please see the Appendix 4 as an example of using elements of activity system

Table 1: Data of research

	Preliminary data	Time period	Number and occasion of observations, number of interviews	Secondary data
Preparation for the CL: Charting the situation and tentative analysis of present troubles of collaboration	Ethnographic observations	December 2017 – February 2018	Daily work in prison officer office: - 8.2.2018 (7 hours) - 21.2.2018 (7 hours) Morning meetings: - 8.2.2018 (50 min.) - 21.2.2018 (44 min.) Working shift meetings: - 7.2.2018 (32 min.) - 8.2.2018 (33 min.) Interagency meetings: - 14.12.2017 (60 min.) - 25.1.2018 (83 min.) - 22.2.2018 (71 min.)	- Field notes - Photographs[4]: 58 - Documentary material
	Interviews	Spring 2018	Correctional services[5]: 15 Health services[6]: 5 Inmates: 3	
Preparation for the CL: Committing to development and testing the preliminary findings	Focus group discussion on September 2018: COLAB seminar in Lillestrøm, Norway 4.9.2018, 60 minutes - Representatives of Correctional Services were: 2 from Prison X, and 2 from other prison in Norway. - Representative of Mental Health services: 1 from other prison of Norway - Researchers and COLAB members from Danish university.			

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[4] The permission for photographing was given by the manager of the prison department. Photographs were not taken of inmates or their personal details to protect their anonymity.

[5] Interviewees represented the professions of: management of Correctional Services on regional level, management of the Prison X, officers, social work, coordination work, program leaders and religious work

[6] Interviewees represented the professions of: substance abuse work, specialized mental health workers of prison, frontline health care workers

In the following chapters, we illustrate the findings of resulting from the analysis of data presented in Table 1. These represents potential *mirror data* for future CLs. These outcomes are based on our ethnographical data. In the first chapter (*Complexity of collaboration in prison*), we present the complexity of collaboration network by utilizing the theoretical tool of CHAT. In the second chapter (*Tracing challenges of collaboration – example BRIK*), we have traced the challenges of using a collaborative tool, such as BRIK. We present this utilizing the theoretical tool of activity system. In a third *chapter,* we illustrate the mental health perspective for challenges for collaboration (*Mental Health worker's perspective of the challenges of collaboration)*.

Complexity of collaboration in prison

Typically CL starts with a charting of the current situation of collaboration and organization in question. Therefore, we first mapped the network of actors, organizational structures, collaborative tools, and models of the research site. First, we focused on how the actors themselves described their work, the tools for collaboration that they use, and named their most important collaboration partners. Figure 3. illustrates this complex network combining Health Care Services, Correctional Services, and the offenders (Larger spheres in Figure 3). The rounded rectangular boxes are face-to-face encounters in which two or more actors are involved. The smaller circles present digital tools, which are used to collect and provide information for the actors.
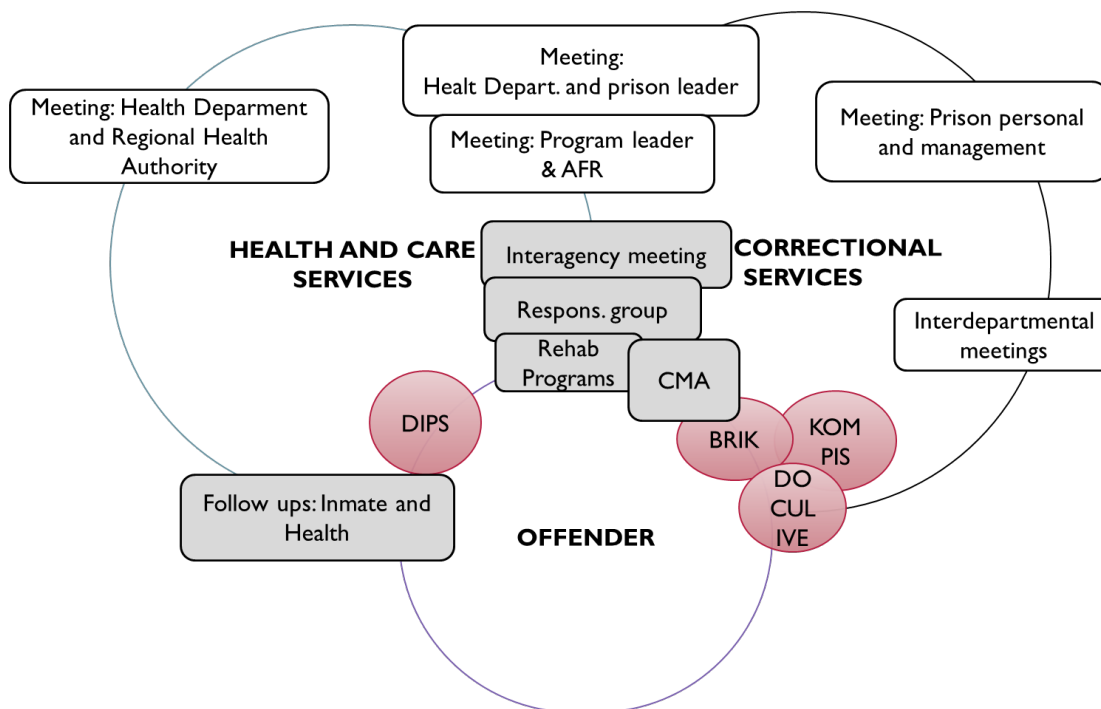
Figure 3. Generalized figure of collaborative tools in prison (Esko & Lahtinen, 2018)[7]

The focus of the project was to study the offender's possible participation in collaboration. Therefore, we focused on those tools, which were identified by interviewees as tools of collaboration that included the offender. These tools include interagency meetings, rehabilitation programs, responsibility group meetings, the assessment tool BRIK, and Cognitive Milieu Approach meeting (hereafter CMA).

We then took a closer look at these tools and their use. More specifically, we wanted to know *who is collaborating with whom*. The outcome is that collaboration is a complex network where multiple actors are intertwined. In the network, all actors have their own purpose or motive of their activity, and they use the tools accordingly. The actors of collaboration come from diverse backgrounds organizations and they are oriented to their own object of activity. Each organization has its own history, which effects to the way of working, rules and the ethos of work in practice. This collaboration network is illustrated in the Figure 4.

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[7] Acronyms are: BRIK ('*Behovs- og ressurskartlegging i kriminalomsorgen*') is a digital tool for mapping the needs and resources of offenders; KOMPIS ('is a central data system with electronic archives for Correctional Services; DOCULIVE ('*elektronisk saksarkiv*') is an archive module and registration system; DIPS is a health platform for Health and Care Services. AFR ('*Avdeling for rusmedisin*') is health department for substance abuse medication.
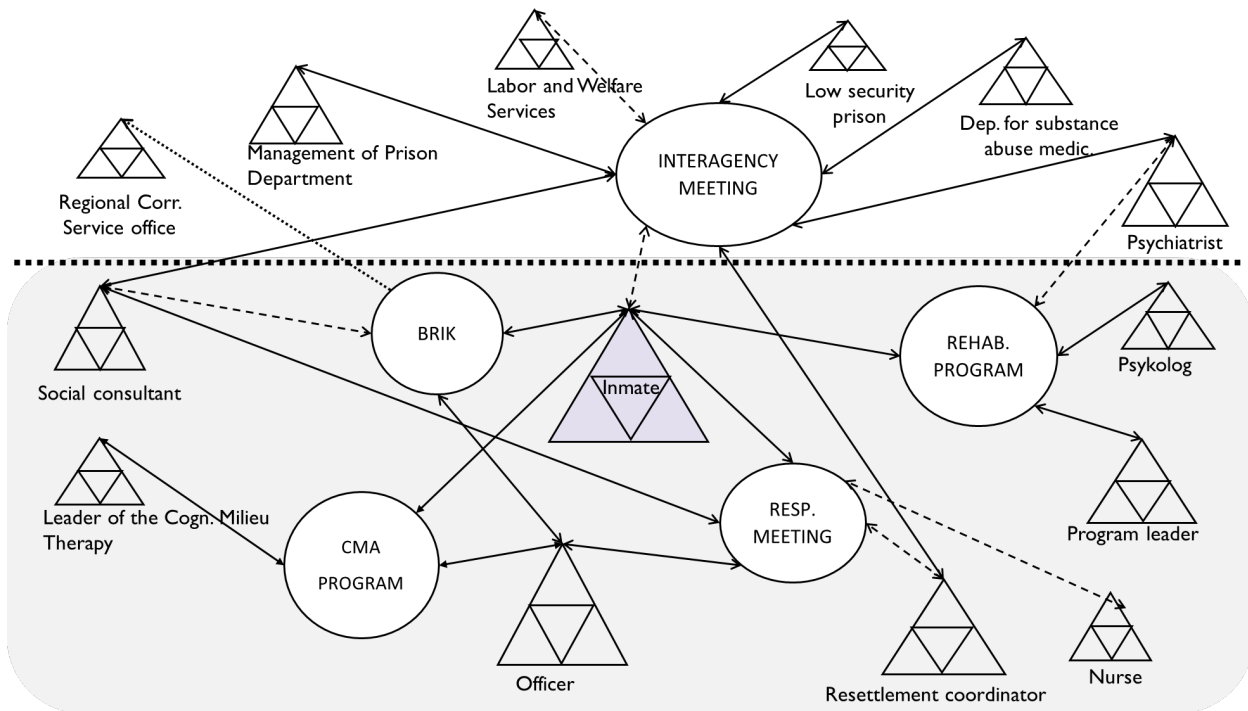
Figure 4. Collaboration network around the offender (Lahtinen & Esko, 2018).

In figure 4, the grey area under the scattered line on the bottom illustrates the frontline level in which actors are working. The upper, white level is management level of organization but it includes other stakeholders such as Labour and Welfare Services. The lines illustrate how the actors are connected to each other through collaborative tools (white spheres). A solid line means the connection between the actor and the tool is a firm one. In other words he/she is actively involved in using of tool. The dotted lines illustrate the actor's temporary participation in the meeting or that participation depended on the offender's consent and current need. The dotted line between BRIK and the regional Correctional Services office represents the regional office checks on prison compliance related to the use of BRIK.

Figure 4 shows how collaboration in this prison department is a combination of social, health and correctional aspects together, and is a multi-voiced activity. The structure of collaboration within and between service organizations is constructed through several collaborative tools (BRIK, Interagency meetings, two specialized rehabilitation programs i.e. sexual criminal behaviour program and violence program, and responsibility groups). The aim of these collaborative models and tools is to promote offenders health and socialization in order to upon release of offender.

The programmes (rehabilitation and CMA) in the Prison X department are positive examples of collaboration between correctional and mental health services. These are led by officers trained

especially for this purpose and psychologists who support, design or implement programme sessions together. Senior officers also attend peer support meetings in which they get personal and collective support with their complex work in these programmes. In these meetings, they can reflect on difficult cases and their own actions.

Each collaborative tool facilitates the completion of a particular task aimed at promoting the offenders welfare and health. Every tool has its own purpose in the whole activity: the rehabilitation programme´s purpose is to rehabilitate the offenders who have acknowledged a problem related to their past behaviour and who want to change and learn new ways of life control; interagency meetings are oriented to reducing substance misuse of the offender. To manage diverse tasks and to combine expertise, the prison has constructed a network of collaboration tools intertwining different motives of activity and expertise. Using this variety of collaborative tools, the actor´s ability to produce and exchange knowledge is expected to be enhanced. However, our analysis indicated that different objects or goals of different collaboration activities are instead fragmented by the multiple collaborative tools currently being implemented.

Tracing challenges to collaboration

One of the growing challenges is that offender's problems such as mental health issues and loneliness are complex and manifold. This is acknowledged in the officers' work, but they face obstacles such as lack of time and lack of proper tools for managing the mental health issues with offenders. In Mental Health Services the need for closer collaboration is acknowledged but the balance between supporting officers' work and managing their own work load is challenging. This report builds a perspective of the central challenge of the activity in prison by concentrating on the voices of practitioners in the field.

Data collected pointed to several occasions, where disturbances in the system lie and require redress. Our interviewees mentioned several possible challenges for collaboration with regards of how information and knowledge are disseminated, shared, and documented. Some of these challenges are more general, such as how to secure the information flow within a prison where the work is done in shifts, and some derive from the law of confidentiality. Here, we describe

three key disturbances: The first is the challenges that arise from the use of digital assessment tools and specifically the assessment tool BRIK.

1. Different perceived purposes for BRIK by different actors

We concentrated on the contradictions within the use of this tool[8], contradictions being the driving force for knowledge creation, learning and innovation. The first phase of analysis focused on identification of disturbances the BRIK tool introduces into the standard script of interagency meeting. The disturbances or deviations emerge in the form of obstacles, difficulty, failure, disagreement or conflict (Engeström, 2008, p. 24). In the following section we demonstrate how the contradiction of using one of the tools, BRIK, is traced.

In the observed interagency meeting, the actors followed a scripted plan (an agenda of the meeting), in which offenders´ requests for medication was presented. In every meeting, the participants have a predefined plan, which included 2-3 offenders' cases. The actors in the interagency meeting were managers of the prison, a prison psychiatrist, psychologist, social consultant, leader of substance abuse medication (AFR), representatives of prison substance unit, abuse and the resettlement coordinator. They all have a well-defined role in the meeting such as presenting the request (social consultant) or complying with prison law (manager of the prison). The interaction is very structured and conducted by the AFR and prison psychiatrist. However, in the middle of the meeting, the AFR raised the need for getting overall picture of offender's motivation:

> *Note from the research diary:*
>
> *In the middle of the meeting, the discussion got a bit heated when one of the member of the meeting [substance abuse worker, AFR] highlighted **the responsibility of the officers to talk with the inmates about inmates' motives and needs**. According to the AFR, this makes a difference so that they **can get a good overall picture of the inmate, and of what kind of treatment or medication is needed. Getting the overall picture is important also for understanding what motives lie behind the inmate's requests**.*

The AFR highlighted a need for a holistic view of offender's need and motivation. For the AFR the knowledge of the offender's motivation is a tool to manage the substance abuse medication and

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[8] see p. 7 for theoretical clarification of contradiction

the offender's subsequent rehabilitation. However, the knowledge production is dependent on officers and offenders' interaction, as the offender themselves are not involved in the interagency meeting.

This topic continued into the next meeting. This time, the actors in the interagency meeting specified clearly where they wanted to get this knowledge from. They named the knowledge included in BRIK indicating it would be important to understand the offender's motivation behind the request. However, this time the discussion raised the challenges of using BRIK. These challenges can be summarized as follows (the actor is marked inside parenthesis):

- o Knowledge documented in BRIK would be useful and important for the interagency meeting (AFR). It [knowledge] could be shared, if they will get the consent from the inmate (social worker B).
- o Using BRIK is problematic and updating it is a challenge (social worker B), but there is a need to update BRIK all the time (AFR)
- o If BRIK is not valued as a tool by officers, its use becomes a challenge (social worker A), but the significance of BRIK is bigger at the end of sentence when the offender transfers to the open department (manager B of the prison).
- o BRIK shouldn't be updated in a "simple way" (coordinator A) and the quality of information contained in BRIK should be good (manager A of the prison).
- o The offender has to be involved in completing the BRIK form (social consultant A)

The participants brought up the challenges in the meeting that included the quality and time frame for updating BRIK. From their point of view, the knowledge of the offender's motivation is codified into the BRIK when the officer and offender talk and fill out the form together. However, this codified knowledge, such as used in BRIK, may be a challenge when the material from the oral interaction is transformed into the written form such as reports and notes (e.g. BRIK). The questions and notes are developed to evaluate the offender's needs and codifies the motivation. At the same time, it categorizes the individual's rich lifeworld. It captures the person's own voice reflecting on his/her own lifeworld but simultaneously may be reinterpreted under the lexicon of the professional working with them (see Berkenkotter and Ravotas., 1997.)

The discussion of the BRIK tool shows that the object of the interagency meeting is changing, and that participant's need a new updated knowledge of the offender's motivation. The disturbances observed in the two interagency meeting, led us to ask: *what are the challenges of using BRIK?*

The challenges of using BRIK depend on what the purpose/motive of using BRIK is in the officer and offender interaction. In general, the information needed in an interagency meeting differs from the knowledge generated currently in the assessment conducted by the contact officer when they create or update the BRIK form in a face-to-face meeting with the offender. This BRIK meeting can take up to two or three hours, and in practice, the contact officer may use this information to gain understanding about how the inmate thinks. However, the different needs of using BRIK create contradiction between the needs of Correctional Services (manifest in the interagency meeting) and the needs of Offender (manifest in the offender/contact officer interaction). One of the contact officers in the open unit described it as follows:

> *Quote:*
> *"**We are supposed to do BRIK with everybody but of course we cannot force them**. But most of the inmates want to do BRIK. **Because inmates want us to have more time with us and BRIK is a good way to have a good contact to inmates.** We are only two persons in the room, me and the inmate. BRIK is also very personal. They get a lot of attention. That's my experience. (…) Sometimes we who work here feel that **the most important thing is to have these marks on the paper than to see what BRIK was all about and what the answer to all the questions was. It's just to have the marks.** That is something that we react to…"*
> (Prison officer)

When this quote is compared to the need for information in an interagency meeting, three points stand out. First, understanding the motivation of an inmate in relation to a specific request for medication requires interpretation of the information they provide. This is dependent on the person (professional) making that interpretation and the situation where that information is used. In the interagency meeting, this information is used to plan and make decisions with respect to the future of the inmate. Second, BRIK is a way for an inmate to get attention from the contact officer. There might be other unmet needs in the everyday life of the inmate that should be addressed in the present and addressing their future needs may be less central for the offender. It is not clear at this point whether these needs are met and how information, or tacit knowledge of

this type, is transferred to other parts of the prison system. Third, there is not a common understanding between professionals on the actual use of BRIK and its possibilities. This is highlighted in the examples of what BRIK should be and what it is not:

Quote:

*"It [BRIK] is an evaluation or **mapping of what you have, how you think**, like do you have money, if you have problems with intoxication, have no family […] **kind of personal information about you** […] With your contact officer you sit together and **contact officer asks you questions and you answer and the answers are also stored on some kind of website**"* (Offender C)

Quote:

*"**BRIK is supposed to be a "living document" in the future but it's not getting very far now.**"* (Prison officer and Program leader)

Officers may see BRIK as a good tool to build collaboration and trust with the offender, but they may also feel that it just has to be done, no matter what is inside it. It may be seen as a requirement of the prison authorities and officers have simply included BRIK as one more of their working tasks: a bureaucratic requirement from the prison to do BRIK, divorced from the need to interact and collect useful information from the offender themselves. Even though, BRIK is utilized as a tool for social interaction, the offenders and prison officers acknowledge the need for more social interaction for the offender. Greater social contact with officers may be difficult however, as their work day is already full of working tasks e.g. checking the cells, escorting offender to work and back or writing the reports and lists[9]. One of the officers recognized eating together with offenders as an important place for collaborative interaction in which they have an opportunity to get to know more of offender's lifeworld. This refers to the need for more informal modes of contact between offenders and officers. In one of the interviews, the officer points the possibility for more social contact during the weekends when they have less administrative duties: then, they are able to be with offenders, monitor the climate in the prison, see if something is going wrong or if somebody has problems.

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[9] Please see Appendix 4.

This may be seen as a manifestation of a contradiction between needs of the offender and needs of Correctional Services.

2. The prison officers' purpose of work is transforming but the development of work forms/practices has not kept up with these changes

In comparison to the past practice, the prison officers' work orientation is transforming. Currently they are describing their daily work as goal-oriented duties, which include coordination, controlling, reporting and giving described medication to inmates. To manage these tasks the officers use a range of tools including digital systems (such as KOMPIS), keys, walkie-talkies and phones. These actions refer to their object of activity, which is controlling the sentence progress and managing security in prison. One of the officers described that the work is also to prepare the offenders to their life outside of the prison

> Quote:
>
> Researcher: *What are you working with?*
>
> Officer C: *…carry out the sentence… milieu work* ['miljøarbeid']… *to prepare the inmates to get ready when they are finished with conviction*.

However, the object of their work is more oriented toward rehabilitation of the offender, anticipation of their needs and coordination of the services required to address these needs. The officers acknowledged also that they have responsibility for the offender's health and directing them to health care services. In order to accomplish this objective, they use phones for requesting the time from health care department. They use also consent forms for tests as a tool when they have to take urine test for controlling. One of the tools, which was mentioned was *"myself"*. This refers to the tacit and embodied knowledge, which officers use in their work with offenders. As officers' direct work with offenders was not observed in this study this aspect remains for the future research to find out.

Another change occurring in officers' work is a shift or balancing between control and rehabilitation. When officers work with offenders with multiple needs, they face practical

difficulties to help mentally suffering offenders. Currently, the officers' work is to not only control or manage the sentence plan but also to encounter offenders with individual needs. Officers work in the prison department in which offenders may have mental sufferings but they are lacking the knowledge of the offender's mental illness or if the treatment in hospital has been successful or not.

> Quote:
>
> *I think the health department is too small. It is little busy for the health care workers at work. Often in the weekend if there are a few incidents it takes all the capacity on that weekend. And then we don't get in a way to serve the others, so rather...have had the need. About psychiatry and that...It is a bit of a worry because that...* ***Those who work in prison psychiatry they see that the individual inmate has a need for help and in some cases they are directed to hospital or emergency psychiatric ward but in that way we don't see those who are sick enough, or possibly they cannot treat them and they will send them back to prison.*** *It doesn't mean that they have gotten better because they are not but... That's the way it is...* ***we cannot give them mental help, we are officers. We can take them for a walk, we can play games with them, or bake a cake but our time is too little. Such time which we have wished to use for many of the inmates. We don't have time for that. And I think if we could spend more time on the individual so… such need to someone. Thus less pressure on health departments.*** (Officer A)

This quote highlights the traditional way to divide the competences in the prison; the officer's work is to control the proceeding of sentence plan, and health department helps offenders with their health issues. To deal with these issues, the officers have tools, such as taking offenders for a walk or baking cakes, but these tools require *time,* which they are *lacking.* The tools have been a proper solution in the previous type of work, but they a not adaptable or suitable to the current work or to the future challenges of prison work. Lack of time refers also to the result of the changing work process in which the work and duties have been re-organized.

The officers acknowledge a responsibility of offender's health and a need to help mental suffering offenders in order to reduce the pressure on health services. However, the tools (such as means of gaining access to knowledge about a psychological condition or its management) have not changed during this period. This creates tensions between the previous historically developed

work type of correctional services (constraint and control) and a new model of rehabilitation work. If officers are to remain in this new role, they will require new type of skills and qualifications for their work. This also means enough support for learning and professional development for the officers.

3. The work organization, development and flow of psychological in the prison

Mental health care workers stated that the work organization inside prison might cause needs or gaps within the health care personnel, which also affects the prison staff:

> "***We have been talking a lot about it as well that the difficult balance for us is that we want to have a good cooperation and close relation with the prison and prison staff but at the same time, we are not the primary health service.*** *We are the secondary health service or specialist service, so it's actually nurses who work in the primary health section, which is supposed to be the connection between us and the prison staff.* ***But in reality it's not that easy because primary health care has also physical health problems,*** *and they have NAV, substitution treatment etc. So, in that way it has been difficult for the primary health service and the nurses to fill the role to be the first in line always because they have many tasks and they are very busy. I think the challenge is that we cannot be the first line, primary health care, we have to stick being specialists* ***but the need for someone being around and close to officers is still there. This gap is maybe not filled as it maybe should be. It's a difficult balance because if we get too close it could easily eat us up, the needs which are not filled in the first line or in the gap between the prison staff and primary health.*** *It could easily eat our capacity if we don't hold our stance to a certain degree."*
> (Mental Health Care worker)

Our case depicts challenges and points for development that are tied to this particular prison environment and cannot be generalized as such to other prisons. However, some of the challenges that mental health care workers would like to be addressed can be taken into account in other prisons. The presence of psychologists permanently on the prison premises significantly impacted on the prison environment and their presence allowed officers to think differently. This is not the case in all prisons in Norway and it potentially gave the officers and mental health workers

opportunity to exchange their experiences and knowledge in order to create shared understanding how to help mentally suffering offenders. However, whilst sharing information between these prison officers and psychological thinking was obviously thought of as important by people working in the prison, how information actually develops and flows in the system was not clear to them.

Discussion

To respond to the challenge of reducing recidivism rates, the Norwegian Correctional services have historically enhanced and evolved their collaboration practices within and between different organizations and services. In this collaboration participating actors represent diverse backgrounds, interests, and perspectives. These practices need to continue to transform through processes of organizational learning and collective capacity to create the innovations important to cope with the changing needs and future challenges of prison services (Engeström, 2005).

Many actors are operating in the prison system: health and mental health services, correctional services and substance abuse services for example. We have presented how different actors and collaboration has been organized in one prison context, and showed how the collaborative tools they employ construct a complex collaboration network. The tools are constructed for the different hierarchical levels of organization and between multiple, culturally different activities

In the studied prison unit, collaborative tools link different practitioners with each other. Social, health and correctional work perspectives come together to form a multi-voiced constellation of activity. Different professionals have different objectives, often even when using the same tool, and these different objectives guide their individual actions. The multiple objectives and perspectives unite in the prison environment to create a network of collaboration in which different motives of work are intertwined. However, the practice of collaboration has become challenging, because of the need for a more holistic perspective for offender's care and rehabilitation. Knowledge must be shared across the system but a new understanding of the underlying challenges this creates and of future possibilities is required to achieve this.

In the studied prison, three main contradictions or tensions arose. The first was that the same collaborative tools have different meanings for different practitioners in the activity of collaboration. Example in the interagency group, the members use BRIK as a tool for decision making, but for prison officers BRIK is just one more of their working tasks and for offenders it is

tool to enhance the implementation of their sentence plan or simply a means of having more social contact with officers. This exemplifies the multiple objects of activity and different needs, which create tensions between these actors. These tensions emerge in daily practices in forms of disturbances.

The second related to the changing objectives of prison officers from that of constraint a control to a more rehabilitation focused model. The development and implementation of tools that could support prison officers meet these new objectives have not kept up with these change in purpose

Thirdly, the work organization, development and flow of psychological knowledge in the prison is currently blocked.

Moving forward

The above description of the complexity of collaboration within the case study site and the potential contradictions are the first ethnographic phase of the CL. It is designed to produce mirror data to be introduced as a trigger to a second phase, an intervention phase of the model in which representatives from the various activity systems collaborating within the prison are brought together to work, co-create and implement solutions to possible problems. It is important that the mirror data is not overly contaminated by the perspectives of the researcher at this stage. Although the potential contradictions within the system have been addressed in the section above, it is important that the researcher does not overly elaborate upon these. This is because the purpose of the CL sessions that follow the ethnographic phase is for the participants from the prison to explore where they see the contradictions to lie, and to articulate these together as a group. This goes somewhat against traditional research approaches in which the outcome of a study is a clearly articulated and an explanatory set of themes or findings presented describing the challenges facing the practice area and recommendations for practice. This is not the purpose of this report, as the central purpose of the second phase of the CL method is that the challenges and recommendations for practice come from the practitioners themselves. The only recommendation that the researchers can make at this stage, is to present our mirror data that shows a complex array of activities, and to suggest to the case study site the potential for a second phase of the intervention. In that phase, representatives from the different actors in the collaboration network

we have described (figure 4) are brought together in typically six to ten CL sessions (2-3 hours each), for the participants to jointly develop new ideas, models and conceptualizations of their work activity. This process would begin with the different aims, objects, and needs of different stakeholders and take as its starting point the idea of expansive learning, in which contradicting viewpoints are given voice to trigger development. It is for the case study site themselves, to decide if this phase is required and useful. However, we can reflect here, from our experiences in the prison, as well as a focus group held with key stakeholders in the prison, some of the challenges to introducing this phase, should the site decide to progress:

A key component of the CL is the ethnographic phase first performed by the researcher that explores the current and historical practices of the practice context, often in employing audio and video recordings to capture these practices. These are presented back to participants in the second phase of the CL as mirror data to initiate interagency reflection and problem solving. However, seeking permissions to use video recordings in this secure environment is problematic. Mirror material ideally includes audio clips of interviews with offenders, photographs of problematic situations and illustrations of his sentence pathway. However, the collection of this type of material is not be allowed by the authorities in high security environments and alternative ways of presenting mirror data may be required. One possibility is to bring the offender physically to the session to tell his perspective of the received care or services.

This however realises a second challenge to the CL in this environment, which is the power or security differentials between professional and service user participants in the CL. By bringing the offender to the session to tell his views of challenges, the research-interventionist must be aware of the possible conflicts and the power relations between offender and other participants and handle this accordingly.

In the process of CL, the participants face a needs for change, and the challenges and instances of problems are often emotionally difficult to confront. The CL thus aims at supporting both intellectual and emotional processing, offering tools for participants to distance themselves from the situation and to reflect the situation intellectually. The participants' motivation to take part in the sessions and their emotional involvement holds significant power in enhancing organizational learning and change but must be handled sensitively (Virkkunen and Newnham, 2013).

Prison site was generous with their time and resources in allowing in researchers to conduct initial ethnographic study of their practice environments. However, negotiating a mandate for the possibility of running subsequent CL sessions that will require busy professionals to be freed from their responsibilities in their various organisations and the logistics of getting all stakeholders in one physical location at one time, is less easy to orchestrate. There is a particular danger that if the staff is removed from duty to participate in the intervention, offenders´ rights are violated because during that time they would have reduced access to services or they would be locked in cells. Commitment and support from the both management and workers' side to overcome these challenges in an appropriate manner is essential. Negotiating the mandate for a CL in the prison should start with the researcher and the leaders of this organization discussing the core ideas of the initial mirror data, the CL method, and whether there is a need for a second interventionist phase. This negotiation process will take many meetings between researchers and prison/health leaders and key frontline professionals. The time spent on getting the leaders to be involved and constructing a shared understanding of the CL process, proves highly necessary for the local ownership and sustainability of the process. In the negotiations, the purpose and the preliminary plan of an upcoming CL intervention needs to be explained for the leaders and negotiated with them.

The CL may be seen as a platform or an instrument for organizational change and learning. Yet, to avoid the encapsulation of the created ideas and solutions, persistent diffusion work across the organization is needed from management and the core participants of the CL. The CL sessions may produce a single or a range of solutions to some of the challenges mentioned in this report. However, the significance and sustainability of these outcomes, after the researchers have left are largely determined by the subsequent nurturing of the new models of working by both the management and employees (Engeström et al., 2007; Kajamaa, 2011).

Epilogue

The aim of this developmental project was to identify first, from the perspective of a case study Norwegian prison, the key challenges or contradictions facing the site that would benefit from future intervention, organizational development or learning.   In this report, we have illustrated

the key challenges of collaboration in a Norwegian prison by utilizing cultural-historical activity theoretical approach. By using this approach we wanted to systematize the challenges and bring them to the fore. We have explored the construction of collaboration, and the developmentally significant systemic contradictions. Exploring the different voices of collaboration has made some potential contradictions visible and gives a broader picture of challenges and possibilities for collaboration. We have used the selected excerpts in the report to illustrate the different perspectives of collaboration and the contradictions. Based on the data collected in the project we reflect on the possible needs of development in a particular prison setting in Region West. We have looked at the big picture of correctional services in relation to mental health services that are provided by law to inmates in a specific prison environment. We have described a complex setting of several activity systems, which are interrelated but also have their own goals and ways of using different kinds of tools that have been developed and introduced to the correctional services as a whole. However, we would like to note that more comprehensive accounts of the methods, analysis and outcomes will be scrutinized in detail in scientific journals articles currently in preparation.

Based on the hypothetical contradictions raised in the ethnographic phase of the CL described in the report we would recommend a second phase of the CL in which our representations of the collaborative network are presented to a group of key professionals' representatives of this network and its multiple voices and levels. However, there are some key challenges and restrictions that may face the implementation of this second phase that require careful negotiation, sensitivity and commitment by the researchers, management and frontline professionals involved.

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Appendices