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Interorganisational Collaboration in a Norwegian Prison—Challenges and Opportunities Arising from Interagency Meetings

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Introduction

In Norway, prison and health services function as separate agencies, governed by different regulations. In many situations, this separation is managed satisfactorily by efforts of cooperation and mutual respect for

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the other's goals, tasks and roles. The different legal and regulatory frameworks of the two agencies often complicate coordination of the services and may hinder collaboration. In the most severe cases, poor coordination between services can lead to diminished health and function for the inmate, and in the longer term an increased likelihood of recidivism.

Efforts to promote collaboration between prison and health services have been emphasised internationally and in Norway (WHO, 2015; Department of Health and Welfare, 2013; Department of Health, 2010). Since the 1970s, the 'Import model' has been the key strategy to promote interagency collaboration. This model makes it a requirement by law for external health care and mental health services to provide care for inmates in the Norwegian prison system (see The Execution of Sentences Act, 2001/2018). This means health care services have an independent role in relation to correctional services and services are provided by external providers brought into the prison. This ensures inmates' right to receive the same care, health, and welfare services as the general population and that the prison is held to account for the care it provides through these independent agencies.

The penal system represents a meeting of punishment and rehabilitation paradigms (Laine, 2011). It manifests in the continuous collaboration needed between both primary and specialised health services (provided by the Regional Health Authority and municipality) and the prison services to improve assessment, diagnosis and treatment of offenders' mental issues, and their associated problems such as substance abuse. Collaboration is also needed to prevent gaps, fragmentation and unnecessary duplications of service provision. This is especially important during the transition of the inmate between departments within the prison, between prisons and then back into society. Successful and

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flexible collaboration and integration efforts of services are crucial for improving mental health and the reduction of recidivism rates in the longer term (Bjerkan et al., 2011; Kodner & Spreeuwenberg, 2002).

Imprisonment and treatment of the mentally ill offender occur in tandem and require collaborative efforts between Norwegian prison and mental health services. Challenges that arise here are linked to strong boundaries between the services, the service providers' different conceptualisations of issues, such as confidentiality, commitment and knowledge sharing between the distinct service providers (Lahtinen et al., 2018; Hean et al., 2017a, 2017b, 2018). Limited resources, distinct work practices, differing attitudes towards the inmates and logistical challenges related to the long distances between service providers and the prison also add to the complexity (Langeveld & Melhus, 2004; Hean et al., 2017a, 2017b).

In this chapter, we describe how one Norwegian prison has met this contradictory demand between punishment and treatment in their development of *interagency meetings*. The interagency meeting is an arena for collaboration between the distinct service providers. At the meetings, professionals work together to find a potential and effective solution for tackling inmates' substance abuse. However, the decision-making at the meeting has become more challenging because of the increased substance abuse and complexity of inmates' life. In order to meet this challenge, the professional at the meeting must create a broader picture of inmates' life-view, needs and resources. Through three examples from interagency meetings, we have explored how the contradiction between mental health well-being (or rehabilitation) and punishment (or control) is present at interagency meeting discussions. Our analysis focuses on interactions between distinct professionals at the meetings and how the actors employ distinct tools to develop an overall perspective of an inmate's needs and resources, and shared understanding of an issue at hand. To identify challenges and to develop interprofessional collaboration further, we have provided an applicable and modifiable model which can be used in prison systems and more broadly, in social and health care contexts and in other complex organisations. With this chapter, our contribution is to research on studying collaboration in complex organisational settings.

The Norwegian Prison Under Study

We present a case study of a high-security prison in the west of Norway in which interagency meetings are held to enhance interaction between those responsible for the management of prison and health services. The interagency meetings have been created specially to tackle the increased substance abuse of the inmates, and the needs this creates for collaboration between the prison and the health services. The prison has established bimonthly interagency meetings to manage the multiple tasks and to align and combine the diverse tasks, roles, goals and expertise of the range of professionals working with the inmates. The meetings are part of a comprehensive treatment plan defining how the inmate's rehabilitation needs are to be addressed before, during and after their detention. The group consists of prison inspectors (at least two, from the closed and open sections of the prison), two social workers, a psychiatrist, a resettlement coordinator and internal health care professionals (the manager or deputy head of the prison health unit), a leader of a regional department of addictive medicine (an external expert on substance abuse treatment in prison) and a nurse from the prison's internal substance abuse treatment unit. The meetings are officially led by a psychiatrist and an expert from the department of addictive medicine (hereafter AFR). The organisations involved in the interagency meeting are identified in Fig. 2.1.

The aim of the meetings is defined in the terms of reference for the interagency meetings that were co-authored by representatives of prisons and department of addictive medicine. The aim is to discuss the needs and requests of the inmates, to gain an overall perspective of their situation, to address their problems and to support them. The needs of all inmates of the Norwegian prison in question may be discussed during these meetings. Members of the interagency meeting are mostly representatives of management from the different services or specialists. Frontline prison officers and inmates are not present.

During the meetings, the participants discuss and assess an inmate's situation by using specific plans and tools, as a means for re-integration and rehabilitation. In the next section, we will describe these tools in
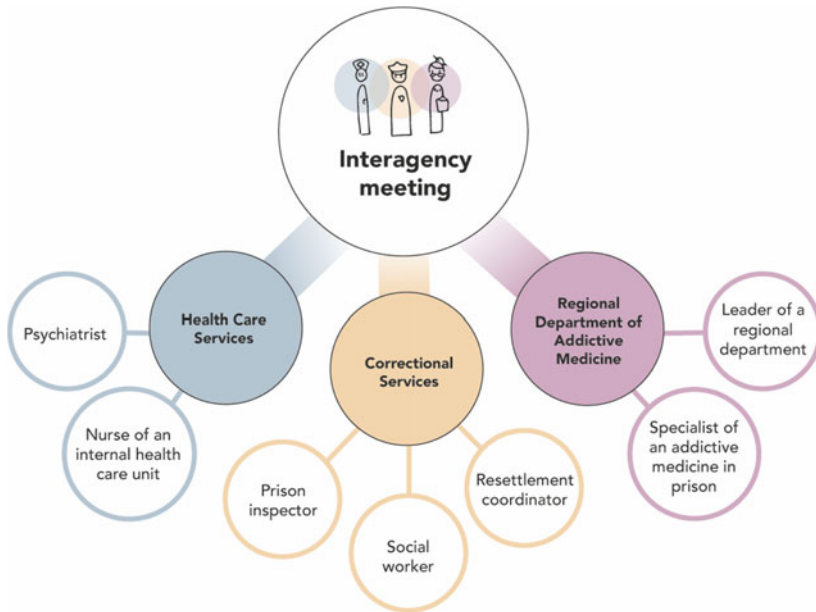
Fig. 2.1 Organisations and professionals in the interagency meeting

more detail and plans which are used in correctional services and health services.

Tools Used in Prison

The activity of prison with inmates is guided by two main plans, namely the sentence plan and the individual (care) plan. The content of sentence is determined by the Norwegian Correctional Service within the limits set by the court in its judgement. The intention is to clarify the expectations of the offender and to provide predictability during the sentence. The sentence plan is individually composed in consultation with the convicted person. The core of the individual care plan on the other hand is based on the individual rights of all Norwegian citizens. It is an important tool for contributing and coordinating individual cases across care, health and welfare services. The individual plan is developed for people

with a need for long-term and coordinated health and care services. The municipality has primary responsible for preparing the plan (Helse- og omsorgsdepartementet, 2018).

The assessments and decisions made at each of the interagency meetings are incorporated into the sentence plan and the individual care plan. Both plans are updated continuously, applying further information collected during interactions between the inmate and the frontline prison professionals. The plans are put into practice by the inmate with the prison contact officers, social workers and health professionals in primary and specialised mental health services at the prison.

In order to implement and control the sentence plan implementation in Correctional Services, two main digital tools (called BRIK and KOMPIS) are in use. The BRIK (*Behovs- og ressurskartlegging i Kriminalomsorgen*) has been in use since 2016 in all prisons in Norway (Kriminalomsorgen, 2017, p. 11). It is an assessment tool used in systematically planning the work of prison services and for mapping the needs and resources of the inmates. BRIK is filled in by the inmate and the contact officer who is a prison officer with special responsibility for following up with individual prisoners during their imprisonment. BRIK covers questions about the inmate's education, family situation and living and health conditions. Its aim is to secure the inmate's rights to get treatment from health and social care services personnel. For systematic coordination of the sentence plan, prison service personnel use a digital system called the KOMPIS. KOMPIS is a Correctional Service central data system and covers every prison in Norway to report on actions carried out with the inmates during their sentence. It is also an electronic archive and management tool of work duties for the Correctional Service.

In Health Care Services, there is another core digital tool called a medical case summary, for controlling the implementation of the individual plan. In a medical case summary, health care providers present important information about an inmate's health, regardless of where the treatment is received. It is related to the Individual plan of Health Care Services (Helse- og omsorgsdepartementet, 2018). The digital systems of Correctional Services and Health Care Services do not interact with each other.

The summary of plans and digital tools is described in Table 2.1. In addition to these digital tools of prison and health care services, the frontline professionals, such as contact officers and nurses, also meet inmates at informal gatherings. These informal discussions between the frontline workers can be seen as an arena/tool for knowledge creation for Correctional Services and Health Care Services. These informal discussions take place during the informal gatherings, such as during the dinners or when escorting the inmates to school or a workplace.

Table 2.1 Summary of tools in use in the prison

Tools for the health care services in prison	
Individual plan	• based on individual rights of all Norwegian citizens
	• is compiled on the consent of the patient or the user
	• a tool for contributing and coordinating health and welfare services for a patient
Medical case summary	• a digital tool for following the individual plan
	• present information about a person's or inmate's health, procedures and measurements, regardless of where the treatment is received
Tools for the correctional services	
Sentence plan	• is individually composed in consultation with the inmate
	• the content is determined by the Norwegian Correctional Service and Law
KOMPIS	• is a central data system, which has two internal systems
	• provides information and tasks conducted in prison
	• delivers notification of imprisonment and release on prisons
	• is an electronic archive and management tool for Correctional Services
BRIK	• a digital system for mapping the needs and resources of the inmates
	• covers information of inmate's education, work situation, welfare and health conditions and family situation

Theoretical Framework

In this study, we applied an activity-theoretical framework to analyse the interagency meeting interaction. In activity theory, the activity within the interagency meeting is conceptualised as collective, cultural, deeply contextual and historically derived. From an activity-theoretical view, the activity taking place in the interagency meeting is driven by a shared object-related motive (Leont'ev, 1978) and artefacts (such as tools, signs and language). In the prison, these artefacts take the form of the diverse tools and plans, such as the sentence plan, individual plan, BRIK and KOMPIS.

The overall object, or purpose, of the interagency meeting, is to discuss the needs and requests of the inmates, to gain an overall perspective of their situation, to address their problems and to support them. The sense and meaning of the actions of participants in the interagency meeting will be driven by this object of their collective activity (Vygotsky, 1978). The object of the activity is constantly moulded, shaped and kept moving by the participants as they interact with each other (Engeström & Blackler, 2005). Participants may hold their own individual objects under this broader object. In the prison context, for example, health care professionals focus on the well-being of the inmates from a physical and mental point of view. On the other hand, prison professionals focus on the security and control of the inmates and their observations of the inmates' everyday life situations.

Actors/subjects are not always aware of the object of their activity, which creates gaps, tensions and challenges in service provision. Contradictions may manifest locally as ruptures, obstacles and other problematic issues in the working of the organisation, which are connected to the historical development and transformation of work and production and to larger societal contradictions (Engeström & Sannino, 2011). From an activity-theoretical view, tensions or contradictions in organisations have the potential to be turned into drivers for learning and change (Engeström, 2015). In a prison, obstacles and tensions may arise when knowledge needs to be shared between the professional groups, but knowledge sharing is restricted and fails. This tension may trigger

collective reflection and the development of new innovative practices and solutions, some potentially leading to changes in working practices.

Artefacts mediate the activity between subjects/actors (members of the interagency meeting) and their objects. The artefacts within the interagency meeting are tools that mediate activity within the interagency meeting and can include internal/cognitive representations such as mental models or external physical/practical tools such as care plans (Engeström, 2005, p. 320). In this chapter, we have explored how participants in the interagency meetings used these artefacts collaboratively when working towards their main and personal objects. It highlights dialogical processes in which different perspectives and voices merge and collide (Engeström, 1995). By so doing, we gain a better understanding of how the artefacts are typically used in meetings and how they can be used in a broader manner in future. For example, a conceptual model may work as a diagnostic tool, but it may also become a frozen definition to identify and classify the phenomena (Engeström, 2005 p. 320).

Prison as a Research Site and Methodological Challenges

Ethnographic research in a closed prison is challenging, especially for a researcher entering a prison for the first time (Sloan & Wright, 2015), as there are many issues that must be considered. For safety and security reasons, access to the prison required providing an assessment of the researcher's background. The data collection methods were evaluated by the Correctional Service and the Norwegian Centre for Research Data, NSD authorities. The first author of this chapter met with the Regional Prison Service Authority to explain the study and clear security screening to access the prison. Finally, written permission to conduct the research was obtained from the prison.

The timing of entering the prison was crucial and had to be adjusted to meet the daily life in the prison, which may vary despite strict daily routines. Some days are busier than others and security incidents arise unpredictably. From the prison perspective, additional security risks need

to be mitigated because of the researcher working in this closed environment. It required extra planning, and hence resources, to secure the researcher while they continued with their daily routines. The researcher (the first author of this paper) was actively in contact with the prison inspector with whom the visit was planned, and who provided updated information on the daily living conditions of the prison. By doing so, the working lives of frontline workers were taken into consideration. The close collaboration with frontline workers and prison authorities enabled the researcher to approach data collection in a flexible way and minimize the disruption she caused. Participation in the research was voluntary and could be ended at any time. The researchers' respect of the participants' anonymity and privacy was essential, and the anonymised data collection method had to be planned in a way that secured the inmate's privacy and considered their vulnerability.

Data Collection and Observing the Interagency Meetings

Studying the service collaboration and interaction between distinct services, we used ethnographic methodology for the investigation of local activities in the prison context (see Amit, 2000; Falzon, 2009; Kajamaa, 2011).

The data for this chapter comprised observations of three interagency meetings at the prison. The meetings averaged two hours in length. In the meetings, the participants follow an agenda, providing a stepwise script for the meetings, discussing 2–3 offenders' cases at every meeting. Each participant takes a well-defined role in the meeting: for example, a psychiatrist leads the meeting, the social worker presents the inmate's request for medication and the prison manager informs the group of how well the inmate is complying with prison regulations.

The study is part of a larger research project (the COLAB project) in which we applied multi-site ethnography (see Marcus, 1995; 1998) as a research method for empirical data collection and focused on multiple sites of the prison and mental health services. Multi-site ethnography extends the ethnographic method from observation conducted in

a situationally and temporally bounded field to a multi-temporal and historically situated field (Marcus, 1995). Observation involves participation and interaction and is a collaborative process between the observer and participants (Angrosino & Pérez, 2000). In this project, our dataset was gathered during 2017–2018 including audio-recorded interviews with prison and mental health professionals, interviews with the inmates, observations, field notes, multiple documents and photographs.

In our ethnographical data collection, the researcher sent a request to attend an interagency meeting, accompanied by a summary of the objectives for conducting the investigation. At the first meeting, members agreed that the researcher could be present at the meetings and make observations in the prison ward when agreed in advance with the prison inspector. For the purpose of data collection, the researcher had to consider two factors: a tight meeting schedule and preparation of data collection set up in the facilities that could not be accessed in advance. Recording and field notes could not be done on a computer or mobile phone, so the investigator used manual tools such as paper and pens and an mp3 recorder to record the activity of the interagency meetings. All the tools which had possible access to Internet connections were prohibited because of prison regulations.

Analysis

Our analytic approach was abductive, involving repeated iterations between theory and data (Van Maanen et al., 2007). Our analysis of the three interagency meetings applied the techniques provided by Jordan and Henderson (1995, p. 57) to depict the nature and context of the activity taking place in the meetings, the unit of our analysis. During the analysis, we inductively depicted the dynamics of interaction in the meetings and participants' social activity during the interagency meetings, forming overarching categories of the main types of collaboration. We then focused our attention on the tensions and the conceptualisation of the object of the activity held by the participants.

Findings

The multiple professional groups working with the inmates represent historically distinct goals, tools, rules, knowledge, expertise, divisions of labour and values. During their daily work, they thus focus on profession-specific tasks and usually do not desire nor are provided with opportunities for joint reflection on their individual and collective activity. However, the interagency meetings provide an 'opportunity space' for reflection and construction of new forms of collaborative practice. In our view, these meetings ideally enhance "a process of shared construction of an object, a mobilization of the necessary and complementary cultural resources as well as a process of mutual learning" (Miettinen, 2006, p. 176; see also Miettinen, 1996).

Next, illustrative empirical examples from the interagency meetings are presented, to demonstrate how the professional groups interact in these. At the first meeting we attended, the interaction proceeded per the meeting agenda. Due to the time of the meeting (end of December 2017) and the researcher's first visit to prison, the meeting focused mainly on the researcher's visit and conducting the research in prison. They also updated the next year meeting schedule. However, the challenges and opportunities arose in the second and third meetings.

Example 1: Transcending professional distinctions to enhance collaboration

At the second interagency meeting, the interaction first proceeded per the meeting agenda. The meeting was led by the psychiatrist and the external department of addictive medicine (AFR) leader. The social worker presented the inmate's case. However, in the middle of the meeting, the AFR leader suggested the need for inclusion and cooperation of prison officers, to get a better overall view of the motives behind an inmate's request for increasing substance medication.

A note from the research diary:

*In the middle of the meeting, the discussion got a bit heated when the AFR focusing on substance abuse issues highlighted **the responsibility of the officers to talk with the inmates about their motives and needs**. According to the AFR, this makes a difference so that they [members of interagency meeting] **can get a good overall picture of the inmate, and of what kind of treatment or medication is needed. Getting the overall picture is also important for understanding what motives lie behind the inmate's requests**. Often the medical case summary (which is used in the meetings) does not cover this. In these meetings, the participants do not use information systems that prison workers use that would include information about the inmates.*

The AFR leader then suggested the need 'to get a good overall picture of the inmate' by which the AFR leader referred to getting broader understanding of the inmate's needs and motivation. For the leader of the AFR, the knowledge of the inmate's motivation is a tool to manage the substance abuse medication and subsequent rehabilitation. However, this knowledge production is dependent on the contact prison officers' and the inmates' interaction. Even though neither the inmates nor the contact officers are involved in the interagency meetings, the actors collectively agreed this need for a more holistic view. They then began to combine the knowledge of the actors present about this inmate, but the motivation behind the inmate's requests still remained unclear. In order to enhance a holistic view, the participants turned to BRIK, a digital assessment tool used to assess the inmate's needs and resources, and especially to sections that might reveal his/her motivational issues (e.g. a motivation to sell the medication to other inmates), completed by prison officers. The BRIK provided an opportunity to include contact officers' voices and in-depth knowledge of the inmate, and the inmate's own view of his/her needs and resources, even though they were not present at the interagency meeting.

Regulations related to patient consent and confidentiality governed the use of tools within this exemplar interagency interaction. This is because inmates must give written consent for their personal information from the different systems to be shared (e.g. information from the medical case summary from health services, the central data system of the prison service [KOMPIS] and from BRIK).

Example 2: Challenges in the usage of a new digital tool to enhance collaboration

The topic of having a holistic view of an offender continued at the third interagency meeting. This time, the actors at the meeting clearly specified from where they wanted to get this necessary knowledge. To provide a holistic view of the inmate's motivation behind a request, the participants indicated that knowledge written in the digital assessment tool (BRIK) is indeed important, but the tool also brings challenges.

A note from the research diary:

The AFR representative says that BRIK has a lot of useful information that could be used. Social worker A says that not everyone sees the value of BRIK, so updating BRIK is a challenge. A participant from the Open Prison says that the meaning of BRIK comes up at the end of the sentence when the inmate transfers to the open department. […] Social worker B explains that using the system is a problem in their department. Not every employee knows how to use it.

During the meeting, the AFR suggested that sharing knowledge between prison and health services, documented in the BRIK, would be especially useful and important to develop the practices in the interagency meeting. The participants at the interagency meeting also agreed that the constant updating of the BRIK is crucial as it widens the knowledge and the understanding of the inmates' needs during their sentence. It is also an important 'boundary crossing tool' (see Star & Griesemer, 1989) at the end of sentence when the inmate is transferred to the Open Prison department.

A continuation of note from the research diary:

The resettlement coordinator continues that BRIK should be updated in a simple way but AFR says it needs to be updated continuously. The prison inspector points out that the quality of updates should be good.

As shown by the note, it became obvious that the practices for updating the content of the BRIK are not clear nor shared among the contact officers. The updating practices varied from department to department from

a quite superficial procedure to a broader description of the inmates' needs. Also, as the social worker reminded the group, the sharing of information is not for them to decide but is dependent on the consent of the inmate.

Example 3: The Reconciliation of the Different Needs

At the third meeting, the example is an inquiry from the specialised health care sector in which it was recommended that an inmate with mental health issues needed further care in an external institution. The AFR gave the following brief introduction to the prisoner's situation. The inmate had previously been treated for a mental illness and the professionals suggested continuing the rehabilitation outside the prison. The AFR leader indicated that the inmate's psychologist from the AFR department, who was not present at the meeting, had been in contact with the local health care unit based within the prison, to negotiate about how they should proceed. The case was complex because the treatment plan had to be intertwined with the sentence plan and required treatment from an external specialised institution. This was also the wish of the inmate. Before the participants began the discussion, the AFR leader reminded those present that they need to make a joint decision for the inmate's near future before they can promise anything to the inmate. The aim of this meeting was clear; they needed to construct a shared plan between health care services and prison services in order to promote this inmate's health and well-being.

Quote from the meeting:

… today, during this meeting, will we begin to do a treatment plan and a sentence plan for [the inmate]. Everyone who is here will know what we all think […] I think it's important that we take one step at a time here so… (AFR leader)

The discussion continued around the promotion of the inmate's mental health issues. The AFR leader had been in contact with the psychologist from the department of addictive medicine, who suggested that in this

case, the inmate would benefit if he/she could have care and rehabilitation in the specialised institute outside of the prison. For the mental health services, the aim is to offer the care suggested for the patient. The prison services aim to ensure completion of the sentence. And for the inmate, the concern is his/her personal needs and wishes about their own future life. Even though the inmate was reluctant to move to the recommended institute because of its significant distance from the prison, the AFR leader suggested that this care pathway should still be considered.

Before implementing the care plan, the mental health care services needed to know the prison services' perspective and how the care plan could be fitted into the sentence plan. The key question was timing. The length of the care in the institution was not known in advance, and to ensure effective care, the inmate should not be sent back from the rehabilitation institution to the prison prematurely. To comply with the sentence plan, the challenge was to decide the stage at which the inmate should be transferred to the rehabilitation institution. The members of the meeting agreed that updating the sentence plan was needed, to fit with the needs related to the mental health problems of the inmate. The AFR leader pointed out that even though members of the meeting were making this joint decision, the inmate should be made aware that he/she could influence this decision and have some control over his/her own life during imprisonment. The meeting participants wanted the inmate to be made aware that they had started to coordinate the process for his/her request, but that this would take time. The prison inspector promised to take responsibility for talking with the inmate.

This meeting allowed the mental health service representatives to present the need for rehabilitation of an inmate that required coordination with and contribution from the prison services. The meeting offered an important arena for the different actors to construct options for a new direction for their action, and for promoting the inmate's health and well-being. During the meeting, an aim emerged in which both plans, the individual health care plan and the prison services' sentence plan, would be reconciled. The interactions between the actors meant that the perspectives and the tools employed about and around the inmate's life in the prison were now intertwined and partially redesigned.

Various Professional Perspectives in the Interagency Meetings

In sum, through these three examples, it can be noted that the representatives of the professional groups, namely the prison inspectors, social workers, psychologist, psychiatrist, a resettlement coordinator, leader of department of addictive medicine and an internal health care professional, conceptualised the object of their work activity (i.e. the patient-inmate) in many and different ways. From the health professionals' viewpoint, for example, the central object of the activity is the offender's physical and mental suffering and its diagnosis and care. For prison staff, the objective is the successful and secure completion of the prison sentence. We have also presented how the professional groups discuss and utilise different plans as tools to support the inmates in interagency meetings in a Norwegian prison context.

Moreover, from the prison personnel's viewpoint, the focus is on controlling and implementing the offender's sentence plan and preventing new crimes. Further, the participants in the interagency meeting, use specific artefacts, models and tools, (e.g. KOMPIS), to ensure that the daily life of the inmates runs as smoothly as possible.

The decisions made in the interagency meeting are related to the inmate by the social worker or a prison inspector. They keep the inmate informed of the process of his/her proceedings if decision-making requires further investigation with other instances such as being moved to an external treatment institution. For the inmates, the decisions affect their own life goals and experiences and they may have little interest in the tools being employed by the meeting members.

Contradiction is prompted because prison officers, who do not attend the interagency meetings, do not necessarily know the importance of the information they record in BRIK, or elsewhere. Instead, it is seen as a duty alongside controlling the sentence. For the members of the interagency meetings, the outcomes and contents of a digital tool such as BRIK are relevant for decision-making. This information, however, would benefit the participants of the interagency meetings and might enhance the prison's practices and activities.

Discussion

The interagency meeting is a cooperative arrangement with various agencies coming together to jointly discuss, reflect on and further improve the existing and future services of the inmates. An analysis of the groups' terms of reference shows the aim of the group to be the promotion of collaboration between the actors at the meeting and hereby maintain treatment for the prisoner as they complete their sentence. In so doing, the prison and the health services aim to ensure that every inmate at the prison will get high-quality care. The findings of our study show that interagency meetings enabled articulation and sharing of different professional views about an inmate's problems and needs.

Our examples show how the interagency meetings can also reveal the unexpected issues and complexities of prison life experienced differently by the participants around the same table. These can potentially serve as a springboard for finding good, tailored solutions for complex needs and situations. During the observed meetings, the professionals met a need to develop a more holistic picture of the inmates. The development of a holistic approach called for a new understanding of the underlying challenges and contradictions and the mapping of future opportunities at the level of the entire service system. In order to align the various objects, and to create a more holistic approach on behalf of the inmate at the interagency meeting, the discussions observed within the interagency meetings revealed a need to gain more information from the frontline workers such as prison officers who work closely with offenders on a daily basis. The officers have a key role in bringing up issues pertaining to individual inmates and implementing decisions made by the interagency meeting. However, the officers' viewpoint is missing, because the officers did not attend interagency meetings. Another way to gain a missing part for a more holistic view of the inmate is to capture the inmate's articulation of his/her own motivation to rectify criminal behaviour or substance abuse. They are also missing from these meetings and professionals acknowledged this prevented a better overall picture of the inmate being gained.

The BRIK digital assessment tool was suggested as a means to bridge the gap between the knowledge of the different actors and provide the

information needed. A contradiction arose, however, when the same collaborative tool, BRIK, had different meanings for different practitioners in the activity. Further, the policy for filling and updating BRIK has varied from one department to another in the prison. Therefore, the relevance and quality of information stored within the tool are dependent on how the individual prison officers updated the BRIK system.

The voice and motivation of the inmate are partially presented through the request presented by the social worker and documented in the BRIK or a medical care summary. Yet, more detailed information concerning the demands and needs of an inmate is constructed in informal discussions between contact officers and inmates in their daily encounters. However, transforming this orally articulated information into a recognisable written form such as to BRIK or to any other form of report is demanding and some of the orally expressed needs of patients or inmates are lost during this process (see Berkenkotter & Ravotas, 1997). Further tensions arise regarding information protection and the legal rights of the inmate to allow or forbid different actors from using his/her information during the interagency meeting that have been shared informally in this way.

Our analysis indicated that in the observed prison, collaborative tools had a powerful potential for linking different professionals and the inmates together and for integrating the prison and mental health care services in a multi-voiced collective constellation of activities. Yet, it is important to bear in mind that the different professionals have different perceptions and aims, often even when using the same tool, and these perceptions guide their individual actions. The value of dealing with the contradictions in interagency meeting was fundamentally developmental, not only to create better plans for the inmates, but also for improving prison practices that would improve collaboration and information flow between different professional groups. The instruments mediating information transmission are crucial in enabling and stabilising interprofessional collaboration, but our examples show that they are not enough: work practices in the prison needed to be improved further to optimise their utility.

Inspired by the prison in our study, we have formulated a model which can be applied and modified for identifying challenges and developing

interprofessional collaboration in prison systems and more broadly in social and health care contexts and in other complex organisations. We suggest that interorganisational collaboration in prisons can be illustrated and promoted via our tool, presented in Fig. 2.2. This model of collaboration is inspired by cultural-historical activity theory (e.g. Engeström, 1987; Kajamaa & Lahtinen, 2016), viewing human activity as object-oriented, artefact-mediated and socio-culturally constructed system. The model (Fig. 2.2) provides an overall perspective of the actors involved in providing health care services in the prison and the core tools in use. It emphasises inmate involvement, which is a crucial, yet under-valued, ingredient in the joint service provision of the parties. In practical application, the model may be used as an analytical device in the inter-agency meetings and as a way for the parties to plan and develop service processes collectively. Furthermore, it can potentially become a useful model of collaboration for prison and health care services with a specific focus on the inmate's situation and problems, aiding the alignment of their tasks, goals, roles and expertise to support the inmate's imprisonment and rehabilitation (Kajamaa, 2010).
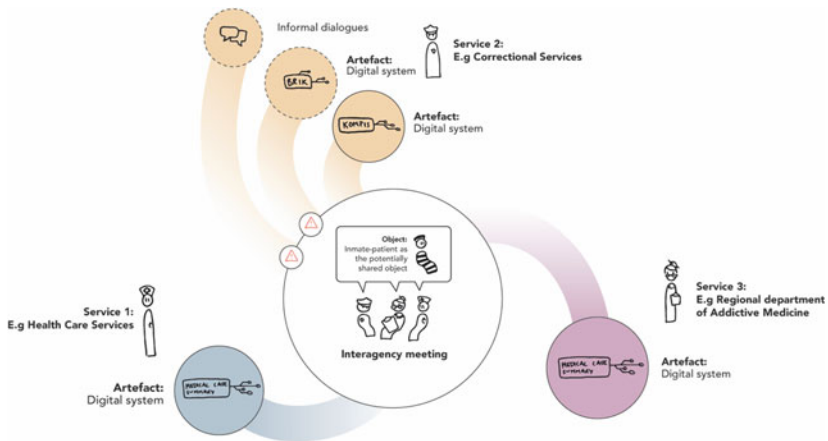

Fig. 2.2 The conceptual model of collaboration for prison and health care services

In Fig. 2.2, the service organisations that are collaborating are illustrated with distinct colours and human representatives. They are representatives of management from the different services or specialists and are present at the meeting. In the interagency meeting, the object of activity, the inmate-patient, is not present. However, his/her personal information is shared, after obtaining his consent, and is the basis of the discussion around the necessary care actions to be taken. The information is transferred to interagency meetings via artefacts. Artefacts are illustrated with circles, which in this observed case, were each services' own digital systems, BRIK, KOMPIS or medical case summaries. Both the general health care service and department of addictive medicine used the medical care summary as a tool to bring their information to the interagency meeting. The Correctional Service, on the other hand, used BRIK and KOMPIS digital systems, as their sources of inmate's information.

In Fig. 2.2 'informal dialogues' are presented in the model as another possible source for building a holistic view of an offender's motives. These take place when contact officers meet with prisoners informally in different settings during a day. However, both parties involved in these informal discussions (i.e. the contact officer and inmate) are not present at the meeting. The dashed lines around both BRIK and the 'informal dialogues' in the figure represent instances where the inmate's voice is heard.

Contradictions are illustrated as red triangles. In the studied case, one of the contradictions was the distinct meanings BRIK had for prison workers versus those held by participants in the interagency meeting. Another contradiction is the information flow from informal dialogues to interagency meeting. Here the issue lies in the difficulty to articulate orally shared knowledge from informal discussion and the restrictions for doing so because of the confidentiality of such private discussions.

Conclusion

Interpreting the interagency meeting through an activity theory lens highlights the emergent shared object of the participants within the interagency meetings at the prison, namely the *planning of the comprehensive rehabilitative sentence pathway* for an inmate. The comprehensiveness of the plan the participants create together expands the object of the interagency meeting beyond the artefacts of any one of the professional groups engaged. An activity-theoretical aspect offers a view in which opposing forces within the meeting, such as treatment versus punishment paradigms, are not perceived as radically reversed categories or universal logical oppositions, but as strong dialectical tensions which exist and are experienced and interpreted as tensions and juxtapositions in organisational life. These act as triggers that may be then collectively transcended (Kajamaa, 2011).

From an activity-theoretical perspective, once the object of the activity expands or changes as a response to these triggers, then the mediating artefacts and tools also need to be renewed or changed to deal with and to manage the transformed object. In our empirical examples, the tools used in the interagency meetings were not originally created to promote collaboration between prison and health services. However, through the joint discussions between the distinct professional groups, the tools had started to have a multifunctional purpose, as the professionals began to use them to develop a more holistic view of inmates. In the first and second examples, the interagency meetings introduced BRIK as a tool to enhance collaboration, despite it having initially been designed for the purposes and use of the prison service only.

The artefacts used in service provision, such as the individual plan and the sentence plan, are tools for the social and health services and the correctional service to plan and document possible treatments or activities during the sentence time. BRIK was brought in as an additional tool for the creation of an holistic view of the offender's resources and needs. These tools are made from the perspective of the institutions, and their focus is to provide welfare services for 'formal problems' such as treatment of drug addictions, substance abuse problems, the need for therapeutic interventions, etc., and to prevent an offender's likelihood of

reoffending. However, the use of these tools is connected to the work duties of either the authority or care personnel who are actively involved in documenting or filling in the forms. In its current form, the tools are mandatory tasks to be fulfilled for inmates and contact officers. This led to the purpose of BRIK being interpreted differently by the latter and the participants of the interagency meeting.

To promote integrated service provision for the inmates, it would be a benefit to introduce a practice-based collaboration tool in which all actors could get an overall understanding of the service provision as a whole, and in which the inmate's own life experiences and his/her agentive acts would be placed at the centre (Cole, 1996). Moreover, a model, such as the one we developed and presented in Fig. 2.2, may be used as a boundary object (Star & Griesemer, 1989) that mediates negotiation, reduces fragmentation and enhances coherence, learning and understanding among the actors.

A further step could be also to create novel forms of collaboration, which promote knowledge sharing in ways that consider both the confidentiality of private discussions between prison officers and the offender, and the need to understand the motivation behind an inmate's request at the interagency meeting. Contact officers and inmates can be seen as users of interorganisational collaboration services, and as resources on decision-making which are provided during the interagency meeting. Including users' voices, such as those of the contact officers' and inmates' own voices, in interagency meetings, could promote collaboration and in a direction in which no single actor has the sole, fixed authority (Engeström, 2004; Kajamaa & Lahtinen, 2016). Multiple professionals and the inmates could become real "partners" in service provision and its use. In sum, the interagency meetings potentially align the objects and the tools of the different participants. Further alignment is still needed between different services and between the several departments within this prison.

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