Reflection continuum CONCRETE CHANGE LABORATORY (Theoretical Framework: Cultural historical Activity systems theory (CHAT) (Mirror of practice, e.g. video of interagency practice)

Figure 1: Reflection continuum applied within Change Laboratory Model

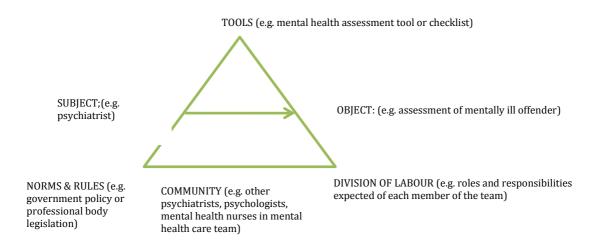


Figure 2: Main object of MHS and CS activity systems (adapted from Engeström, 2007)

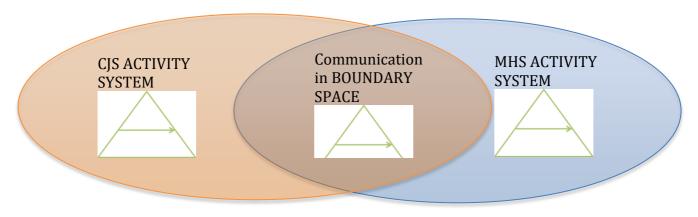


Figure 3: Boundary space where MHS and CS activity overlap

Table 1: illustration of analytical process

CHAT META-THEME	The work goals and objectives salient to each system during collaborative interagency activity									
Theme	THEME 1: Identification and prioritization of offenders needs					THEME 2: Mapping and Mobilisation of resources				THEME 3: Engaging the offender
Subtheme	Familiarization		Multiple interdependent changing needs, prioritization of needs		Mapping existing links to resources on the outside	Reconnect or repair existing links to reengage with outside resources	Build new links to outside resources			
Categories	Identification of offender	Identification of offender needs		Types of needs		Mapping	Reconnecting	New Links		Offender as important collaborator
Sub categories	From other professionals	Entry interview	Solicited by offender	Acute needs	Long term needs			New links by regional leaders	New links by front line staff	Offender cooperation
Exemplar Codes	Need identified at morning meeting Probation contact health services before court for information Prison officers let us know of an issue Prison officers know them well	Needs Assessmen t by social worker Needs Assessmen t by nurse	They make an appointment We go out and talk to them	Prioritiza tion of acute needs by prison officers Acute condition caused by drug withdraw al, incarcer ation or mental illness	Housing needs Drugs needs Mental illness Financial needs Training needs Employment	Already known by the community Mapping existing networks Using mapping tools such as BRIK	Phoning to let them know the prisoner is here Helping them call their psychologist Encouraging that they make contact with the GP on release	Building sex offender programmesn side and outside of prison Spreading good practice to other regions	Referral to specialist services; making new contact in home municipality Offender has no network or previous resources	Offender doesn't attend meeting set up for them after release Prisoner doesn't want it-cant force them Call of drugs so strong upon release Given house but may not want it-doesn't want to be dictated to Prison can control engagement unlike back in community • Services may be available in municipality but no offenders in that municipality

Table 2: Tools mediating communication within the boundary space

Care pathway	They describe the use of secure cells in the first instance for the control and protection of the prisoner. These cells allow regular observations of behavioural change in the offender to be logged by trained police officers. A health concern must be reported either to the nurse or directly to the prison GP in a stated time period. If the condition is deemed beyond the expertise of the nurse or GP, and above a perceived threshold level of severity, the prison GP refers the offender to specialised mental health services. Specialised mental health assessment and treatment is then provided in the prison where psychologists and psychiatrists visit on a part time through an outreach service. Alternatively, if the latter professionals are unavailable, offenders are transported to the regional hospital or district psychiatric services. A secure ward at the regional hospital allows for hospitalisation, observation and treatment if required.
Ad hoc events/meetings	
Formalised events: Responsibility groups	Leaders described formal meetings such as routine staff meetings for prison staff or interorgansiational "responsibility groups". These may include or exclude the offender. Responsibility group bring together a range of professionals from different organisations to meet regularly with the offender to establish and maintain long term sustainable support for those individuals with complex and longstanding conditions. This is seen as important in their release and reintegration back into society. These events may already be in place when the offender first makes contact with the criminal justice system but may be developed when the offender is serving their sentence also. Although it is not fully clear from interviews the prevalence of use of these groups in the offender population, the intention is to facilitate the offender's access to resources and coordination between all participants including both professionals and the offender. Respondents indicated that they believed that not all offenders required this type of intervention, especially because these are viewed as resource intensive. Respondents' descriptions of the ansvargrupper suggests that these groups are loosely structured events, highly variable in the way these are run or the role/profession expected to initiate or lead the group. The involvement of the criminal justice system in the ansvargrupper is limited to the time period of the offender's sentence, which respondents suggest prevents professions in the criminal justice system taking a leadership role. The time limited period can be an advantage, however, as it enables the CS to take focused, more directed action when working with the offender during their limited period of involvement in this group.
Mediation boards	Respondents describe other formalised events facilitating communication with and between the offender and the range of services involved in their care. These include so called <i>grand meetings</i> lead by the Mediation Board. Following recent legislation (Hydle, 2015), mediation boards have the responsibility of convening interorganisational events to manage the community based sentences imposed on the young offenders. The offender, a range of professions, and the victim of the offence are brought together to work with young offenders and manage the execution of their sentence using principles of restorative justice. Respondents described these as more structured events, if compared to ansvargrupper, in that the initiation, leadership and membership is more clearly defined.
Service market squares	Interviewees explained that, at a service, rather than professional level, offenders in prison have a legislated right to access a range of services (e.g. housing, employment) (Rehabilitation guarantee- Sverdrup, 2013; Armstrong 2012). These services are presented to them as a menu or <i>market square</i> of available services from which offenders can "shop" or select the service or services they require upon release. Respondents refer to the operationalisation of the concept of the <i>servistorget</i> (<i>service market</i>) as highly variable and may run as a scheduled activity which the offender can attend. Unlike ansvargrupper and mediation boards, Interviewees did not consider interorganisational cooperation as an explicit aim of these events, and more tools with which to increase offender access to basic services. Health services are not currently included.
Interprofessional intra and interorgansiational professional meetings	Respondents describe the importance of regular <i>intraorganisational meetings</i> (e.g. morning staff meetings) in which information on the offender and related issues flows horizontally between staff and vertically between staff and organizational leadership. Unlike grand meetings, ansvargrupper and servistorget, the offender does not always participate in these activities. Respondents also describe the importance of regular <i>interorganisational meetings</i> at local and regional leadership levels and that serve to audit, project manage, problem solve and to discuss other strategic or systems level issues, such as the provision of new services or negotiation of inter service level agreements.
Coordination tool (e.g the individualized plan, Fremtidds plan)	The individualized plan (IP) (Sosial og helsedirektoratet, 2010) is a regulated coordination tool used by a range of services, with complex clients with multiple needs, to jointly map and coordinate support across the multiple services involved. In principle, respondents view this

as valuable tool in the criminal justice system and offenders. The value lies in making services take responsibility for the support needs of the offender and respondents suggest the plan should be in place before sentencing takes place, should be in place as offenders prepare for release and could be used as a tool by Mediation boards in the execution of youth sentences. All respondents viewed the initiation of this plan as the responsibility of professionals in municipality services working outside of the prison.

Leaders saw the IP as a tool, although seldom observed in the prison, environment, with potential to unify and reduce duplication in the plethora of other plans individual organisations already have in place. These other plans described include *the future plan* initiated by the prison to assist when mapping the offender's needs and in monitoring and evaluating subsequent actions to be taken by the offender during their prison sentence (e.g. education or rehab) in preparation for life on the outside. The tool is prepared in cooperation between prison social workers, nursing staff and potentially prison officers in partnership with the offender and may include plans to bring in external collaborators. The mapping dimension of the future plan is fed into by a recently implemented nationally held, electronic *needs assessment tool, BRIK*. In probation services, *social reports* fulfill a similar purpose to the future plan in the prison but are created before the agreement of sentence to support decision-making on the nature of the sentence based on the description of the range of support systems currently in place that may dictate the eventual length and type of sentence handed down.