

**Interprofessional collaborative practice in the Norwegian prison system:
A case study exploration of front-line professionals at two transitional
residences reintegrating inmates back into society**

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ABSTRACT

The Norwegian prison system has been debated to be one of the most exceptional in the world with a distinct welfare model and reoffending rates amongst the lowest, but practical concerns still present due to mental illness impacting on 92% of inmates. Addressing mental health in the prison population is listed as important for the purposes of their well-being, public safety and to reduce reoffending. Indications are that interprofessional collaborative practice (ICP) is essential to bring together service personnel from other disciplines to prevent, treat or reduce inmates' mental health needs. ICP broadly encompasses integration which is the structural arrangements that prescribe the placement of services and their personnel, whereas collaboration is concerned with the relations and interactions among staff. Previous research called for further exploration of these practices in the Norwegian prison system specifically from the front-line perspective.

As the primary aim, this study undertook an in-depth exploration of ICP at the final phase of the Norwegian prison system through explicit focus on the organisational work of front-line professionals with inmates' mental health needs. The theoretical framework of Cultural Historical Activity Theory (CHAT) and its theoretical components underpinned the research (i.e. object, outcome, tools, subject, community, rules and division of labour). CHAT represented an analytical lens to describe the anatomy of a specific collective activity system and to theorise ICP. A qualitative case study approach was used to undertake an exploration of front-line staff at two transitional residences in eastern Norway. These residences are considered prisons as inmates served the remainder of a prison sentence at these units before being released. The sample included Contact Officers, Social Workers and a Nurse at case study one, and Contact Officers and Social Workers at case study two. The data collection incorporated shadowing, observations and semi-structured interviews through 2-months immersion at each case study site to capture the professionals' insights and experiences. As a flexible analytical approach, Template Analysis was utilised with the use of a priori themes and the iterative development of a template resembling the key themes at each case study. Both case studies were characterised by a collective activity system that explores the organisational work at each prison to answer the research questions regarding the implementation of ICP.

As three key findings, the study identified the structural arrangements of integration concerning the front-line staff at the two transitional residences and broadly across the Norwegian prison system. (1) The specialised services and personnel were segregated from these residences, and the front-line prison staff ensured inmates had progressive opportunities to rehearse behaviour in the community. (2) The closely integrated interprofessional teams at these residences established organisational coherence, shared tasks and a collective accountability. (3) Due to insufficiently integrated systems such as the digital tool KOMPIS and confidentiality procedures, a higher degree of integration was required for these systems to improve the sharing of information across different services and front-line staff. Furthermore, the study identified four key findings pertaining to the collaborative processes that noted the purposeful relations at the residences and across the prison system. (1) The front-line staff had low levels of collaboration with other services as inmates were encouraged to maintain this collaborative responsibility themselves, yet new collaborative initiatives or models were requested with

NAV (the labour and welfare service) and other prisons to overcome communication challenges. (2) Having qualified and competent staff to work in these residences was demonstrated to be essential for the professionals to develop collaborative relations between different disciplines. (3) The staff valued the autonomous relationships with inmates to cultivate collaborative and participatory involvement. (4) The application of the professionals' shared humane ideals stimulated collaborative outlooks amongst them.

In combination, this study found that the integrative structures, collaborative processes and organisational culture informed the implementation of ICP at the transitional residences to reintegrate inmates back into society. The study has indicated that the front-line professionals held an organisational commitment toward the inclusive treatment and positive development of inmates' wide range of needs, including mental health, to prepare them for release and a life outside of prison.

Contributions from this research suggest that ICP is required to complement the demands of both front-line staff and inmates at the final phase of a prison system to endorse reintegration.

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ABBREVIATIONS

CHAT – Cultural Historical Activity Theory

CO – Contact Officer

DPS – The specialised adult mental health service in Norway

ICP – Interprofessional collaborative practice

KRUS – The University College of the Norwegian Correctional Service

N – Nurse

NAV – The labour and welfare service in Norway

SW – Social Worker

WHO – World Health Organization

PARTNERSHIP

The Doctoral study is partnered with the EU Horizon 2020 funded consortium of researchers (COLAB RISE no. 734536 2017-2021). The wider project title is "*Improving collaborative working between correctional and mental health services*", with one of the key objectives being to conduct research of interprofessional collaborative practices between European Correctional Services and health and welfare services. The project encompasses academic and non-academic partners in the United Kingdom, Norway, Finland, Denmark and the Netherlands. The researcher had been allocated a maximum of 6-months secondments to Norway to contribute toward this research and the wider COLAB project.

TABLE OF CONTENTS

CHAPTER 1	
BACKGROUND TO THE STUDY	1
1.1 Introduction	1
1.2 The Norwegian prison system	2
1.2.1 Structure	2
1.2.2 Prison types	4
1.2.3 Penal policies	5
1.2.4 The Norwegian welfare model	8
1.3 Mental ill health prevalence in prisons	11
1.3.1 Accountability of prison systems	13
1.4 Front-line professionals' role in rehabilitating, reintegrating and reducing reoffending of prisoners	15
1.4.1 Staff in Norwegian prisons	18
1.4.2 Working with inmates' mental health needs in prison	20
1.4.3 The necessity for interprofessional collaboration	21
1.5 Conclusion	22
CHAPTER 2	
REVIEW OF LITERATURE	24
2.1 Introduction	24
2.2 Interprofessional collaborative practice (ICP)	24
2.2.1 Integration	27
2.2.2 Collaboration	28
2.3 Prison-based interprofessional collaboration	29
2.4 A narrative review of ICP in the Norwegian prison system	32
2.4.1 Introduction	32
2.4.2 Method	33
2.4.3 Inclusion and exclusion criteria	35
2.4.4 Results	35
2.4.5 Selected articles	36
2.4.6 Discussion	37
2.4.7 Research gap	42
2.5 Conclusion	42
CHAPTER 3	
METHODOLOGY	44
3.1 Introduction	44
3.2 Ontology and epistemology	44
3.3 Research design	46
3.3.1 Aim	46
3.3.2 Research questions	47

3.3.3 Objectives	48
3.4 Theoretical framework.....	48
3.4.1 Cultural Historical Activity Theory (CHAT).....	48
3.4.2 CHAT as an analytical lens	52
3.5 Case study method	54
3.5.1 Type of case study	54
3.5.2 Case design	55
3.6 Sample	58
3.7 Data collection methods.....	59
3.7.1 Observational research – structured observations and shadowing.....	60
3.7.2 Semi-structured interviews.....	62
3.8 Instruments	62
3.9 Research quality	64
3.10 Ethics.....	67
3.11 Fieldwork procedure.....	70
3.12 The case study sites	71
3.12.1 Case study one data collection	71
3.12.2 Case study two data collection	72
3.13 Analytical process	73
3.13.1 Template Analysis.....	75
3.13.2 A priori themes	76
3.13.3 Computer Assisted Qualitative Data Analytical Software	78
3.13.4 Procedural steps of Template Analysis.....	78
3.14 Conclusion	80
CHAPTER 4	
CASE STUDY ONE	82
4.1 Introduction	82
4.2 Main findings	82
4.2.1 Object.....	84
4.2.1.1 Theme 1 – Socialisation.....	85
4.2.1.2 Theme 2 – Accessing external services	87
4.2.2 Outcome.....	88
4.2.2.1 Theme 1 – Release preparation	89
4.2.2.2 Theme 2 – Prison ambiance	90
4.2.3 Tools.....	91
4.2.3.1 Theme 1 – Environmental skills	92
4.2.3.2 Theme 2 – Mapping processes.....	94
4.2.4 Subject	97
4.2.4.1 Theme 1 – Contact Officers, Social Workers and a Nurse - Normalise values/philosophy.....	98

4.2.5 Community	99
4.2.5.1 Theme 1 – Health, welfare, criminal justice and third sector organisations - Indirect service involvement.....	100
4.2.5.2 Theme 2 – Unintegrated service model	103
4.2.6 Rules	104
4.2.6.1 Theme 1 – Fluid work management	104
4.2.6.2 Theme 2 – Intricate confidentiality procedures	105
4.2.7 Division of labour.....	106
4.2.7.1 Theme 1 – Common professional competencies	107
4.2.7.2 Theme 2 – Passive prison functionality	110
4.3 Conclusion	111
CHAPTER 5	
CASE STUDY TWO.....	112
5.1 Introduction	112
5.2 Main findings	112
5.2.1 Object.....	114
5.2.1.1 Theme 1 – Socialisation.....	114
5.2.1.2 Theme 2 – Accessing external services	117
5.2.2 Outcome.....	118
5.2.2.1 Theme 1 – Reintegration	119
5.2.3 Tools.....	119
5.2.3.1 Theme 1 – Environmental skills	120
5.2.3.2 Theme 2 – Mapping/reviewing processes	121
5.2.4 Subject	124
5.2.4.1 Theme 1 – Contact Officers and Social Workers – Reparation values/philosophy	125
5.2.5 Community	127
5.2.5.1 Theme 1 – Health, welfare and third sector organisations - Unintegrated and indirect service involvement.....	128
5.2.5.2 Theme 2 – Criminal justice interactions	130
5.2.6 Rules	131
5.2.6.1 Theme 1 – Dynamic practices	132
5.2.6.2 Theme 2 – Intricate confidentiality procedures	134
5.2.7 Division of labour.....	134
5.2.7.1 Theme 1 – Unified professional functions.....	135
5.2.7.2 Theme 2 – Flat organisational hierarchy.....	137
5.3 Conclusion	138
CHAPTER 6	
DISCUSSION.....	139
6.1 Introduction	139
6.2 Collective activity systems	139

6.3 How are front-line professionals integrated at Norwegian transitional residences regarding their work with inmates' mental health needs?	141
6.3.1 Segregated services and staff – progressive opportunities for inmates in society	141
6.3.2 A closely integrated interprofessional and collective team	145
6.3.3 Systems integration – information sharing.....	147
6.3.4 Key arguments	150
6.4 How do front-line professionals collaborate at Norwegian transitional residences regarding their work with inmates' mental health needs?	151
6.4.1 Low levels of collaboration with community services – an inmate's responsibility	151
6.4.2 Qualified and competent staff to collaborate in prison.....	154
6.4.3 Autonomous relationships – collaborative involvement between staff and inmates.....	156
6.4.4 Shared humane ideals and the collaborative outlooks of front-line staff	159
6.4.5 Key arguments	161
6.5 How and why is interprofessional collaborative practice implemented by front-line professionals at transitional residences in Norway?	162
6.5.1 How is interprofessional collaborative practice implemented?	162
6.5.1.1 Integrative structures and collaborative processes.....	162
6.5.1.2 Organisational culture	163
6.5.1.3 A conceptual model of practice – Structure, process and culture	164
6.5.2 Why is interprofessional collaborative practice implemented?	166
6.5.2.1 Mediating collective activity systems and shared objects.....	168
6.5.2.2 An organisational commitment to reintegrate inmates back into society	170
6.5.3 Key arguments	172
6.6 Conclusion	172
CHAPTER 7	
CONCLUSION.....	174
7.1 A return to the research questions	174
7.2 Originality	175
7.3 Implications from policy to practice	176
7.4 Recommendations for future innovation	177
7.5 Limitations of the study	179
7.6 Reflexivity of the research content and process	180
7.7 Future research.....	182
References	184
Appendices	206
Appendix 1: Data extracted for the narrative review	206
Appendix 2: CHAT in organisational research to theorise professional practice and toward future formative interventions and expansive change.....	209
Appendix 3: Structured observation and shadowing instrument.....	214
Appendix 4: Semi-structured interview guide (English and Norwegian)	215
Appendix 5: Ethical approval.....	221

Appendix 6: Observation information sheet (English and Norwegian)	226
Appendix 7: Shadowing information and consent form (English and Norwegian)	230
Appendix 8: Interview information and consent form (English and Norwegian)	236
Appendix 9: Risk assessment form.....	242
Appendix 10: Case study summaries	246
Appendix 11: Shadowing, observation and interview data overview.....	249
Appendix 12: Detailed description of the Template Analysis procedure	266
Appendix 13: Template development for the two case studies	272

LIST OF TABLES AND FIGURES

Table 2.1	Key terms and alternatives utilised for the search strategy.	p.34
Table 2.2	The inclusion and exclusion criteria for the literature search.	p.35
Table 3.1	The case study designs based on their orientations, key features and methods.	p.56
Table 3.2	The key questions for the theoretical components of CHAT which informed the data collection instruments.	p.63
Table 3.3	The fieldwork and data collection as listed through the procedure, methods and timeframe of the researcher's visits to Norway.	p.71
Table 3.4	The interviewed front-line staff by professional type, pseudonym, years employed at the transitional residence, total criminal justice experience and working hours at case study one.	p.72
Table 3.5	The interviewed front-line staff by professional type, pseudonym, years employed at the transitional residence, total criminal justice experience and working hours at case study two.	p.73
Table 3.6	A summary of the common types of analytical procedures used for qualitative data, the key features and approach.	p.74
Table 3.7	A priori themes utilised as part of the analytical process of Template Analysis.	p.78
Figure 1.1	The structure of the Norwegian prison system.	p.2
Figure 1.2	The distribution of prisons and probation offices in Norway.	p.3
Figure 2.1	The continuum of integration.	p.27
Figure 2.2	A summary of the sifted articles for the narrative review.	p.36
Figure 3.1	The second-generation structure of an activity system model.	p.49
Figure 4.1	The final template of case study one underpinned by the theoretical framework of CHAT and its components.	p.83
Figure 4.2	A conceptual map of the object at case study one demonstrating what the front-line professionals were working on and intending to achieve.	p.84
Figure 4.3	A conceptual map of the outcome demonstrating the desired accomplishment of the front-line professionals at case study one.	p.89
Figure 4.4	A conceptual map of the tools demonstrating the instruments utilised by the front-line professionals at case study one.	p.92
Figure 4.5	A conceptual map of the subject represented by the front-line professionals and their values and ideals at case study one.	p.97
Figure 4.6	A conceptual map of the community demonstrating the involvement of the front-line professionals with other services at case study one.	p.100
Figure 4.7	A conceptual map of the rules demonstrating the rules, regulations or norms utilised by the front-line professionals at case study one.	p.104

Figure 4.8	A conceptual map of the division of labour demonstrating the distribution of work among the front-line professionals at case study one.	p.107
Figure 5.1	The final template of case study two underpinned by the theoretical framework of CHAT and its components.	p.113
Figure 5.2	A conceptual map of the object at case study two demonstrating what the front-line professionals were working on and intending to achieve.	p.114
Figure 5.3	A conceptual map of the outcome demonstrating the desired accomplishment of the front-line professionals at case study two.	p.118
Figure 5.4	A conceptual map of the tools demonstrating the instruments utilised by the front-line professionals at case study two.	p.120
Figure 5.5	A conceptual map of the subject represented by the front-line professionals and their values and ideals at case study two.	p.125
Figure 5.6	A conceptual map of the community demonstrating the involvement of the front-line professionals with other services at case study two.	p.128
Figure 5.7	A conceptual map of the rules demonstrating the rules, regulations or norms utilised by the front-line professionals at case study two.	p.132
Figure 5.8	A conceptual map of the division of labour demonstrating the distribution of work among the front-line professionals at case study two.	p.135
Figure 6.1	The collective activity system of front-line professionals working with inmates' mental health needs at case studies one and two.	p.140
Figure 6.2	An illustration of the front-line prison staff at the transitional residences supporting the inmates to access the external specialised services and staff in the community.	p.142
Figure 6.3	An illustration of the Import Model and its utilisation in the Norwegian prison system at a closed prison.	p.143
Figure 6.4	The closely integrated front-line professionals at the two transitional residences.	p.146
Figure 6.5	A replication of the Målkart tool utilised at the two transitional residences.	p.149
Figure 6.6	An illustration of the collaborative process between the transitional residence staff, the inmates and the community-based services.	p.152
Figure 6.7	A conceptual model theorising how interprofessional collaborative practice was implemented at two Norwegian transitional residences.	p.165
Figure 6.8	The front-line professionals organisational work at the two case studies as a model of interlinking activity systems with shared objects.	p.167
Figure 6.9	A theoretical illustration of the key mechanisms of interprofessional collaborative practice, which informed the object(s) of activity and mediated collective activity systems at both transitional residences.	p.169

CHAPTER 1

BACKGROUND TO THE STUDY

1.1 Introduction

To introduce the study, this thesis focuses on interprofessional collaborative practice (ICP) in the Norwegian prison system. Crucially, front-line professionals are at the forefront of this study to investigate their organisational work with inmates' mental health needs at two transitional residences in Norway. Contributions from this study are noteworthy for understanding ICP at the final phase of the Norwegian prison system before inmates are released from prison and return to society.

Summarising the thesis structure, this study is organised into seven main chapters. The initial chapter presents the background of this study to position the prime focus. The embedded features of the Norwegian prison system are introduced firstly as it has been widely debated as one of most exceptional in the world, represented by a socially cohesive and a modelled welfare approach to penal institutions and practice. Additionally, the first chapter considers the prevalence of mental ill health in prisons and importance of front-line professionals working with inmates' complex needs, including staff in Norwegian prisons, to rehabilitate, reintegrate and reduce reoffending. Concluding the initial chapter, interprofessional collaborative practice (ICP) is considered as a suitable approach in prison settings. ICP can bring a range of professionals together to work with inmates' complex social and health difficulties, markedly their mental health, before being released back into society. Chapter two reviews literature to characterise ICP and define the key terminology utilised in this study such as the concepts of integration and collaboration. In addition, the second chapter presents a narrative review of ICP with inmates' mental health needs, specifically in the Norwegian prison system to identify the gap in current knowledge that this study addresses. Chapter three describes the suitable methodological approach taken and the underpinning theoretical framework. Chapters four and five explore separately two case studies regarding front-line professionals' organisational work. Both case study chapters therefore discuss the main findings relating to the work with inmates' mental health needs at two transitional residences in Norway. Chapter six discusses the key propositions of this study pertaining to ICP with existing literature to specify the contribution to new knowledge. Chapter seven offers the conclusions to this study including a return to the research questions, originality, implications from policy to practice, recommendations, limitations, reflexivity of the research process and content, and considerations for future research. To position the prime focus, the Norwegian prison system is firstly introduced to account for the key features of this study.

1.2 The Norwegian prison system

1.2.1 Structure

The organisation of the prison system, also referred to as the correctional system, in Norway is modelled into four levels which are underneath the Ministry of Justice and Public Security. As seen from Figure 1.1, the three other levels include the Norwegian Criminal Justice Directorate (KDI). The KDI has the highest administrative responsibility for the Correctional and Probation Service. There are also five regional administrators beneath the KDI. The responsibility of these different criminal care regions is to carry out the penalties that are implemented within the region and ensuring collaboration and resource sharing with other regions. These five regions are as follows:

- Region North
- Region East
- Region South
- Region Southwest
- Region West

The Criminal Care Education Centre is the University College of the Norwegian Correctional Service (KRUS) in Norway. As a competence centre, a two-year college education in criminal justice is provided to train and educate Prison Officers employed by the Correctional Service in subjects such as criminology, psychology, law, ethics and human rights. Research is also conducted at KRUS to provide field-based education for staff. The local prisons and other criminal care offices such as transitional housing, probation offices and the drugs control program within each region hold the responsibility for the day-to-day operational functioning of the prison system (Kriminalomsorgen 2016, 2020a).

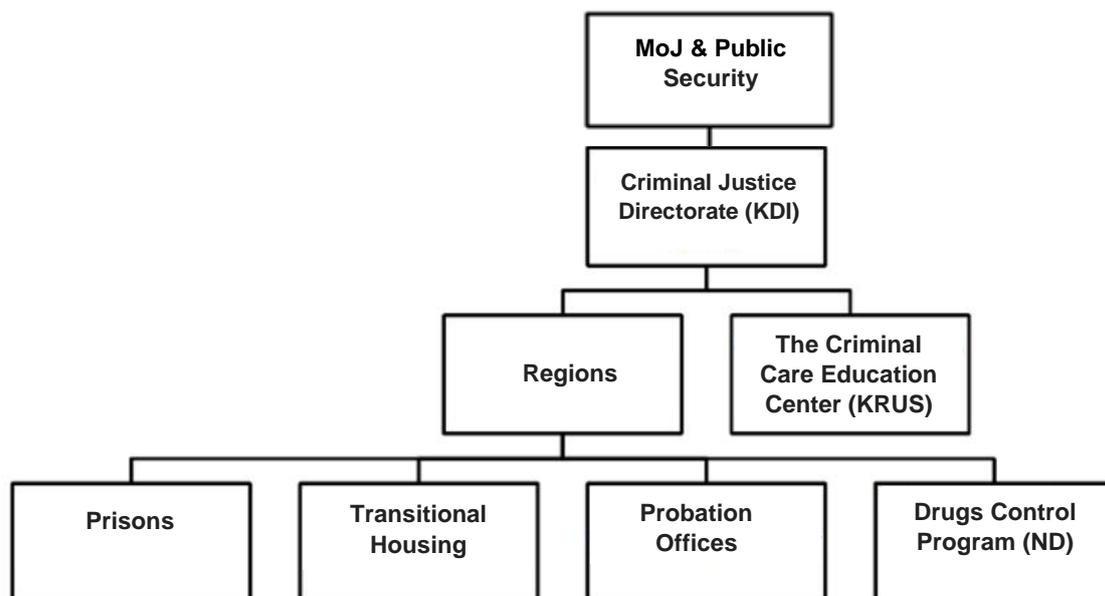


Figure 1.1 The structure of the Norwegian prison system (translated from Kriminalomsorgen 2016).

From the 2016 annual report of statistics in Norway, the ordinary capacity of the prison system was 4,122. The definition of this is the normal capacity in which beds are normally allocated for the use of sentences and custody. In this case it does not include hospital beds, chastisement cells and doubling spaces. The average functional capacity was in fact 4,042 due to cells being taken out of service for maintenance. Overall, through the year the average utilisation of capacity ran at 95.2% with the average number of prisoners being 3,850 in that particular year. In total, the number of prisoners that came through the system was 13,528 with the total number of imprisonments being 9,808. During 2016, the number of unconditional prison and detention sentences exerted was 6,357 and an incarceration rate per 100,000 residents based on the average number of prisoners being 71.8. The average inmate capacity of prisons in Norway is 70 with them ranging from having 400, to as low as 15 inmates (Kriminalomsorgsdirektoratet 2016; Kriminalomsorgen 2017, 2020a).

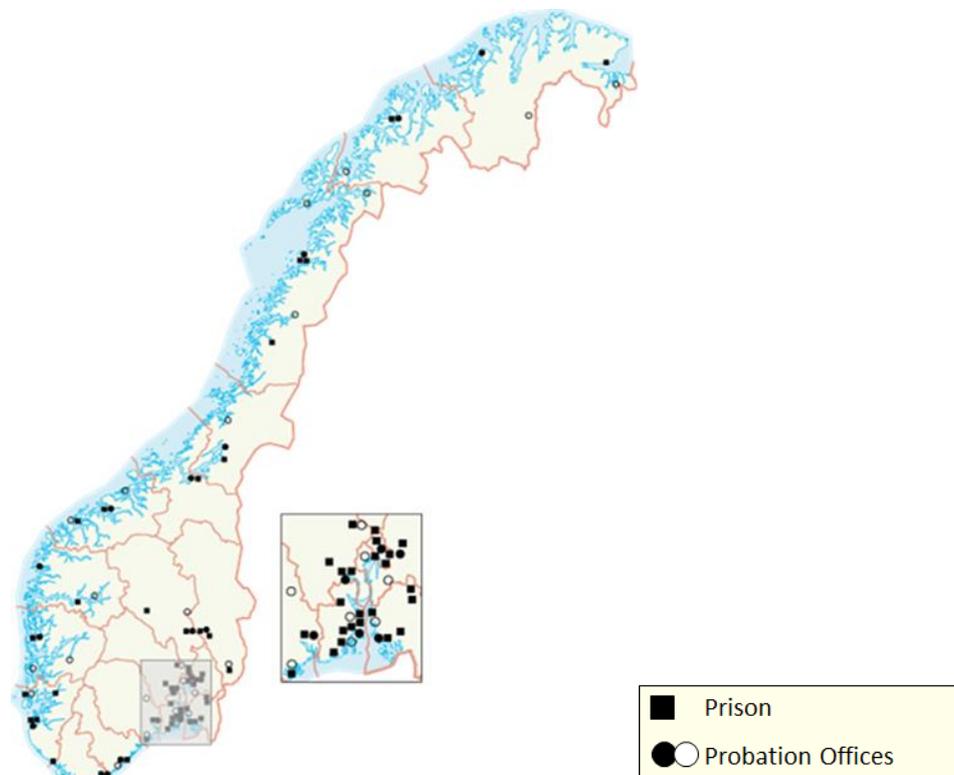


Figure 1.2 The distribution of prisons and probation offices in Norway.

Figure 1.2 displays the distribution of prisons and probation offices in Norway, with the area of Oslo having the most densely located area of prisons in Norway (Johnsen 2017). The Norwegian Correctional Service maintains around 4,700 functioning employees including prison and uniformed staff with around 3,600 full-time staff employed in the Correctional Service and 325 in probation. Accordingly, there are 17 probation offices in 40 locations and 59 prisons including 7 transitional residences, and 70% of the total prisons being high security institutions (Kriminalomsorgsdirektoratet 2016; Kriminalomsorgen 2020a).

1.2.2 Prison types

Explicitly, the Correctional Service is referred to as Kriminalomsorgen in Norwegian and is commonly termed the Prison Service in other contrasting systems such as in England and Wales. As an integral part of the work undertaken by the Correctional Service in prisons, maintaining a safe punishment and conviction of a prison sentence is crucial for both the community and inmates. It is common for prisoners to firstly begin their sentence at a high level of security, with prisons typically categorised as either a high or low. Upon assessment of safety, escape hazard and the goal of the penalty, transfer to a lower level of security can occur when the inmate has one year left until release. The progressive transition between these levels of security is to assist a gradual return from prison to the community (Kriminalomsorgen 2020a, 2020b).

Extra High Security

For unique cases that require strict security measures, prisons such as Ringerike, Skien and Ila have their own authorised departments categorised as extra high risk. The use of an extra high level of security department is for detainees who are perceived to be in danger of escape, taking someone hostage or the risk of a new serious crime. Inmates held in these departments are not able to interact with inmates from other departments and also not with other inmates held at this extra high level. Placement in this department can last for up to six months at a time but can continue upon the review and decision of the criminal office (Kriminalomsorgen 2020c).

High Security

High security prisons in Norway are described as having a wall or high fence around the prison vicinity. These are also known as closed prisons and more than 60% of prison places in Norway are in closed prisons. Through the control exerted by Prison Officers, inmates in these prisons can attend education and participate in recreational activities. Usually these prisons have one or more departments that consist of cells, a kitchen and a common area to watch television or undertake leisure activities. Within reason, inmates should have access to training, other educational programmes and socialising during their work and spare time. Cells are searched on a daily basis by Prison Officers, and if the inmate is not engaging in any form of activity they will be locked away (Kriminalomsorgen 2020b).

Low Security

Prisons with a low level of security are referred to as open prisons. They have fewer physical security measures in place, but typically have a fence around the prison area which inmates are not allowed to leave. Inmates are entitled to share houses or rooms with other prisoners, even with the prison building being locked overnight, the prisoners are not locked away in their cells. The emphasis of low security prisons is for inmates to have greater contact with the rest of society through different forms of

temporary release regimes, visiting arrangements and simpler control measures (Kriminalomsorgen 2020b).

Transitional Housing

Toward completion of an inmate's sentence, they can be transferred from a high or low security prison to a transitional residence, known as an overgangsbolig. Importantly, these transitional residences are still considered prisons with clear control protocols but are typically perceived as less restrictive than other prisons. For an inmate to be transferred here it must be appropriate for the promotion of positive development and to deter new crime. Additionally, a transfer cannot take place if the purpose of the penalty or safety reasons are not met and if it is believed the inmate will abscond. The emphasis of transitional housing is for a gradual return to society with professional expertise present who address an inmate's needs for living, work and training. Through this process, networking and support with other executive services should take place and inmates being individually followed-up. Residing here is to plan for release and leaving the facility each day to take part in social training in the community (Kriminalomsorgen 2020b). These settings represent the crucial focus of this study and these prisons account for the final phase of the prison system before an inmate's release. Justifying the utility of these prisons will be explained in more detail in the methodology chapter.

1.2.3 Penal policies

The subsequent section explains the penal policies in Norway to demonstrate the key emphasis of the work undertaken by prison-based staff. Prison systems are considered to implement a contrasting rehabilitative or punitive emphasis. Such measures may have a decisive impact on how the punishment of a prison sentence is implemented along with the values and principles to which penal practices are based upon. The importance of these measures in Norway outlines the strategic capacity of the Correctional Service through how it is planned and designed. Firstly, the Execution of Sentences Act 2002, which is the Norwegian penal code, conveys the key content of a prison sentence. The scope of the Correctional Service is to use the measures available to promote the sentencing of a convicted person and providing conditions for them to be able to make their own efforts to counter new crime. The convicted person also has a duty of undertaking activity during the execution of a sentence and such obligation consists of work, training, socially useful services, programmes or other measures that may suitably counteract further crime. Penal sanctions as far as possible should provide a gradual transition from prison to freedom and offer participation in recreational activities for the convicted person. Section 2 of the Execution of Sentences Act 2002 also exemplifies the key purpose of a prison sentence:

“The penalty shall be implemented in a manner that takes into account the purpose of the penalty, which counteracts new criminal offences that are safe for society and which ensure the inmates satisfactory conditions within these limits. Provision shall be made for the restoration process during the execution of the sentence. In detention of custody, the Correctional Services shall provide the conditions for remedying the negative effects of isolation.” (Execution of Sentences Act 2002, § 2).

The execution of prison sentences has been presented by the Norwegian Ministry of Justice and the Police (2014) in the White Paper *“Development plan for capacity in the correctional care”*. The White Paper outlines the objectives of the Correctional Service in Norway that encompasses the prison-based professionals employed by this service. Similarly, this documentation evidences the policies in the system and the expectations of prisons, staff and implementation of criminal care by the criminal justice system. The Norwegian Ministry of Justice and the Police (2008) White Paper *“Punishment that works – Less crime – Safer society”* also demonstrates the foundation of the work undertaken by the Correctional Service. Through the executions of the prosecution or court, the Correctional Service must implement action through the use of custodial imprisonment, social punishment, detention or other special criminal justice penalties. To facilitate these tasks, it must be ensured that any punishment is carried out while considering the purpose of the penalty, counteracting any new criminal offence, the safety of society and ensures satisfactory conditions for prisoners.

Fundamentally, the Norwegian Ministry of Justice and the Police (2008) White Paper presents the basis for the work undertaken in prisons through the key assignments and targets of the Correctional Service. Providing prisoners with satisfactory conditions, the Prison and Probation Services should ensure that the penal sanction is carried out in a way that takes into account the purpose of the punishment, which is to reassure the community and counteract new criminal activity. Collaboration with other agencies intends to enable a convicted person to make their own effort and to achieve the target of a prison sentence - to change their lives for the better and prevent further crime. With inmates having the same social rights as other citizens, the criminal justice system is based upon humanity, legal security and equal treatment to ensure that a criminal sanction protects convicted persons from abuse and arbitrariness. The premise of the punishment is that the penal sanction implemented by the courts should be based on the individual needs of an inmate to support their willingness to desist from crime.

Illustrated by these policy documents (Norwegian Ministry of Justice and the Police 2008, 2014), Norwegian penalties in prison and society are based on a supportive and humanist view of crime prevention in which people are equal, have self-worth and creativity. A convicted person must have a responsibility in their own life both during and after completion of a sentence. Individuals must therefore have the right to make their own choices and take responsibility for the consequences of their actions. People in prison must have the same opportunities and equal treatment regardless of gender, social background, disability, ethnicity, religion and sexual orientation. Thus, the Correctional Service should be conducted in a manner that provides consistent work and offers equal opportunities to inmates such as rehabilitative and reintegrative measures. Categorising the key objectives of the Correctional Service, safety, security and social protection are of paramount importance. Similarly, rehabilitation and reintegration are also fundamental goals. To facilitate these objectives, Norwegian policies are to limit the harmful effects of prison such as institutionalisation that cause problems in returning to society and may increase the risk of reoffending. To achieve this, Norway has implemented several key principles including the principle of justice, the principle of normality, the principle of progression and the principle of proximity. These principles are to reduce negative influences and facilitate rehabilitation and reintegration into society.

The Norwegian Ministry of Justice and the Police (2008) elaborates on these key principles. The *principle of justice* indicates that it is in fact the detention itself, which is the punishment, and the convicted person should not lose other civil rights. The *principle of normality* implies that a person's existence during a prison sentence shall be as equal as possible to life elsewhere in society. Any person should not be subjected to measures that are deemed additional penalties, while criminal proceedings shall not be more burdensome than necessary. The practicality of this principle also suggests inmates should plan their own finances, shop, cook, wash clothes and keep their cell clean, search for jobs or education. In this case, to increase the chance of living a crime free life, prisons should be an arena for rehearsing daily activities and executing responsibility for their lives. Any convicted person therefore has the same rights as other citizens in society. As far as possible, a person's existence during a sentence must be executed equally as the existence elsewhere in society and that the detention itself is deemed the punishment. The penal arrangement should therefore not be any more burdensome than necessary and this normalisation is an embedded feature of penal policies in Norway. The belief is that improvements can still be made during criminal proceeding to reduce the unintended harmful impact of a conviction and facilitate the effective return to society.

The *principle of progression* is one that means during a sentence the conditions of confinement should gradually become less strict for a convicted person, with more freedom gained the closer to the completion of a sentence. The purpose of this progression is that a sentenced person in this system should be able to adapt to life after release. Notably, this principle holds significance for prisoners with longer prison sentences for whom the contrast is extreme between many years incarcerated and freedom. Likewise, penalties should not be imposed at a higher level of security than necessary to safeguard society. Finally, the *principle of proximity* indicates that convicted persons should be held in prisons as close to their home location as possible. The purpose is to prevent social isolation and enable contact with family members and the local community during a sentence. For inmates who require specialised services for security or rehabilitative measures during custody, this principle holds importance to prevent unnecessary transport costs geographically. An important factor of the principle of justice and normality is one of administrative collaboration for public services in the correctional care system. The reason is that society supplies services into prisons around Norway and services should work together to achieve the overarching objectives. Fundamentally, the penal policies and key principles presented above intend to induce collaboration between services to provide better opportunities in the prison system for rehabilitation and reintegration.

The Norwegian Ministry of Justice and the Police (2008, 2014) stresses that in order to successfully reintegrate inmates, concrete rehabilitation programmes are considered vital. Programmes such as education, employment services, debt counselling, treatment for substance misuse and mental health problems have been regularly evidenced to have a direct impact on how a person succeeds on release from prison. The government's goal is to therefore develop the correctional care system, ensuring that when executing punishment convicted persons get a real opportunity to live a life without crime. Additionally, a positive return to society requires close collaboration between differing services, volunteers and government agencies. Participatory involvement between differing agencies is regulated

by law to ensure these services work with individuals' wide array of needs in prison. The complexity of inmates' needs is an important consideration as co-occurring vulnerabilities such as mental health problems are highly prevalent in the prison population. As a contemporary issue, Norwegian penal policy takes factors such as this into consideration. Efforts between the Correctional Service and other agencies must enable the sentenced person to pursue a change in their criminal behaviour. Orchestrated also by the Norwegian Penal Code, Section 4 of the Execution of Sentences Act 2002 stipulates that the Correctional Service is intended to collaborate with other government agencies to facilitate the conviction of individuals in custody to provide services that are required by law. Collaboration between these services should contribute to a concerted effort to meet the needs of inmates and promote their adaptation to society. Future punishment in prisons and society should be used to protect the public safely from those who are serving prison sentences and are dangerous to society. The majority of people convicted or sent to prison are considered to pose no great danger to other people's lives and safety. Even so, the capacity of the Correctional Service sets out a model that requires greater flexibility and consistency in the criminal justice system to effectively rehabilitate and reintegrate people in prison.

Due to groups of prisoners having specific needs, the government in Norway outlines a need to develop services to work together and provide treatment to inmates. The reason is that prisons and prison-based services may not necessarily have the capacity or function to provide solutions for inmates encountering mental health problems or substance addictions. As Ugelvik (2016) describes, front-line practice in Norwegian prisons is traditionally associated with ensuring prisoners have equal rights to the same provision of care and welfare as any other citizen in society. As the prison sentence and loss of liberty is said to be the sole premise of the punishment in Norway, people in prison are therefore entitled to the same services as provided in the community to receive adequate support for their multiple needs. We now turn our attention to the Norwegian welfare model implemented in Norway. The welfare-orientated approach of the Norwegian prison system emphasises the supportive function of a prison sentence and professionals working with inmates' needs prior to release and transition them from prison to society.

1.2.4 The Norwegian welfare model

In the field of comparative criminology, Scandinavian or Nordic countries are consistently portrayed as exceptions to the global move toward growing rates of imprisonment and tough on crime policies with less welfare (Pratt 2008a, 2008b; Pratt and Eriksson 2011). Pratt (2008a, 2008b) drew attention to the term "*Scandinavian exceptionalism*" which has been regularly touted in comparative penal research, and particularly the Nordic/Scandinavian prison systems such as Norway. Opposing the degrading and inhumane punishments of other prison systems, two factors are central to this termed "*exceptionalism*" in countries such as Norway's. These factors are low rates of imprisonment and humane prison conditions. In comparison to the rest of the world, some Nordic prisons have been perceived as luxurious due to the design and humane conditions. As a notable point, it is important to emphasise that prisons in these "*exceptional*" countries, including Norway, are not all the same and systemic flaws

can still be present such as the high proportion of foreign nationals in the prison system. Furthermore, the prison conditions that are experienced by inmates will undoubtedly affect their experiences and the pains of being imprisoned (Ugelvik and Dullum 2012).

Scandinavian countries (i.e. Sweden, Norway, Denmark, Iceland, and Finland) are considered to maintain more humane and mild prison regimes because of their distinctive welfare state models. These models are said to be rooted in strong cultures of equality, social solidarity and cohesion (Pratt and Eriksson 2011). The Norwegian government has therefore established a so-called reintegration guarantee which lists that all prisoners prior to and on release shall be offered the welfare they require such as employment, suitable accommodation, medical treatment, further education, addiction services, and debt counselling. Although not legally binding, various services as part of this welfare state model are positioned to work together on the common objective of rehabilitation and reintegration. In the Norwegian case, the philosophy is that prisons are places for positive change and coupled with the idea that the system upholds a welfare state model (Ugelvik 2016). Accordingly, this section has begun to articulate the provision of welfare in Norway and the key role it plays toward administering a prison sentence.

Smith and Ugelvik (2017) have accounted for the welfare embraced states in Scandinavia including Norway which has moulded the key features of the prison culture and practice. A welfare state is defined in terms of a liberal subject being free to control him/herself and administer their own freedom. The main goals of this are to give members of society the best possible conditions to maximise their own potential (Foucault 2007). Crime in welfare states such as Norway is therefore considered to be more than just an individual flaw, but that it is also a sign of failed societal integration (Ugelvik 2012). To address this issue, Norway has implemented a welfare-oriented model in that public services are provided as part of the provision for correctional care in the prison system. Thus, the Norwegian prison system implements an "*Import Model*" in which services such as teachers, health professionals, priests or other professions are not considered criminal services. In fact, it is schools, the health service and other agencies that are required to enter prisons and provide the services to inmates that they are entitled to. In conjunction with this model, the convicted person where possible may also go out into the community and participate in society with other citizens who also require the same day-to-day amenities. While still ensuring a safe society, the liberty of an individual in prison is envisaged as an efficient and cost-effective rehabilitative measure (Norwegian Ministry of Justice and the Police 2008).

Through this Import Model, services provide the welfare and support to inmates in prisons. For example, health services in prisons are also integrated in the local community to address mental illness. Furthermore, the general health services within prisons are funded and run by the health authorities and not by the Correctional Service. The municipality covers the financial cost for these services, whereas the specialised services for mental health care are provided by hospitals and paid for by the state. In this case, all prison based health professionals are completely independent of the prison system administratively and budget-wise (Bjørngaard et al. 2009; Nettet et al. 2011). Hence, the Import Model explains the purpose of providing welfare to inmates in the correctional system and via other specialised services in prisons.

Devised by Nils Christie (1970) and the "*Models for prison organization*", the Import Model was implemented into criminal justice policy and most Norwegian prisons to have other professionals employed independently from the prison administration. Preceding this, services provided by Social Workers or Doctors were employed directly by the prison system. Thus, the premise of this Import Model was proposed to employ welfare externally from the prison system. Professionals could therefore be imported from the outside into prisons to ease the financial pressures brought by having health personnel, priests, teachers and other specialised staff within the prison system. By opening up prisons to the wider community, the Import Model entitled the ordinary authorities such as education and health to take responsibility for providing the welfare and care in prison. The reformed Import Model entitled prisoners to be offered the same services as every other citizen in society and increased accountability of the criminal justice system to provide adequate care for people in prison. Hence, Norway has progressively been considered a welfare state with smooth running, strong focus on inclusiveness and a less punitive penal culture (Cavadino and Dignan 2006; Mathiesen 2012). Traditionally, the penal strategy in Norway is said to have a strong focus on welfare to produce the empowerment of prisoners and a culture of "*likhet*", meaning one of equality and being of the same worth (Smith 2012; Ugelvik 2012). Pratt and Eriksson (2011) described the rise of this welfare model in Scandinavian countries such as Norway that demonstrated improving living conditions across the whole population, with social solidarity strengthened. As illustrated in Norway, this approach has been to ensure that no one was to be shut out or to be outsiders, including prisoners.

The inclusive welfare approach of Norway has been seen to emphasise the continuance of prison normalisation that reaffirms the normality principle as one of the key pillars of criminal care. Consequently, prisons are not intended to be places of suffering, fear, and deprivation. Instead they should be places of redemption, learning, training and cure by intending to replicate the conditions of the outside world rather than be shut out. Alongside restricting the size of prisons, the maintenance of relatively humane and reintegrative prison conditions have remained central features of the prison system (Pratt and Eriksson 2011). Through the provision of welfare, professional considerations of "*Who do you want to be your future neighbour?*" are noted to play a key part in attempting rehabilitation and reintegration in Norway, especially as most prisoners sooner or later will be returning to the community (Johnsen and Fridhov 2018).

Ugelvik (2016) discusses the idea of prisons as welfare institutions in Norway with prisoners offered the various provisions of the state as the rest of the population including the entitlement to free healthcare, social services and a secondary education. As the general level of welfare services is considered to be high, the safety net of this welfare model is said to stretch wide to include prisoners. Therefore, even prisons run accordingly to the logic of a universal right to welfare. The Norwegian welfare state does not function on merit or social position, but on the basis that all forms of need are legitimate. Welfare aid is an entitlement if and when it is required irrespective of whether it is deserved in a moral sense. A by-product of the Import Model in practice is that Norwegian prisoners are still said to be part of the community outside of prison. Inmates should have access to the welfare they require via the health

care, education and cultural and social services from the external public welfare system on the other side of the wall.

While the development of the welfare model and termed “*exceptionalism*” is considered to be an embedded feature of the social and political fabric of the Norwegian prison system (Pratt 2008a), nonetheless, questions are still raised over the implementation of practice in prisons. These concerns include the provision of mental health care and the professional treatment of an individual encountering these difficulties in prison (Johnsen and Grenheim 2012; Mathiesen 2012). To elaborate, internationally there are on-going concerns that mental health care is not adequate in prison systems due to problems such as conflict issues between services, differences in organisational cultures and the ethics of data sharing (International Centre for Prison Studies 2004). Understanding the delivery of these different organisations in prisons and the decentralisation of care such as mental health holds importance due to the variability of professionals working in prisons. Different services and professionals from the same service may vary within prisons. Thus, there is considered to be room for improvement in terms of understanding the organisational structures between prison-based staff and other groups working with an inmate’s mental health needs (Hean et al. 2017a). While Norway is widely regarded as having exceptional prison conditions, research has indicated structural and organisational differences between the differing small, medium-sized and large prisons can lead to cultural differences (Johnsen et al. 2011). Further empirical research in Norway proves important to expand knowledge of the organisational work with inmates’ mental health needs in prison. Research in this specific field is especially important as inmates have an entitlement to receive adequate care for their social and health needs, including mental health, throughout a prison sentence and toward release.

Although the Norwegian prison system emphasises a welfare-orientated approach to the work undertaken in prisons, concerns are still present regarding the provision of this welfare for inmates’ mental health challenges. To clarify, this chapter will now consider the prevalence of mental health in prisons, and particularly in Norway to justify the necessity for further empirical exploration of the organisational work in the Norwegian prison system.

1.3 Mental ill health prevalence in prisons

Indications are that there are higher risks of having serious mental health disorders within prison than in the general population (Dressing and Salize 2009). With more than ten million people in custody around the world, at least half struggle with personality disorders and one million suffer from mental health disorders (Fazel and Danesh 2002). From reviews on the prevalence of mental health needs in prisons by Fazel et al. (2016), evidence is that major depression and psychotic illnesses are strongest with one in seven prisoners experiencing major depression or psychosis. Additionally, around 4% of male and female prisoners have psychotic illnesses, 10% (men) to 12% (women) have a personality disorder, while 21% (women) to 47% (men) have an antisocial personality disorder. Such evidence outlines that imprisonment is clearly associated with mental health problems for those that are subjected

to it (Fazel and Danesh 2002; Fazel et al. 2016). Norway demonstrates similar concerns and the high prevalence of mental health in prisons.

While the Correctional Service in Norway upholds a strong welfare approach to reduce reoffending rates, the success of any intervention is said to be mediated by the mental health of an inmate. Notably, concerns are still heavily present due to mental illness impacting on 92% of Norwegian inmates (Cramer 2014). With unsolved health and social needs an issue shared with many other national prison populations (Fazel and Danesh 2002; Skeem and Peterson 2011), further research by Cramer (2014) has demonstrated the prevalence of mental health difficulties being experienced by inmates in the Norwegian prison system. Inmates require a wide range of health and social support prior to and on release from prison. Research has found that 73% of inmates have personality disorders and 42% are encountering anxiety disorders. The reported levels of mental disorder in the Norwegian prison population are similar to international levels with only 8% of prisoners thought to have no mental illness, yet inmates also experience other complex needs such as 28% having alcohol abuse issues, 51% drug abuse issues, 42% suffer from anxiety, 23% a mood disorder, 18% have ADHD, 3.3% psychosis and 12% are at risk of suicide (Cramer 2014). Furthermore, research on prisoners in Norway has suggested that six out of ten inmates are drug addicts, two thirds have experienced a childhood with some form of trauma and one third are homeless (Friestad and Hansen 2004; Dyb et al. 2006; Revold 2015). The wide range of needs of inmates, most notably mental health, represent a sincere concern internationally and particularly in the Norwegian prison system.

Bradley (2009) indicated that there are more people in prison systems with mental health problems than ever before. Although policies are suggested to target the diversion of people suffering with mental health difficulties from prison to other psychiatric facilities, the implementation of this approach is inconsistent. These individuals should therefore have access to appropriate treatment including services that work toward their rehabilitation and reintegration. As these conditions and illnesses are categorised as mental health needs, the broad variety of difficulties suffered requires a range services to treat them effectively in prisons (Bradley 2009). Despite this, not all prisoners with mental disorders require specialised treatment, but greater mental health treatment is still needed. Research by Blaauw et al. (2000) found varying levels of care with the need to transfer 6-12% of a country's prison population for further assessment and treatment of mental disorders, 30-50% of all prisoners do not need to be transferred or require urgent psychiatric attention but do need some form of assistance from health care services, and the remaining 40-60% would benefit mostly from the positive promotion of their mental health well-being. Accordingly, these intricate details outline the diverse levels of care needed in prisons and highlights the importance of working with inmates' mental health to reduce their risk of reoffending in the future. Inmates who fail to receive the appropriate care or welfare for these needs can become increasingly vulnerable in prison and on release. Consequently, this can become a major contribution toward future offending (Blaauw et al. 2000). Recognition is that there is a high prevalence of mental ill health internationally and particularly in the Norwegian prison system, but this also demonstrates the wide array of other co-occurring and complex needs encountered by inmates.

Individuals in prison experiencing mental health difficulties can encompass chronic and co-occurring mental health disorders, serious offending, cognitive impairment and a history of severe trauma. Prisoners encountering mental health difficulties are said to have the potential to refuse treatment due to not trusting services or a lack of insight into their mental health problems (Spitzer et al. 2006; Palijan et al. 2010; Rutherford and Duggan 2008, Fioravanti et al. 2012). Therefore, comorbidity has also been shown to be extensive with people in prison having both substance related disorders such as drugs or alcohol and a major mental health problem (Young 2003). Mental health challenges can therefore create new problems and exacerbate pre-existing vulnerabilities or risks such as stigmatisation, discrimination, unemployment, a lack of education opportunities and increased physical disability which can lead to committing more crime (World Health Organization 2012). The implications of prisoners having co-occurring needs such as substance misuse or mental health problems has also evidenced to have an increasing risk of being homeless upon release (Greenberg and Rosenheck 2008). Within custody, prisoners with mental health problems are also at an increased risk of suicide, self-harm, violence and victimisation. Suggestions are that there are low rates of identifying and treating inmates' mental health needs in prison (Fazel et al. 2016).

The above section has conveyed the prevalence of inmates' mental health needs in prison and the necessity to work with these challenges during a prison sentence and toward future release. Hence, this chapter has begun to justify the demand for further exploration of professionals in the prison setting working with inmates' mental health needs, specifically in the Norwegian prison system. Outlining the prevalence of mental health and cooccurring needs of inmates, this chapter continues by demonstrating that prison systems have an increased accountability to effectively work with inmates' needs, most notably mental health.

1.3.1 Accountability of prison systems

The growing incidence of mental health problems in prisons is considered a consequence of the deinstitutionalisation process in which the reduction of psychiatric hospital beds has occurred much quicker than the development of sufficient care services in the community. Commonly, European countries have also seen the closure of large psychiatric hospitals (Salize et al. 2008). The WHO (2005) suggested that far too many people with mental health needs are imprisoned. Concerns worldwide are increasing that these people are being incarcerated in prisons rather than being cared for in mental health facilities for reasons such as the promotion of punishment over treatment for these individuals. The large number of people imprisoned with mental health problems stems from the unavailability or reduced availability of public mental health facilities, laws implemented which criminalise nuisance behaviour, widespread misconceptions that people with mental disorders are dangerous, and intolerance in society of difficult or disturbing behaviour (WHO 2005).

Prisons are stated to be the wrong place for people with mental health needs as prison systems are said to typically focus on deterrence and punishment rather than treatment and care. For prison institutions which do focus on rehabilitation such as those in Norway, they are typically inadequately

equipped to assist people with mental health challenges (WHO 2005). The European Convention on Human Rights explicitly lists that the key principle for prison health care is for all prisoners to receive the same level of mental health care as they would receive in the wider community (Ricketts et al. 2007). In order to provide the same levels of care that people receive in the community there is a need to structure, resource and support mental health services in prison that can address the complex needs of the prison population. There is increasing recognition that health services need to be supported by the rest of the prison with engagement between disciplines in a custodial environment vital to manage the care provided to people in prison (Warrilow 2012).

It is important that a balance is made between the health needs of prisoners and the principles of a prison system to safe guard the public (Goomany and Dickinson 2015). The purpose of this is due to the detrimental impact prison can have on pre-existing mental health problems, but also the impact on other individuals currently considered mentally well (Bradley 2009). Factors such as the restriction of freedom, the prison setting in general or specific environmental factors in prison are all potential hazards toward mental health. There is also a high vulnerability in the early stages of imprisonment (Dressing and Salize 2009). Rock (2001) discusses how the appropriateness of incarcerating mentally ill people has been a long-standing debate and how these individuals will receive treatment. Effective assessment and diagnosis of co-occurring disorders should be made as early as possible when a person comes into contact with the criminal justice system for the provision of necessary services prior to release. Problems that preclude this from occurring include a lack of collaboration across criminal justice, mental health and other health service providers from within prisons and the community. To be accountable for a needy and vulnerable population with multiple problems, efforts from staff require continuous collaboration, communication and monitoring within and between these services to provide effective treatment (Rock 2001).

Often those incarcerated with mental illnesses find it difficult to adjust to the environment in prisons. Research has also shown that prison may worsen mental illness and trigger symptoms such as delusions, hallucinations, mood swings and disruptive behaviour. Due to an individual's mental illness and/or the medication being taken, prisoners have a high risk of victimisation which can also provoke disruptive behaviour from other inmates (Slate et al. 2013). Additionally, prisoners suffering mental illness are more likely than other inmates to violate prison rules (Felson et al. 2012). Similarly, people suffering from mental health problems are sentenced to prison causing disorders to be imported from the community into prisons. Likewise, people may develop mental disorders during custody due to the deprivation they experience. Examples of deprivation for the duration of their sentence include the loss of their liberty and choices taken for granted in the community such as the freedom on where to live, who to associate with and limited communication with family and friends. Other prison factors such as overcrowding, unhygienic and depressing environments, poor food, inadequate health care, aggression, lack of purposeful activity, illicit drug use, enforced solitude and lack of privacy can also impact adversely upon a prisoner's mental health and well-being (Blaauw and van Marle 2007).

People with mental illnesses are commonly subjected to stigma and discrimination that can compromise their ability to participate in society. Daunting obstacles can also be created which undermines a

person's capacity to acquire necessities in life to address their personal difficulties (Brooker and Ullmann 2008). Additionally, the effects of severe mental illness have the capacity to undermine an inmate's personal autonomy. In this case, a person's ability to carry out self-directed actions to achieve valued goals can be compromised (Ward and Maruna 2007). Stigma about mental illness has shown to have a harmful impact upon a person's ability to obtain housing and work. Ultimately this may create barriers to primary goods in life and individuals can experience a range of internal and external obstacles to fulfil life (Corrigan 2004; Barnao et al. 2016). Mental health problems that are not adequately treated in prison can also affect the productive use of opportunities in custody such as education (Bradley 2009). The WHO (2005) argued that the problem with keeping mentally ill people out of prison stems from not having adequate services in the community to manage dangerous and criminal individuals. Such a system results in people who commit a crime and suffer from mental health disorder being incarcerated and deprived of appropriate treatment in prison. Thus, prison systems are held accountable for managing and treating these individuals to reduce their risk of offending in the future.

Suggestions are that there are several million prisoners around the world suffering from mental health disorders, but little is known of how well services in prison are working with problems (Fazel and Danesh 2002). Blaauw and van Marle (2007) argued that the deteriorating mental health of prisoners is said to be a heightened problem for prison systems, yet the general assumption is that individuals encountering these difficulties still deserve to be imprisoned as they are responsible for their crimes. A whole prison approach is needed from a wide-range of services such as prison, health and mental health services working together across disciplines to work with inmates' needs and offer them the greatest likelihood that inmates can thrive, benefit from their prison sentence and reduce their risk of reoffending after release (Blaauw and van Marle 2007; Fraser 2009). With demonstrable concerns regarding the prevalence of inmates' co-occurring needs and particularly mental health in prisons, research has stressed the importance of front-line professionals delivering the welfare and care inmates are entitled to and working with their diverse difficulties and challenges (Bazemore and Erbe 2004). Prisons and particularly front-line staff are therefore positioned to have the accountability for taking charge of the criminal punishment and to produce an active inmate who is responsible for their own choices.

Furthermore, this study underlines the importance of understanding the work undertaken with inmates' mental health needs, notably in the Norwegian prison system. This chapter continues by demonstrating the importance of front-line professionals in prison systems working with inmates to rehabilitate, reintegrate and reduce their risk of reoffending before they conclude a prison sentence.

1.4 Front-line professionals' role in rehabilitating, reintegrating and reducing reoffending of prisoners

Front-line professionals have historically focussed on the needs of people in prison. A range of service personnel work with inmates as a means of assessing, matching and treating the need deficit (Bazemore and Erbe 2004). The argument over the effectiveness of offender rehabilitation has been a

long-standing issue within criminology. The “*What Works*” debate has been a well-established phenomenon regarding the methods used to reduce rates of reoffending from the 1970’s instead of merely enforcing punitive methods. These methods are said to focus on addressing the factors that have played a causal or contributory role in offending and place a person at risk of reoffending in the future (McGuire 1995). Ward and Maruna (2007) argued that the most effective rehabilitative treatment of inmates is for front-line professionals to target their dynamic risk factors. These are also known as criminogenic needs which are causally related to criminal behaviour and are considered to be both static and dynamic. For example, static factors that cannot be changed include a person’s age or criminal record. Dynamic factors which can be changed and encompass an individual’s work, education, housing, private and public networks, financial status, cognitive processes and attitudes (Gendreau and Andrews 1990; Andrews and Bonta 1998; McGuire 2000; Hanson 2001; Ward and Maruna 2007).

Historically, rehabilitation work has had an insular focus on identifying inmates’ needs and risks in order to address the deficit in question. Front-line staff have long been recognised as attempting to match inmates with appropriate services to work closely with them and treat their needs. Crucially, individuals whose needs are not met are at risk of harm (i.e. have a direct impact on their recidivism) (Bazemore and Erbe 2004; Ward and Maruna 2007). In order to reduce reoffending rates, empirical evidence has increasingly supported the view that focus should be on treating or rehabilitating people in prison rather than merely punishing them (Andrews and Bonta 2010). Within offender rehabilitation there appear to be two broad concepts listed as *risk management* and *enhancement*. Both concepts are committed to changing individuals’ characteristics associated with criminal behaviour. Typically, these concepts are not differentiated and can even coexist to a certain extent. The primary aim of *risk management* is to avoid harm to the community rather than to improve an inmate’s quality of life. The enhancement of prisoners’ functioning may be desirable, but it is not the primary objective of programme developers and policy makers. The second concept is concerned with the *enhancement* of prisoners’ capabilities to improve the quality of their life. Doing so is to reduce their chances of committing further crime in the community. Providing inmates with appropriate conditions such as the skills, values, opportunities and social support to meet their needs is considered a proactive way of ensuring that they are less likely to harm themselves and others. The primary goal of this second concept may not solely focus on the reduction of crime, yet the argument is that reducing reoffending can be achieved from front-line professionals focusing on a prisoner’s well-being and their complex needs (Ward and Stewart 2003).

While rehabilitation has been noted to generally be a key component of front-line work in prisons, Maruna et al. (2004) discuss that the reintegration of an inmate is dually important to reduce reoffending for Correctional or Prison Services. Broadly, they argue that reintegration is a long-term process that begins prior to release and continues well afterward. The broad definition of reintegration encompasses many aspects including corrections, treatment and rehabilitation. Reintegration should start as early as possible by front-line staff to prepare the convicted person for release and to be successfully resettled. For the purposes of this study, it is important to differentiate between reintegration and resettlement as there is an inherent distinction between the two terms. Notably, resettlement is considered to be the systematic and evidence-based process comprising the totality of work with prisoners in custody and

on-release, ensuring communities are better protected from harm and reoffending is significantly reduced. Essentially, reintegration is the re-entry process and release preparation through staff working toward reducing recidivism before and/or after inmates are released from prison. Prisons and front-line personnel are therefore required to implement reintegrative strategies in order to address the broad resettlement needs of prisoners and ensure that successful re-entry back into society can be achieved. Hence, reintegration encompasses the system-wide resettlement framework and agenda of criminal justice systems. Reintegration has therefore been defined as the pathways or strategies undertaken by front-line staff in prisons and will be the key focus on this study (Maruna et al. 2004). Furthermore, the relevance of reintegration is that this study explores the work occurring by professionals prior to an inmate's release and the phase of the Norwegian prison system that transitions them from life in prison to the community.

From this initial discussion, reintegration involves preparing and easing an inmate's transfer from prison to a life outside in the community to ensure that they may live a law-abiding life. As prisoners have the same rights as other citizens, services in the prison system should hopefully make both rehabilitation and reintegration possible. As a considerable point, other welfare services and staff such as the Nurses, Doctors, Psychologists or Social Workers are not the individuals responsible for rehabilitating prisoners. These other services provide treatment, education and social support that is seen as a side-effect toward desisting a person from crime, but this is not considered the main goal of these services. The Correctional Service and its front-line staff therefore hold the main responsibility to work with inmates and their needs to effectively reduce reoffending.

Fundamentally, front-line professionals are the crucial individuals, referred to by Lipsky (2010) as the "*street-level bureaucrats*" in public service employment who perform their day-to-day work under certain structured conditions. These are the individuals who experience and undertake the critical roles that constitute the services delivered by the government. At the ground level, the public service workers interact directly with citizens in the course of their jobs to execute substantial authority and discretionary action. The public service staff exercise control to provide a service and treatment based upon the welfare of government policy including individuals in the criminal justice system. These front-line individuals have a considerable impact on peoples' lives as they socialise citizens to the expectations of government services. Essentially, these individuals oversee the provision of a service that citizens receive and are said to purposefully frame satisfactory solutions to their work. The work undertaken by front-line staff therefore mediates the primary aspects of the constitutional relationship between citizens and the state (Lipsky 2010). Noting the central importance of front-line professionals in settings such as prisons, this overview demonstrated the importance of front-line staff working with inmates before they are released back into the community for their rehabilitation, reintegration and to reduce reoffending. Due to the primary focus of this study, the subsequent section considers staff in the Norwegian prison system and the premise of their work during an inmate's prison sentence and before they are released back into society.

1.4.1 Staff in Norwegian prisons

The subsequent section explains the basis of front-line staff in the Norwegian prison system and the importance of them toward achieving the key aims of the criminal justice system to rehabilitate, reintegrate and reduce reoffending. As a progressive system in Norway, it consists of transferring prisoners to open prisons and/or to a half-way house, also known as a transitional residence, to serve the final part of their sentence before being released back into the community (Johnsen and Fridhov 2018). Front-line staff and their measures in the Norwegian prison system are determined to be grounded and informed by four key theoretical penal approaches including the previously discussed “*What Works*” debate, desistance theory, restorative justice, and motivational interviewing. For example, the BRIK resource is grounded in these approaches. BRIK is a prison-based assessment tool implemented by the Correctional Service and utilised at the front-line to map an inmate’s various needs and the required resources. These needs include an inmate’s economic situation, education, labour and employment, private social network, physical health, mental health, use of alcohol, narcotics and drugs, aggression and use of violence or threats, addiction treatment, program participations in prisons, victim of aggression and use of violence along with an inmate’s own self-assessment of these needs (Kriminalomsorgen 2015).

As the first conception which informs the work undertaken by front-line staff in Norway, the “*What Works*” movement has focused on rehabilitative interventions which target factors (i.e. an inmate’s criminogenic needs) that influence a person’s future risk of reoffending. The rise of this approach took stock from Robert Martinson’s work in 1974 which implied that nothing in fact works when it comes to offender rehabilitation. Through the pessimism that nothing works, the “*What Works*” movement brought forward a legacy of academic research to uncover what helps prisoners to go “*straight*” (or not) from crime (Ward and Maruna 2007). Norway’s utility of this approach has been to ensure an overview of the convicted person’s resources and needs reveals areas that the Correctional Services shall give specific attention to during a prison sentence. Secondly, Norway incorporated desistance theory as part of its framework to explore factors that lead to desistance among people in prison (McNeill 2006, 2009; McNeill et al. 2012). As a process, the prominent focus is on understanding how and why people stop offending. Given that the aim of criminal justice is to reduce crime, research has offered opportunities to focus on positive human change and development. If reducing reoffending is to be possible, these opportunities require engagement from the prisoner, criminal justice systems, families, communities, civil society and the state. The desistance paradigm has therefore sought to understand and theorise both the developmental process of desistance pathways from crime itself and the role that a professional in prison might play in facilitating it (Bushway et al. 2001; Laub and Sampson 2001; McNeill 2006, 2009; McNeill et al. 2012).

Restorative justice is the third major concept. Rather than simply satisfying abstract legal principles or punishing a person, restorative justice focuses on the needs of the victims, the convicted person and people in the community. Restorative justice aims for healing or reconciliation amongst victim, people in prison and the communities for which they are embedded to seek peace as well as justice. The premise of this is to promote the accountability of a prisoner so that they have an opportunity to reduce

the damage caused by the crime they have committed, and the damaging experiences inflicted upon others (Menkel-Meadow 2007). Lastly, motivational interviewing is another key approach that entails a purposeful conversation with a prisoner that focuses on promoting the motivation to change. The reasons for this are to promote the motivation to change by inducing and exploring a person's own arguments for change in an atmosphere of acceptance and compassion. A professional of the Correctional Service uses motivational interviewing as a conversational technique in which empathy, esteem and authenticity are fundamental. The key attitudes are collaboration in which there is an equal partnership between a person and professional, recognition of the person's own arguments for change and the belief in their own value. Compassion is also important with a professional focusing on the best interests of a person and that it is their own goals and desires for the future that should be worked toward. These are pursued through empathy to confirm the inmate's equality and commitment to personal change, respect of their own autonomy and value (McMurrin 2009; Miller and Nick 2013). Broadly, the basis of these theoretical approaches in Norway provide a framework for the practical measures implemented by front-line staff which are aimed at facilitating a convicted person's return to a life without crime.

The Norwegian prison system has been widely regarded as being focused on prisoner treatment, rehabilitation and successful reintegration to society to effectively reduce reoffending. With reoffending rates considered to be amongst the lowest in the world, evidence suggests an effective system worldwide as reoffending rates are extremely low and in the range of 20% of prisoners receiving a new conviction within two years of release (Kristoffersen, 2013; Fazel and Wolf 2015). Contrasting, the rates in England and Wales are much higher with 45% of adults reoffending (Pakes and Holt 2017). As part of the Norwegian prison system, the term "*Kriminalomsorgen*" literally translates to "*prisoner care*". The professional roles and values in prisons are also typically referred to as "*prison carers*" and with solidarity from the state, front-line staff in Norway are said to help resolve problems that are encountered in the prison system. A strong belief is that it is in the power of the state and its organisations to solve these social problems by concentrating efforts on searching for and trying to rectify the individual needs in its own citizens (Pratt and Eriksson 2012). Compared to the rehabilitation and reintegrative strategies of other countries, the Norwegian approach is deemed to be a good one as many prisoners receive the help to manage and establish a life without crime (Johnsen and Fridhov 2018).

Research on prison staff in Norway has been considered sparse compared with the number of studies on prisoners. Front-line staff and especially Prison Officers, are considered to be crucial in shaping prison work and cultures and should also have a central focus for research undertaken in a prison system (Liebling and Arnold 2004). By discussing the importance of front-line staff in Norway and the basis of the work undertaken in the prison system, this chapter now considers the prime position of these professionals to work with inmates' needs, most notably their mental health to achieve the overarching objectives of the criminal justice system.

1.4.2 Working with inmates' mental health needs in prison

Skeem and Peterson (2011) discuss the importance of working with and addressing inmates' mental health needs for their well-being, public safety and to reduce reoffending. Similarly, they recognised that for many prisoners the relationship between mental illness and criminogenic needs is an indirect or independent one. To elaborate, criminogenic needs are particularly common among people in prison with mental illness. Therefore, treatment that solely focuses on other needs is unlikely to reduce recidivism as there is narrow focus on targeting or addressing the specific mental health symptoms. In order to achieve better outcomes for these individuals, addressing mental health and better linkage to mental health services is needed. Having connections with these services can help to relieve mental illness. Similarly, other service personnel can also work with inmates' co-occurring criminogenic needs. Skeem and Peterson (2011) found four major risk factors which were related to reoffending for offenders with mental illness. These "*Big Four*" are an established criminal history, an anti-social personality disorder, anti-social cognition such as attitudes, values or supportive thinking of crime, and anti-social associates. Four other moderate risk factors listed include substance misuse, employment instability, family problems and low pro-social engagement. Thus, in order to reduce the risk of reoffending working with inmates' mental health needs is imperative. The purpose for this is that high-quality engagement with mental health services has been shown to reduce symptoms and improve functioning (Skeem and Peterson 2011). Additionally, without adequate treatment for these mental health needs in prison, inmates are likely to cycle multiples times in and out of the criminal justice system including prisons (Osher et al. 2003).

Prisons face challenges with constrained resources which underlines the importance of adequate responses by staff to work with and ultimately address these multiple needs including mental health (Fraser 2009). Knapp and McDaid (2007) have argued that it is commonly known that individuals with multiple needs require multiple resources. For instance, individuals suffering with a mental health problem may not only need care for this issue, but additional support for other needs such as searching for and/or retaining employment. Consequently, some symptoms of mental illness tend to generate multiple needs due to the impact across life domains. Well-developed and well-resourced systems are needed by a range of agencies to work with these multiple needs. With high rates of comorbidity between mental illness and other needs such as substance misuse, these co-occurring needs has been shown to worsen the prognosis of an inmate's mental health needs. The detrimental impact on a person's mental illness has shown to increase repeat offending and premature mortality following their release from prison. Additionally, complex organisational challenges are often faced to ensure services and personnel work together adequately to prevent wasteful overlaps and gaps in support for people in prison (Fazel and Danesh 2002; Fazel et al. 2016).

The long-standing consensus is that front-line professionals in the prison environment have the prime responsibility of working with inmates' mental health to rehabilitate, reintegrate and reduce reoffending (Barnao et al. 2016). Fraser (2009) suggests that a unified approach is critical in the development of suitable prison systems to work with the needs of people in prison. A range of front-line staff from health, judicial and legislative interests and resources are required to offer the greatest likelihood that prisoners

can thrive, benefit from imprisonment and desist from further crime. Evidence has shown the detrimental impact on prisoners' general and mental health, but also the transition from prison to the community can often mean that mental health care takes a step back and prisoners are lost to these services. Moreover, there has been a call for research to prioritise the exploration of front-line staff in prisons to enhance knowledge and understanding of the organisational work with inmates' mental health (Fraser 2009). Determining the relevance of this in the Norwegian context, the provision of good mental health care and services is an active feature to comprehensively tackle crime (Pratt and Eriksson 2012).

Consequently, the background to this study has enunciated inmates' co-occurring and complex needs, most notably mental health, in prison systems including Norway. Furthermore, this section has demonstrated that the organisational work of staff in prisons is key to achieve the higher objectives of rehabilitation, reintegration and to reduce reoffending of prisoners. Previous studies have also demonstrated the necessity of front-line staff that encompasses a diverse range of professionals to work with inmates' needs including mental health. Therefore, the subsequent section considers interprofessional collaboration as a necessity to provide adequate support and to work with inmates' needs during a prison sentence, and specifically as they approach release and return to the community.

1.4.3 The necessity for interprofessional collaboration

In settings such as prisons that provide care to individuals affected by mental health issues, an interprofessional collaborative approach is considered a necessity. Successful partnership between a range of service personnel from primary care, mental health service and Correctional Service staff should collaborate and strive towards having a common goal (Mullins 2012). With professionals from various disciplines working collaboratively, public health and safety have the potential to be improved with the efficient use of public resources (Marks and Turner 2014). Exclusively, the needs and problems of individuals encountering mental health illness are no longer the sole responsibility of mental health systems. Greater accountability from the criminal justice system and particularly prisons has been noted for many years now. Thus, mental health and criminal justice systems working together is argued to be imperative for social, economic and policy importance to work with, treat and address inmates' needs (Schnapp and Cannedy 1998). It has been asserted that many traditional roles and responsibilities can often not only be undertaken by mental health professionals, but by other front-line prison-based or nursing staff. Furthermore, as front-line prison staff are in contact with prisoners 24 hours a day, the optimal environment is one where mental health professionals and other front-line staff work collaboratively (Dvoskin and Spiers 2004). Recommendations are that prison authorities, health authorities and prison staff should be active towards reducing mental harm during imprisonment. The utility of a range of front-line professionals working together is considered key. These professionals should be aware of how to collaborate with personnel from other disciplines in order prevent, treat or reduce mental illness through reducing the harm of imprisonment and to promote positive mental health (Blaauw and van Marle 2007).

Interprofessional collaborative practice (ICP) between a range of services and front-line personnel has been demonstrated to be a key feature for addressing mental health in criminal justice environments such as prisons (Hean et al. 2015). Inmates with mental disorders should not just be the concern of specialist, forensic and secure services, but are of mutual importance for all personnel involved in the prison environment. Working with mental illness is a demanding task which requires collaboration and input from a range of professionals with the knowledge and core principles of both prison and other welfare or rehabilitative services (Lamb et al. 2004). The reason is that inmates are often encountering multiple and complex needs which exceed the capabilities of single agencies or individual key workers. The implications of this require an interprofessional collaborative approach encompassing various front-line professionals in prisons. Without such action there will continue to be risks posed to people in prison, society and greater separation from the services in place to work with inmates (Vaughan 2001).

Responding effectively to prisoners requires knowledge of the multiple problems that can be encountered by inmates, understanding how these issues interact when they co-occur and expertise in how to respond to them. As the prisoner population have a unique set of needs, a wide range of experienced professionals are a necessity which offer transferability of skills, engagement strategies, plurality of language to benefit a joint understanding with other personnel (Vandenabeele et al. 2009). Through on-going collaboration between services, meaningful contributions can be made to mental health care in prisons to improve outcomes for prisoners (Appelbaum et al. 2001). Returning to the prime focus of the Norwegian prison system, Crewe and Liebling (2012) illustrate that through official pronouncements of welfare in Norway, further research is required to investigate the distinct professional groups on the concept of collaboration and the relations among the different occupations of prison life. Thus, expanding knowledge of the organisational work among services and the wide range of staff in the Norwegian prison can assist in capturing the ICP undertaken by front-line staff, particularly before inmates are released and the implications of this work with their mental health needs.

1.5 Conclusion

To conclude, the Norwegian prison system has been internationally debated to be exceptional with one of the lowest reoffending rates worldwide and recognised for having a welfare intensive approach to the work undertaken in prisons. The welfare-orientated penal policies and model are embedded features of the system in Norway that evoke the entitlement for inmates to receive adequate care. Inmates should therefore receive adequate support for their social and health needs, including mental health, during a prison sentence and before they are released. Even so, mental health problems and the co-occurring needs of prisoners are still highly prevalent in prisons internationally and also in Norway. It is recognised that prison systems and staff have an increased accountability to provide and deliver the welfare and care inmates are entitled. Previous studies have also demonstrated that front-line staff from prison, health, mental health and other welfare services are the crucial individuals working with inmates at the ground level. A diverse range of front-line professionals are therefore required to work with inmates' complex needs, most notably mental health.

In summary, this chapter has epitomized the primary focus of the research. The initial chapter has therefore exemplified the necessity for interprofessional collaborative practice (ICP) in prisons. In this instance, working with inmates' mental health in prison is crucial to achieve the key objectives of rehabilitation, reintegration and to reduce reoffending. Furthermore, considerations of ICP imply the need for a diverse range of front-line service personnel being required to work together. The wide array of staff in prisons is therefore crucial to provide adequate support and to work with inmates' needs throughout a prison sentence, and particularly before they are released back into the community. As an interdisciplinary subject that is associated with and draws from other disciplines such as psychology and sociology, this research is considered a study of criminology. Nevertheless, this study broadly intends to expand knowledge of the working treatment with prisoners and the prevention of crime in penal systems and prison life. Furthermore, this study emphasises the prime importance of front-line staff as these individuals are the people who take control for and affect the rehabilitation and reintegration of people serving a prison sentence (Newburn 2017).

The primary focus of this study is regarding ICP in the Norwegian prison system, particularly with inmates' mental health needs. The subsequent chapter initially presents a review of literature to explicitly define and characterise ICP, the demand for prison-based interprofessional collaboration, and to examine current knowledge of these practices with inmates' mental health needs in the Norwegian context to identify the research gap.

CHAPTER 2 REVIEW OF LITERATURE

2.1 Introduction

The background of the study revealed in the previous chapter the prime research focus regarding interprofessional collaborative practice (ICP) in the Norwegian prison system. Prisons in Norway have been debated as one of the most successful worldwide with low reoffending rates together with an embedded welfare-orientated model and penal policies. Similarly, this prison system orchestrates an inmate's entitlement to receive the care required for their social and health needs. Internationally, research has demonstrated that mental health challenges are still highly prevalent within prison systems including in Norway and can negatively impact on an inmate's likelihood of reoffending. Empirical evidence recognised the heightened accountability of prisons and the range of front-line service personnel to provide and deliver the welfare and care inmates require for their mental health needs to rehabilitate, reintegrate and to reduce reoffending. ICP has therefore been established to be a crucial approach for prison systems to bring a wide range of front-line service personnel together including prison, health, mental health and other welfare services. The purpose of this is for personnel to work effectively together with inmates' mental health needs during a prison sentence and before their impending release.

The following chapter presents a review of literature to characterise ICP and to define the comprised key terms such as integration and collaboration. The purpose of this review is to also understand the utility of ICP within prison systems working with inmates' mental health difficulties. Moreover, a narrative review details what is currently known about ICP with inmates' mental health needs in the Norwegian penal context. By presenting current knowledge, this chapter identifies the key research query and the need for further exploration that this study will address.

2.2 Interprofessional collaborative practice (ICP)

As a key term for this study, interprofessional collaboration practice (ICP) refers to the bringing together of organisations to deliver services to an individual or certain group systematically (Claiborne and Lawson 2005). As Willumsen (2008) describes, ICP can take place among services and other agencies and external professionals. Interprofessional collaboration requires contributions from a range of professionals' competencies and skills across various services. As a form of practice, it has been increasingly recognised as an active way of improving patient outcomes and the cost effectiveness of care. Professionals in an environment with patient safety concerns, human resource shortages, along with populations with complex care needs must be able to work collaboratively in interprofessional teams or groups, as this can mitigate challenges and ensure consistent, continuous and reliable care (Bainbridge et al. 2010, Gilbert et al. 2010). While various terms such as crossagency, interagency and multiagency are used to depict ICP, this interprofessional collaborative terminology broadly emphasises a range of personnel encompassing different disciplines working together.

The positive benefits of ICP are huge in terms of improved service to clients and improved working between individual services and professionals. ICP can benefit services by offering a broader perspective and a better understanding of the issues facing their service users, as well as improved interactions within a workforce and across other agencies. Individual professionals working with people from other backgrounds can be rewarding and stimulating, as well as making a person's own job easier by reducing the time spent solving problems (Atkinson et al. 2002; Tomlinson 2003). Evidencing the complexity of ICP, various terms such as collaboration, communication, coordination and teamwork are regularly used by literature in this area. Suggestions are that there is an overlap of these various terms across other fields which also explore how practice is delivered and organised (Zwarenstein et al. 2009). The terms of cooperation, coordination and collaboration are often depicted as part of interprofessional collaboration to characterise the associations between services and personnel that deliver patient care (Interprofessional Education Collaborative Expert Panel 2011).

Noting the wide range of terms commonly used, ICP is characterised as the overarching terminology to take forward in this study. As Willumsen (2008) explains, the explicit justification is that ICP is often characterised as an umbrella term to describe the various forms of working in groups with multiple professions and purposes.

Argued by the WHO (2010), ICP is said to occur when multiple workers from different professional backgrounds work together with patients, families and communities while striving to deliver the highest quality of care. A collaborative-practice ready professional is considered to be someone who has learned how to work in an interprofessional team and is competent to do so. The practices that occur allow workers to engage with any individual whose skills can help achieve local goals (WHO 2010). Even so, the exploration of ICP can assist in understanding the function of a workforce and possible pertinent issues which may have a negative impact on a service and patient care (Zwarenstein et al. 2009). Hean (2015a) discusses that policymakers have been progressively recognising that due to highly complex mental health challenges, the best way to overcome them is through having a strong and flexible interprofessional collaborative workforce. Emphasis has therefore been placed on optimising services, strengthening systems and improving health outcomes for clients. Furthermore, suggestions are that ICP can improve the appropriate use of specialist resources, access to services, patient care and safety (Hean 2015a). For the purposes of conducting this study, characterising ICP is to enable an exploration of these practices to take place in the Norwegian context and the organisational work with inmates' complex needs, most notably mental health.

Broadly, ICP is described by Ovreteit et al. (1997) in health and social care which can entail many forms such as network teams, work groups, management teams, ad hoc groups, training teams, multidisciplinary audit groups, rehabilitation teams, review groups and core groups. The complexity of ICP evidences the diverse range of team working which can be present. As a form of "*teamwork*", West et al. (2003) indicated that this represents the integration and collaboration among organisations and front-line service personnel. The association is for individuals who hold certain expertise and share work activities to collaborate to achieve a common goal. In this case, interprofessional collaboration can take place within services, and across other agencies and external professionals (West et al. 2003).

It has been demonstrated by the WHO (2010) that there is a need for ICP which strengthens the performance of systems and to improve outcomes. For example, interprofessional teams that encompass a range of professionals are often able to provide a comprehensive approach to prevent and manage mental health issues in complex environments. These conditions are often complex and therefore often require a collaborative approach among different services and professionals working as part of a network with other services. To effectively understand ICP, research needs to describe the different professions working together in an environment and the promotion of collaborative efforts. These calls are therefore for research to explore ICP among organisations and professionals to describe the conditions of practice (Hean et al. 2009; Willumsen et al. 2012).

A variety of factors are listed which impede ICP such as organisational differences, local authority structures and boundaries, staffing time and arrangements, individual and organisational expectations and priorities, organisational aims and objectives, budgets, confidentiality and information sharing protocols, the need for developing a common language, and joint training (Atkinson et al. 2002). The demand for interprofessional collaboration in health and social welfare is internationally recognised, but there is still insufficient knowledge on this complex area among service personnel at the front-line (Willumsen et al. 2012). As a framework, understanding the insights and experiences encountered by service personnel working as part of ICP promotes meaningful inquiry to ascertain the impact upon organisational working and delivering outcomes, particularly in the provision of care (Ryan and Mitchell 2011; Brandt et al. 2014). This study therefore will seek to characterise ICP in the Norwegian context to also understand the impact on the front-line organisational work in prisons.

For ICP to manifest, the collaboration of services and positive relations are needed from multiple professional and organisational inputs. Such a framework entails both integrative and collaborative conceptions (Hean 2015a). Differentiating between these integrative and collaborative terms will prove important for this study to enable a detailed characterisation of ICP to take place. As Willumsen (2008) explains, the terms integration and collaboration are deemed to be implicitly different, but both are considered to be key aspects. ICP can broadly occur between localised professionals in an organisation, as well as across other organisations and their service personnel. To respond to the current and future needs of a vulnerable population, both integrated and collaborative arrangements are therefore required to address these challenges (Willumsen 2008). While discussing the provision of interprofessional collaboration, Cowley et al. (2002) illustrates the “*structures*” which are argued to be the configuration and embedded integration of services and their personnel. These structures can contribute toward either marring or facilitating professional working relationships based upon how staff are integrated (or not) to work together. Additionally, the “*processes*” of practice can be considered to be the delivery of services through the collaborative relational links within and between services as a process of joint working. Thus, this chapter now addresses the terms of integration and collaboration separately. To effectively characterise ICP, recognising both terms is crucial for this study to define the concepts of integration and collaboration and to understand the affiliation between them.

2.2.1 Integration

Integration can be envisaged as a continuum (see Figure 2.1). At one end of the integration spectrum is a loosely joined network of services and professionals that are fully segregated which may entail voluntary membership. Oppositely, a fully integrated organisation determines that personnel of a team link with each other in various ways to create organisational cohesiveness. Crucially, integration can be analysed both within an organisation and across organisations by determining the degree in which services and professionals are related to a specific environment and the provision of care (Ahgren and Axelsson 2005). Conceptually, integration can be interpreted to be the structures which are implemented that prescribe the placement of a variety of service providers and professionals (Strype et al. 2014). Furthermore, service integration is often referred to by the formal structural arrangements. Thus, service providers from two or more professions or agencies serving a common clientele find ways of sharing resources and activities in order to realise their mutual goals. The term integration therefore typically entails the organisational structures of working (Ovretveit 1996).

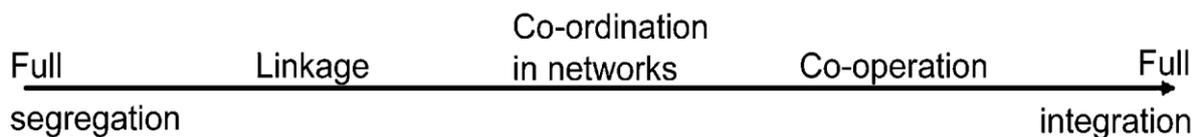


Figure 2.1 The continuum of integration (see Ahgren and Axelsson 2005).

To elaborate, service integration manifests at the delivery of organisation/organisations through the formal arrangements implemented. Two common approaches are often used to achieve integration, the first being that engagement is purely voluntary and the second being through full structural integration. The definition of the latter approach is described as the merging of two or more previously independent professions under a single administrative authority (Packard et al. 2013). Fletcher et al. (2009) discussed that integration can also encompass system tools in which standardised instruments such as risk and assessment tools are integrated across organisational boundaries to ensure collaboration can occur with other agencies. For example, criminal justice and treatment services have been recommended to integrate system tools to ensure opportunities are not missed for collaboration and the assessment of service users' needs. Additionally, the purpose of integration is to promote links across relevant organisations such as mental health or substance misuse services. The integration of tools can therefore promote joint efforts and activities across services working with mutual service users. The level in which tools are integrated can therefore be critical in the development or promotion of linkages and communication across providers in a system such as the sharing of information (Fletcher et al. 2009). Considerations by Leathard (2003) are that integration can implement a coherent approach for the purpose of improving health, well-being, health care and other treatment within a system. Integration has been considered to help form continuous and structured working with key stakeholders. Having integrated services pulls together the right personnel to have a synchronised focus on the needs of users, whereby professionals from other relevant organisations such as health

or social services can also form into one organisation to provide the closer provision and delivery of care (Leathard 2003).

As part of ICP, having high levels of integration can facilitate integrating knowledge, skills, attitudes and values needed to make judgements in day-to-day work. Similarly, integration can guide effective performance of the activities in a given occupation or function in a variety of contexts (Bainbridge et al. 2010). Warmington et al. (2004) discusses the fact that particular focus of ICP is on systemic issues, analysis of structures and understanding the prescriptions of practice through these integrative models. Structurally, a lack of integration through organisational agreements, models or initiatives can seldom create the cohesive conditions that supports collaboration among different professionals. The premise of integration can also be considered to eliminate professional boundaries by developing interprofessional teams. Having integrated teams can therefore foster improved professional collaboration and the enhanced provision of health and welfare to service users (Willumsen 2008; Willumsen et al. 2012). To clarify, integration is an important term for this study to understand the organisational structures that inform ICP in the Norwegian prison system and the implications of this while working with inmates' mental health needs. The following section now considers collaboration as a separate but equally important concept of ICP.

2.2.2 Collaboration

Collaboration can involve multiple services or professionals working together in response to mutually dependent needs and the complex problems of their working environment. Agencies and professionals may come together to collaborate, as individually they are unable to achieve the missions and goals of a service. Similarly, collaboration can improve results and realise the desired benefits of working together (Green and Johnson 2015). These collaborative processes are typically described as an active and on-going partnership. Collaboration often occurs between people from diverse backgrounds who work together to solve problems or provide services to mutual service users (Barr et al. 2005). Collaboration is considered to be a broad concept that encompasses relationships in which professionals share or exchange resources in order to achieve common goals, both formally through agreements and informally. These relations can occur among the provision of care within an organisation and its professionals, or across services and the external personnel (Sandfort 1999; Sowa 2008). Hence, the relations pertaining to collaboration are considered central to the efforts of ICP.

Collaboration as a collective relational action typically involves multiple agencies or professionals working together in response to mutually dependent needs and problems. The purpose of this is to benefit from the contributions of each individual or service to improve results (Claiborne and Lawson 2005). Through collaboration the resources are shared or exchanged in order to achieve common goals (Sowa 2008). Explicitly, effective collaboration is seen as a mutually beneficial and well-defined relationship entered into by two or more professions. To uphold collaboration, effective processes are said to include a commitment to a definition of mutual relationships and goals through sharing resources and rewards, a joint and shared responsibility, mutual authority and accountability for success

(Mattessich and Monsey 1992). Collaboration relationships are therefore suggested to serve as an effective coping response to the pressures within an environment. These processes can strengthen the working relationship and improve the capacity to respond to the mutual demands of services (Bond and Gittel 2010).

The WHO (2010) argued that collaboration specific to an environment that deals with vulnerable persons is important to ensure adequate care is being provided by multiple workers from different professional backgrounds. Comprehensive services are therefore provided by working collaboratively with patients to deliver a high-quality service. Workers in these settings should therefore know how to collaborate with personnel from other professions, have the skills and knowledge of interprofessional working while respecting the value and beliefs of other colleagues. They can work jointly with workers from various backgrounds to interact and negotiate the work they undertake. Effective collaboration is considered essential to ensure a workforce is ready to work among different personnel through overcoming and solving complex problems (WHO 2010). To effectively characterise ICP, Hean (2015a) suggests that empirical evidence is required from professionals to communicate their organisational working. Moreover, exploration of the collaborative processes between professionals is imperative to describe current ICP to offer an opportunity to understand how professionals are currently working, and to determine how they are meeting the demands of the complex population they work with each day (Strype et al. 2014).

Definitions of integration and collaboration are complex and ICP is often used as an umbrella term to describe various forms of organisational work in groups with different professions and purposes (Willumsen 2008). To clarify, ICP is employed in this study as a broad term that effectively characterises the interrelating concepts of integration and collaboration. Explicitly, the focus of integration is on the structural arrangements that prescribe the placement and conditions of services and their personnel, whereas collaboration outlines the relations and interactions among various professionals. To effectively capture ICP in the Norwegian prison system, taking this terminology forward is to enable an exploration to take place at both an integrative and collaborative level. The subsequent section will now build an argument regarding the demand for ICP in prisons and the importance of these practices for front-line staff to work with inmates' mental health needs.

2.3 Prison-based interprofessional collaboration

ICP represents an important research topic to understand the organisational work occurring in prison settings, and encompasses diverse service personnel and professionals working with complex issues such as mental health (Strype et al. 2014). Previous research has suggested the need for integrated services with collaborative problem-solving for health and criminal justice services in prisons (Wolff et al. 2013). The separate treatment of prisoners' specific needs can lead to disjointed services and inadequate care being provided. Smith et al. (2002) argued that a diverse workforce is required and that efforts in prison should have closely integrated services and collaborative personnel to work

effectively with inmates' complex needs including mental health. The utility of ICP among prison systems can allow staff to recognise the value of multiple efforts, helping them to reduce the likelihood of competition for resources and dilemmas for individuals receiving support in these settings (Smith et al. 2002). Given that prisoners present greater and more complex mental health challenges than the general population, Samele et al. (2016) discuss that the equivalent provision of care to the community in prisons is essential. To deliver adequate support to prevent or reduce these needs, ICP among the wide range of staff and disciplines working in prisons can assist in delivering the best possible care. Developing knowledge of the local professionals' experiences can assist in describing the workings of a prison, particularly the current levels of integration and collaboration among service personnel and the provision of care being undertaken (Samele et al. 2016).

ICP has been seen to be problematic in the prison environment due to complex organisational boundaries and there is scope to improve working between services to achieve positive outcomes for prisoners (Hean et al. 2011). Interprofessional collaboration between multiple services is expressed by Keene et al. (2000) as a key concept to address inmates' mental health. Even so, these practices rely heavily on the wide range of professionals understanding the various social and health care needs of the prison population. The fragmentation of services can be due to philosophical differences, incompatible working methods, inadequate organisational and/or staff funding. Additionally, one of the main obstacles for interprofessional practice with patients who are experiencing multiple problems is the lack of information about overlapping populations and shared patients. Although the continuity of care is essential for this group, it is also argued about where the responsibility for this care lies across differing professionals in a prison environment (Keene et al. 2000).

To clarify this responsibility, research has recommended interprofessional information sharing and decision-making to provide appropriate mental health treatment for inmates across the wide range of professionals and services working in prison (Fazel et al. 2016). There is determined to be heightened evidence that differing agencies require an understanding of others' roles, targets, legal responsibilities and policies to improve outcomes for prisoners with mental illness in order to work more closely together (Fenge et al. 2014). Hean et al. (2011) demonstrated that professionals have also shown a lack of confidence in interprofessional working for various reasons such as the disparity within and across service boundaries and a lack of training. Even so, to effectively address mental health in prison systems, interprofessional collaboration between the diverse range of professionals in criminal justice, health and social care services is seen as an effective form of working to provide the best possible care (Hean et al. 2011). Appelbaum et al. (2001) argued that collaboration and flexibility rather than domination allow for a constructive response to the tensions between custodial and health care services.

Pertaining to interprofessional collaboration, there has been an increasing need for knowledge about the levels of integration to maximise the quality of integrated care between different types of service personnel (Ahgren and Axelsson 2005). For example, the Import Model in Norway as devised by Christie (1970) is a type of integrative model utilised to ensure other welfare service personnel are recruited from and work in adult services located in the community are also available in prisons. The

purpose is to ensure that an inmate has access to a similar standard of care to the general population and to provide a continuity of service when the individual is released. Through these integrative structures, front-line personnel from differing services such as prison, health, mental health and welfare services are intended to work in close partnership with an inmate. The model in Norway is to ensure prisoners have a support network in the community for future planning and the continuation of treatment upon release (Christie 1970; Bjørngaard et al. 2009; Nasset et al. 2011). Integrated approaches in prison systems such as the Import Model can be seen as a key feature to provide high-quality care from differing professions while working with inmates' complex needs.

Broadly, Dvoskin and Spiers (2004) argued that ICP can promote a workforce to have diverse expertise with practical experience and knowledge to achieve positive outcomes in prisons. Moreover, integration and collaboration among service personnel in prison settings is seen to promote professionals working closely together and can develop a prison climate of mutual support, particularly while working with inmates' mental health needs. Advocating collaboration among prison and other welfare, health and mental health staff can assist in establishing open communication in an atmosphere of respect for the knowledge and expertise of one another (Dvoskin and Spiers 2004). Prison Services should also collaborate with external services to ensure that the conditions are in place for treatment to be provided. Hean et al. (2015) suggest understanding current interprofessional collaborative frameworks that may or may not be providing adequate support for inmates' experiencing mental health difficulties. Expanding such knowledge in prison systems can foster the future capacity for staff to respond effectively.

Fazel et al. (2016) indicate there to be lack of research conducted specifically in prisons compared to community settings which examines practice with mental illness. Reasons for this include a combination of difficulties such as obtaining organisational permissions, a lack of funding and the perceived division of prisoner health and public health. More research is therefore needed to understand the treatment and support provided by the wide-range of service personnel in prison systems (Fazel et al. 2016). In an interprofessional setting, Warmington et al. (2004) discusses the need for clarity amongst services. The justification is that inadequate ICP and a mismatch in expectations creates an unclear and disjointed protocol that can distort the line of responsibility for professionals. As a key feature for future research, the analysis of organisational work is considered essential to understand the provision of ICP and service user engagement. Additionally, to inform and optimise interprofessional collaboration between services working in prison systems, it is considered critical to expand knowledge of current practices (Hean et al. 2009). There is a need for research to examine practices in the prison environment to expand knowledge and to continue to advocate the development of optimal care for inmates and their mental health needs (Lamberti and Weisman 2004).

Further research has been called upon by Bond and Gittell (2010) to describe the services working with inmates' mental health in prisons to comprehensively capture professionals' experiences and insights of ICP. To develop interprofessional working in the future there is a need to learn about the current levels of integration and collaboration to inform future practice and policy. Exploring staff at these different levels is said to assist in understanding the integrative structures and the collaborative

processes to understand the practices occurring among professionals (Bond and Gittel 2010). Studies on ICP enable analysis of integration and collaboration to describe the operationalised mechanisms or frameworks of practice. Generating such knowledge can assist in future learning and innovation between services by understanding the current levels of working and the possible demand for developments and achieving better outcomes for service users (Sørensen and Torfing 2011). Hence, front-line professionals are considered crucial to share their everyday collaborative needs and personal experiences to further understand and depict the complexity of ICP, such as the utility of the Import Model in Norway (Hean et al. 2015).

The current review of literature has outlined the importance of prison-based interprofessional collaboration as a form of working to promote the high-quality delivery of services, and to provide the best possible care for inmates' mental health needs. As the prime research focus, the following section presents a narrative review of ICP in the Norwegian prison system, specifically with inmates' mental health.

2.4 A narrative review of ICP in the Norwegian prison system

2.4.1 Introduction

The format of this narrative review examines previous research to present what is currently understood regarding ICP, including the concepts of integration and collaboration in the Norwegian prison system. The purpose is to develop a detailed understanding of interprofessional collaboration in the prison sector in Norway, and specifically concerning inmates' mental health needs. By assessing empirical studies in this specific area, the review will conclude by summarising current knowledge of this subject in the Norwegian prison system to identify the research gap that this study will explore and address.

A narrative review has been chosen as it aims to identify and summarise previously published studies and to seek new areas of exploration that have not yet been addressed. There is believed to be no consensus or defined approach for the standard structure of narrative reviews, but the preferred format is IMRAD (Introduction, Methods, Results, Discussion). Although systematic reviews follow a different process, the dynamics of narrative reviews can benefit from applying the methodological rigour of systematic reviews. The quality of this narrative review is said to be improved by concentrating on a specific set of studies and establishing a relevant inclusion and exclusion criteria (Ferrari 2015).

The justification for undertaking a narrative style instead of other types of review such as a systematic review is that the rationale of this study is not seeking to test a particular hypothesis, but to enable further exploration of a particular research query. The rationale for this review is to conduct a search of published material in a comprehensive and analytical manner while seeking to add new descriptive insights on the topic (Jesson et al. 2011; Pautasso 2013). Undertaking this process is to assist in presenting a broad perspective on the topic in question in a narrative style by summarising the body of reviewed literature and identifying the key ideas or conclusions (Green et al. 2006). Although a review

may help to determine or define the research questions, already having a sufficiently focused research query has been essential before undertaking the review to define the specific area of interest. The purpose of this narrative review has been to highlight new research ideas by identifying gaps or inconsistencies in the body of knowledge (Cronin et al. 2008).

The previous sections of this chapter have defined the terminology and complexity of ICP, which is the inherent focus of the research. The narrative review uses this as a foundation to identify research that has previously investigated ICP in the Norwegian context specifically with inmates' mental health needs. The review will now demonstrate the method undertaken to examine current knowledge on this chosen topic.

2.4.2 Method

In having a method section, the purpose is to add clarity to the key messages of the narrative review and ensure the review has been carried out rigorously. The research query has been well defined to design an appropriate search strategy. Providing this structure is to develop formalised search terms, the selection criteria defined and critical assessment of articles to be undertaken (Ferrari 2015). To begin the search process, a database search was undertaken to identify primary literature relevant to the topic, while also searching grey literature and reference lists to expand on related articles. Hand searches were also undertaken on key journals in the field of ICP such as the Journal of Interprofessional Care and Journal of Integrated Care to search for relevant studies. The purpose of this was to firstly understand the key terms referred to in this topic (i.e. interprofessional and collaboration) to identify alternative words in this topic area. Both key words have been shown to have a broad complexity that encompassed a wide range of terms used in research with spacing or hyphenated wording.

Presented by Table 2.1, distinctive and repetitive concepts were comprehensively noted to formalise the alternative terms used for this review strategy (Green et al. 2006). ICP was found to incorporate many complex terms including those related to the concepts of integration and collaboration. In order to capture these terms in the search, the review began with consultation with the university librarian and primary supervisor to develop a rigorous analysis of the search terms and strategy. From initial searches and consultation, the search terms "*interprofessional*" and "*collaboration*" were sorted together since entering these terms into a database search separately yielded very few results along with the other key search terms. By undertaking the sampling strategy, consolidating the terms was recommended to undertake a more effective search strategy as there was determined to be inherent overlap between them.

Table 2.1 Key terms and alternatives utilised for the search strategy.

Search terms	Alternatives
1. Interprofessional and Collaboration	inter-profession* or interprofession* or inter profession* or multi-profession* or multi-profession* or multi profession* or inter-disciplin* or interdisciplin* or inter disciplin* or inter-occupation* or interoccupation* or inter occupation* or interinstitut* or inter-institut* or inter institute* or inter-agenc* or interagenc* or inter agenc* or inter-sector* or intersector* or inter sector* or inter-organi?ation* or interorgani?tion* or inter organi?tion or multi-sector* or multisector* or multi sector* or multi-disciplin* or multidisciplin* or multi discipline* or inter-department* or interdepartment* or inter department* or multiagenc* or multi-agenc* or multi agenc* or crossagenc* or cross-agenc* or cross agenc* or crossprofessional* or cross-professional* or cross professional* or transprofessional* or trans-professional* or trans professional* or collaborat* or coordinati* or co-ordinati* or cooperat* or co-operat* or relation* or communicat* or interact* or integrat* care or integrat*
2. Prison	correction* service* or prison* service* or custod* or criminal justice service* or criminal justice agenc* or jail* or incarcerat*
3. Mental Health	"mental health*" or mental health need* or psychiatric* or psychiatric need*
4. Norway	norw* or nordic or scandinavia*

The key alternative search terms were derived from previous articles on interprofessional collaboration, prison and mental health (see Table 2.1). The alternative prison terminology was collated from other criminal justice studies and were utilised to focus the search strategy on sifting articles with a focus in the prison context. Mental health terminology was also added to ensure articles were sifted which examined this specific area of interest instead of the other broad range of needs encountered by prisoners (e.g. employment, housing, substance misuse, homelessness). Similarly, the Norway search terms incorporated alternative Nordic and Scandinavia wording. The purpose was to ensure that articles were reviewed that encompass the broader region in which Norway is a part of and to collate relevant articles in the Norwegian context.

Importantly, a database search was undertaken as a test with all the search terms except those relating to Norway. The purpose of this was to identify other relevant terms related to the prime research focus and not to initially focus specifically on Norway. A second sampling search was undertaken which

included the alternative Norway terms to specifically understand current knowledge relating to the primary focus of this study and to summarise the body of literature.

2.4.3 Inclusion and exclusion criteria

Presented in Table 2.2, the inclusion criteria of this review focused specifically on published articles that covered ICP, including the concepts of integration and/or collaboration in the Norwegian prison environment and the work with inmates' mental health needs. Other criteria such as housing, education and other needs were not included. The reason for this was to keep the review focused on the precise body of literature available in the area of mental health. Although the alternative search terms relating to Norway were to assist in consolidating articles in this specific context, the exclusion criteria were to also ensure that the literature explicitly focused on research in Norway. Similarly, articles were excluded which only focused on other services based in the community or not directly in prison due to the differing working mechanisms in prisons compared to the community. It was therefore deemed important that the literature focused on studies that examined the complexity of interprofessional collaboration in the Norwegian prison system to identify current knowledge and where further exploration is required.

Table 2.2 The inclusion and exclusion criteria for the literature search.

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Studies which incorporated interprofessional collaborative practice and covered the concepts of integration and/or collaboration. • Explicitly research within the prison environment. • The specific provision of mental health. • Research examining the Norwegian context. 	<ul style="list-style-type: none"> • Not research strictly in other specific criminal justice areas such as probation, community-based services or charities. • Not research which categorically excludes mental health (i.e. inmates' other needs such as housing, employment or substance misuse). • Not research outside of Norway.

2.4.4 Results

The literature search used the EBSCOhost database search and the key terms listed were used to assist in defining the limits and spectrum of the review. The search limiters selected for the review were peer reviewed articles, source type being a journal article, and language (i.e. English and Norwegian due to the focus of the study). The selected databases were PsycINFO, Academic Search Complete, Complementary Index, MEDLINE Complete and CINAHL Complete. Represented by Figure 2.2, a total of 140 articles were identified from the original search. These were reduced to 82 studies after the removal of duplicates in the referencing management software Mendeley. Utilising the inclusion and exclusion criteria, a further 77 were removed which resulted in 5 articles being sifted for the review.

From the resulting 5 sifted articles, all studies covered the subject of interprofessional collaboration with inmates' mental health in the Norwegian prison system. Two articles were qualitative and three were quantitative. Additionally, two of the articles sifted were originally in Norwegian and were translated into English for the review (see Stang et al. 2003; Langeveld and Melhus 2004).

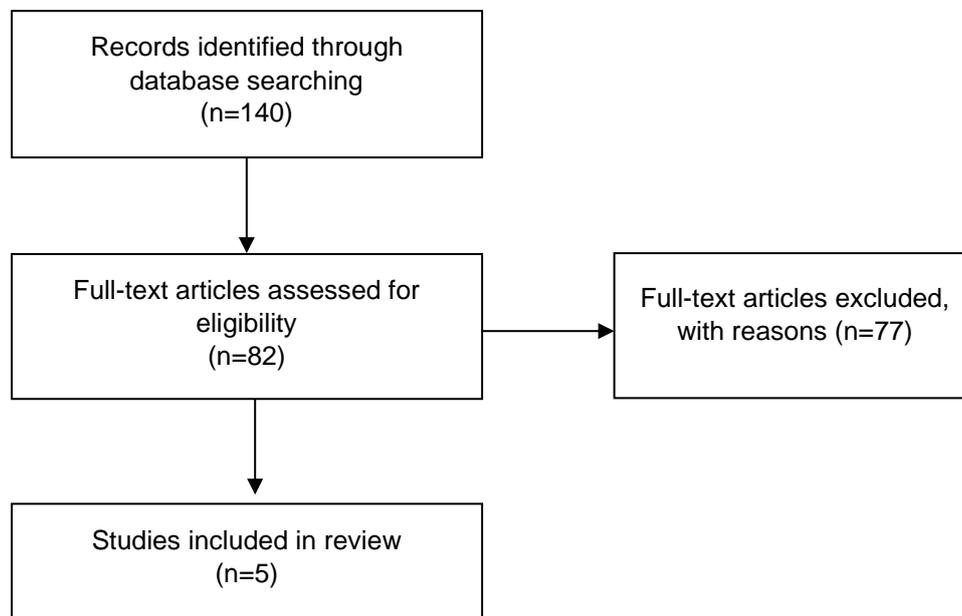


Figure 2.2 A summary of the sifted articles for the narrative review.

2.4.5 Selected articles

Through the selected articles, the purpose was to examine current knowledge in this specific context to describe and assess what was already published in this topic area with the best published evidence. The aim of this narrative review was therefore to identify and summarise previously published studies and uncovering new areas of exploration that have not yet been addressed. Although the intention was to synthesise the articles and contrast between these multiple sources, the justification for presenting them in a narrative style was that they were found to be disparate. These major differences limited the ability to make critical comparisons or to establish common ideas across the studies (Ferrari 2015). The purpose of this review was therefore to show that although each article may stand alone, a research gap was able to be identified. Similarly, this process was useful to generalise the main findings from each article to highlight the importance of this study. Explicitly, the first and second articles examined the provision of mental health and provided specific recommendations related to interprofessional collaboration, whereas the remaining three articles specifically examined ICP. The key data extracted from each article was summarised to capture the source, the qualitative or quantitative design and main query of interest, the data collection methods, and the key findings or recommendations (see Appendix 1). A discussion is now presented to summarise the body of literature on this specific topic and to identify the research gap.

2.4.6 Discussion

The review will now critically discuss each of the articles to identify and present the key propositions found. The purpose of this discussion is to summarise current knowledge and outline the research gap that this study will address.

Article 1 – Prisoners in security cells: a professional challenge (Stang et al. 2003)

For the first article of this review, Stang et al. (2003) examined a Norwegian high-security prison with a capacity of 350 inmates. The specific aim of this research was to examine inmates being subjected to isolation in security cells at a high-security prison to understand the impact professional placement had on inmates' mental health. Both health and psychiatric services were found to be located within the prison including 2.2 Physicians, 12 Nurses, 6 full-time Nurses, 2 Psychologists and 2 Psychiatric Nurses. The health service personnel referred inmates who had mental health problems to the psychiatric expert team. Referrals were due to symptoms encountered by inmates such as despair, depression, anxiety, sleep problems, suicidal risk, psychosis, hospitalisation attention, medication and behavioural failures including verbal and/or physical. The study found that referrals often included imposing restrictions such as placement in an isolation security cell to prevent injury, significant damage to property or serious disturbances of prison security. Inmates placed in these conditions received daily supervision from a Doctor in the prison, but a key issue was that these inmates were usually encountering significant mental health disorders.

As a quantitative study including a small sample of 30 inmates placed in these isolated conditions, 16 inmates were found to have already had previously contact with psychiatric expert teams. Likewise, placement in isolation commonly induced complaints/symptoms relating to mental and behavioural disorders such as depression, anxiety, hallucinations, sleeping problems and persistent headaches. These individuals in prison were encountering mental health problems and could even develop them due to the isolated conditions they encountered while being incarcerated. Imposed restrictions and previous mental health referrals to the psychiatric service in prison were found to be the strongest risk factors for being placed in a security cell. Front-line professionals were suggested to have a critical role in dealing with these mental health challenges. The research provided specific recommendations for interprofessional collaboration and suggested a flexible collaborative partnership between the prison, health and mental health professionals to manage and treat prisoners with mental health issues.

Article 2 – Are psychiatric disorders identified and treated by in-prison health services? (Langeveld and Melhus 2004)

Quantitative research by Langeveld and Melhus (2004) has also demonstrated that there was limited examination of the extent in which health and mental health services in Norwegian high-security prisons capture mental health disorders. Although focusing on the prevalence and treatment of mental disorders in prison, it was noted that professionals had differing work patterns. In this case, there was limited

interprofessional collaboration during treatment between certain specialists and no formalised or regular meetings between prison and health employees. For example, the health service in the prison consisted of a Nurse, Doctor and Psychologist. The Nurse was employed in the prison to assess inmates and to also refer them to the Doctor if required. The Doctor had one day a week in the prison but was available via phone outside of these hours. Similarly, the Psychologist had three hours a week within the prison. The Physician and Psychologist worked on different days of the week and did not collaborate on providing treatment. Although the numbers of professionals working and number of prisoners were found to be similar to another high-security prison, this was not deemed to be representative of all Norwegian prisons. For example, the prison was found to have 2.2 full-time Doctors, 12 Nurses and 6 full-time auxiliary nursing staff despite having around 350 prisoners. The study found a high prevalence of mental illness, personality problems and abuse of psychoactive substances among inmates. Although having a small sample of 40 inmates, it was found that 48% needed treatment for a mental disorder including depression, anxiety, psychosis and posttraumatic stress disorder. To provide effective treatment, it was outlined that a good flow of information between healthcare professionals and other staff in the prison was required.

The key message of this study is that effective interprofessional collaboration between a range of professionals in the prison environment such as health and prison professionals will provide better conditions for working with inmates and their mental health needs. Further research in this environment was determined important to understand current interprofessional collaboration with prisoners and these complex difficulties.

Article 3 – Collaborative practices between correctional and mental health services in Norway: Expanding the roles and responsibility competence domain (Hean et al. 2017a)

The concept of collaborative practice was examined from 12 leaders among the mental health and Correctional Services within one region in Norway. As a qualitative study, Hean et al. (2017a) examined regional leaders which included individuals from the Correctional Service, prison leaders, probation leaders, general prison health services, prison social services and specialised mental health services. Four key themes were described which specifically related to collaborative practice and the activity of taking responsibility for the care of an inmate. Summarising the key findings, expected collaborative practice (theme 1) outlined that the expectations of taking responsibility and the reality can differ. For example, responsibility was assigned primarily by virtue of perceived professional or organisational function and their expertise to assist an inmate. Professions may also share responsibility for certain tasks within the prison, but also distribute it at different levels. For example, programmes were provided at an interorganisational level, the responsibility for different prison wings being distributed between nursing staff at a uniprofessional level, the responsibility of different professionals for inmates' specific needs (e.g. health and housing needs) was distributed at a interprofessional level, and the responsibility for district and regional specialist services was dependent on the home municipality of a convicted person and distributed at a geographical level. The complexity of external structures (theme 2) was

evidenced through the divisions into different departments or units, programmes or services and complex official roles and titles. Additionally, the integrative structures and employment of health staff in prisons through the Import Model evidenced a multi-layered and variable structure as each prison is managed differently in terms of the number and type of staff employed.

Individual structures (theme 3) found that positive attitudes towards an inmate were a key driver to collaborate. Professionals should therefore be prepared to actively interact both with a prisoner and other professionals or organisations rather than wait for engagement. To develop professional and inmate networks required persistence, confidence, patience and personal knowledge of a prisoner and their care plan to instil collaborative interactions. The tensions when collaborating across systems (theme 4) was heightened through the distribution of responsibility taking place between regions, organisations and municipalities. Professionals found that they relied heavily on their professional judgement about their own roles and responsibilities along with those of colleagues and other organisations. Likewise, organisations may deny ownership of a responsibility (e.g. initiating individual plans) that created an incompatible working schedule and difficult geographical distances between the prison and imported services from the community. The individual plan had been introduced to improve the quality of care among health and social services for patients with long-term and complex needs. The lack of resources was found to result in fewer opportunities to collaborate across services. Similarly, this study found that the distribution of responsibility for an inmate's care was mediated by highly complex forms of integration as well as the collaboration occurring among professionals.

The key propositions of this study suggested that further research is required to explore interprofessional collaboration taking place with inmates' mental health needs at the front-line level. Greater knowledge of the roles and responsibilities entailing ICP will help to understand current practice by describing the external integrative structures such as the Import Model, the individual collaborative processes among front-line staff, and to determine the impact on organisational work in prisons.

Article 4 – Improving collaboration between professionals supporting mentally ill offenders (Hean et al. 2017b)

Research by Hean et al. (2017b) has also explored Prison Officers' perceptions of interprofessional collaboration when supporting inmates' mental health needs across other professional groups. As a quantitative study, a sample of 160 Prison Officers in the Norwegian prison system examined their current levels of relational coordination that was reported to be lowest with specialist mental health staff and Doctors in the prison. Contrastingly, these relations were considered to be highest with Nurses, Social Workers and other Prison Officers. The Prison Officers also reported desiring higher levels of coordination with specialist mental health staff. The findings suggested that Prison Officers request much greater contact with mental health specialists when dealing with inmates encountering mental illness. The results added to the debate on how mental health services should be integrated into the prison system with the need for further examination of the Norwegian Import Model. Key barriers found between the prison and mental health services included having different working schedules among

professionals, limited resources with professionals having inadequate access to the prison, poor attitudes towards inmates along with a lack of shared understanding on the exchange of information. The low levels of coordination between the prison and mental health staff suggested that specialist mental health personnel might lose key opportunities to assess, diagnose and treat inmates. Similarly, Prison Officers were not able to access the knowledge offered by mental health experts to deal with inmates' mental health problems on a daily basis.

These desired and current levels of coordination with specialist mental health professionals suggest Prison Officers are reaching a point of crisis with inmates' mental health and actively required greater primary care and specialist mental health support to address this. It must be noted that service integration in Norwegian prisons varies, but it was likely that contact between these services is limited as Social Workers (employed by the prison) and Nurses (employed by the municipality) are more likely to work longer periods in the prison, whereas Doctors (employed by municipalities) and mental health specialists (employed regionally) visit prisons less often and possibly not at all as an inmate can be transferred outside to receive support. Further research has been called for to better understand front-line staff such as Prison Officers and to explore their professional relationship with other professionals including mental health specialists, Nurses and Social Workers. The reason for this is that the Prison Officers were considered to be key gatekeepers in the exchange of information.

The key propositions of this study demonstrated that further research is required to describe ICP from the perspective of front-line professionals and to illustrate the impact on organisational working. Greater knowledge is required from staff such as Prison Officers and other professional groups experiences on the integration of personnel in prisons and the collaborative relations occurring among staff. Despite qualitative analysis with managerial staff (Hean et al. 2017a), and quantitative research with Prison Officers (Hean et al. 2017b), currently there is lack of knowledge regarding the key insights and experiences of front-line professionals. Further qualitative research is therefore required to understand ICP with inmates' mental health needs from the front-line perspective in the Norwegian prison system.

Article 5 – Making sense of interactions between mental health and criminal justice services: the utility of cultural historical activity systems theory (Hean et al. 2018)

Hean et al. (2018) demonstrated that the mental health of inmates mediates the success with which they engage in their own rehabilitation and reintegration to desist from future criminal behaviour. As a qualitative study, this research offered closer scrutiny of services working with inmates' needs across organisational borders, namely the mental health and criminal justice systems. Additionally, this study illustrated the utility of Cultural Historical Activity Theory (CHAT) as a cognitive analytical lens for researchers or practitioners to better understand ICP among different professional services and the interactions taking place. Comprising 12 regional leaders, semi-structured interviews were undertaken with individuals from criminal justice services, prison and probation leaders, general health services, prison social services and specialised mental health services. Similarly, individuals were interviewed who were perceived to have an overview of both the mental health and criminal justice systems.

In utilising CHAT to discuss the emerging activity systems amongst the mental health services, criminal justice services and prisoners, five themes were found to arise from this framework. Firstly, the work goals and objectives were salient to each system during interprofessional collaborative activity. The initial theme encompassed leaders describing the activities and key goals or objectives. The leaders demonstrated the identification and prioritisation of prisoners' needs, the mapping and mobilisation of resources, and engaging positive collaborative relations with an inmate. Secondly, leaders described that professionals are driven to collaborate with other organisations and move into the boundary space. The skills and expertise of professionals in other systems were recognised as important to deliver their own work activity. The boundary space was envisaged to be between the activity systems of each service as they were considered to have separate activity systems. The central activity is shared between both services and moving into this boundary space is critical for communicating knowledge and building networks for inmates' mental health needs.

The third theme articulated that tools mediated the activity within the boundary space between these services. Additionally, a range of organisational structures mediated the communication between the services when dealing with inmates' acute mental illness. Both formal and informal meetings mediated this communication and information flow between services such as the assessment or coordination tools known as individual plans. As the fourth theme, norms and rules within the boundary space such as policy and interorganisational agreements had been implemented to manage working across services and to monitor progress. The delivery of care to specific groups such as sex offenders was considered to be working well. Oppositely, policy reform had been indicated to not perform as expected due to a lack of services and resources to manage mental health. Less formally, these norms or rules were found to also mediate communication between services as at times professionals and organisations symbolised a lack of willingness to collaborate. As the final theme, contradictions within these activity systems demonstrated challenges experienced. These contradictions included differences in professional judgement on the referral threshold level of mental illness, differences in views on confidentiality and information sharing which hindered communication, limiting local agreements and the balance between collaborative practice versus prisoner centred care. Additionally, there was a lack of or problematic implementation of individual plans. These plans were a valuable coordination tool to mediate collaborative activity between services and the consolidation of other plans for an inmate.

The study by Hean et al. (2018) also illustrated the use of CHAT as a useful theoretical and analytical framework. CHAT was beneficial to articulate ICP amongst services and their activity systems to undertake detailed reflection on the collaborative interactions taking place when working with inmates' mental health in prison. Focusing on the detailed perspectives of leaders in this study, further research has been called for to enable further reflection on the interactions occurring between the wide array of front-line professionals in the Norwegian prison system. Additionally, greater qualitative detail was required from front-line staff by exploring their key insights and experiences of operationalising ICP when working with inmates' mental health.

2.4.7 Research gap

From the reviewed articles, these studies have demonstrated the importance of ICP in the Norwegian prison system while working with inmates' mental health needs. Identifying the shortfall in knowledge, empirical research has been undertaken in high-security prison settings in Norway with recommendations highlighting the importance of interprofessional collaboration. These key suggestions listed flexible and effective collaborative relations among the range of professionals working in prisons to manage and treat prisoners encountering mental health issues. The body of literature demonstrated that there is currently a lack of knowledge on this specific topic in other open or low-risk prison contexts and the illustration of professionals working with inmates' mental health. These studies have also incorporated a quantitative sample of Prison Officers and a qualitative sample of leaders in the mental health and prison setting to explore ICP.

Identifying the current research gap, expanding knowledge from the front-line perspective in Norwegian prisons can assist in constituting both the integrative structures such as the Import Model and the structural arrangements of staff in the prison environment including the front-line prison, health, mental health, and other welfare professional groups. Similarly, to explore the collaborative processes of these front-line professional groups and to account for the relations and interactions occurring amongst different service personnel. Furthermore, these articles have exemplified that there is currently a lack of qualitative research of ICP. The lack of knowledge is specifically from the perspective of front-line professionals in the Norwegian prison system while working with inmates' mental health needs. In addition, exploring other low-risk or open prison contexts can also assist in developing knowledge regarding ICP at the front-line and the impact on professionals' organisational work. Crucially, these low-risk or open prisons represent the final phase of the prison system and further research can expand knowledge of these practices with inmates' needs, especially as they approach the conclusion of a prison sentence and their impending release back into the community.

2.5 Conclusion

Demonstrated by the review of literature, this study will address the identified gap in knowledge by exploring the insights and experiences of front-line professionals in the Norwegian prison system. The key research query of this study will therefore be to expand knowledge of ICP from the front-line while working with inmates' mental health needs. Previous research has called for greater qualitative detail to increase knowledge of the different service personnel working with inmates' complex needs, including the concepts of integration and collaboration. Explicitly, greater knowledge of ICP can assist in understanding the working and competencies of front-line staff with inmates' mental health needs at an integrative and collaborative level. The call for further research in this area will also benefit from describing ICP through the structural arrangements of integration in the prison environment among front-line prison, health, mental health, and other welfare services and staff. Similarly, to also describe the collaborative processes of these front-line groups to account for the interactions and relations occurring amongst different service personnel.

To address the shortfall in knowledge, this study will undertake an exploration of ICP from the perspective of front-line professionals in the Norwegian prison system. The purpose of this is to enable a critical and detailed reflection of ICP through the organisational work undertaken with inmates' mental health needs, and to illustrate the impact on this work by front-line staff. Furthermore, determining that the integration structures and collaborative processes are key concepts, the prime research query will utilise this key terminology to ensure this study effectively captures ICP.

Notably, the Norwegian prison system encompasses a progressive approach to a prison sentence. Intentions are that prisoners are able to transition through the different prison phases to ease their eventual release. Critically, this study therefore intends to have strict focus on the final phase of the prison system. The reasoning for this focus is that the final phase has been determined a critical part of an inmate's prison sentence before being released back into the community from a low-risk or open institution. Further justification for this selection will be presented in the subsequent methodology chapter.

CHAPTER 3 METHODOLOGY

3.1 Introduction

In the previous chapter a review of literature was presented to specify the prime research query of this study. With further qualitative research called for, this study utilises the key concepts of interprofessional collaborative practice (ICP), namely integration and collaboration. The prime focus of this study has been to expand knowledge from the perspective of front-line professionals and their key insights and experiences of ICP with inmates' mental health needs. Furthermore, the exploration of ICP will be to investigate the integration of front-line personnel in the Norwegian prison system such as the prison, health, mental health, and other welfare providers, and to also describe the collaboration occurring among the various professionals.

The following chapter will outline the methodological approach taken including the use of a theoretical framework that underpins the research. Consequently, this chapter presents a clear and comprehensive account of the methodology for this research with justification for the approach taken to ensure a rigorous research process has been followed. To begin, the subsequent section accounts for the ontology and epistemology of this study.

3.2 Ontology and epistemology

Research strategies are said to entail an overlapping combination of ontological and epistemological assumptions. In social science research, having clarity about the researcher's approach is essential to have a clear terminology and to recognise others' positions and defend our own (Grix 2002). Through the ontological and epistemological paradigms, this research is concerned with "*why something works*" (Bryman 2012). The ontological position refers to the nature of social reality, therefore the position of this research posits this as being constructed through the social, political and gendered meanings rather than an objective phenomenon that holds truth (McLaughlin 2012). An epistemological assumption is concerned with what kinds of knowledge are possible. It explores peoples' criteria for deciding when this knowledge is adequate and legitimate (Blaikie 2010). Many things can be believed to be true or false, but through this philosophy the only belief that is considered true can be knowledge (Teichman and Evans 1997). The research therefore recognises that knowledge is constructed by those that experience it, in this case the front-line professionals, and is a process of reconstructing that reality (Mills and Birks 2014).

The position of social constructionism is central to this study to scrutinise participants' contending or overlapping knowledge and to translate the findings back to the social problem (Silverman 2010). By utilising the social constructionist position, Burr (2015) maintains that the key assumptions invite us to take a critical stance toward widely assumed or taken for granted ways for understanding the world. The ways we understand or create knowledge in the world are historically and culturally relative.

Knowledge is therefore a product of specific cultures and periods of history that are also dependent on the prevailing social and economic arrangements at the time. These forms of knowledge are artefacts of the particular culture as it is created between people through their goings-on in everyday life, social processes and interactions that they are constantly engaged with together. Knowledge and social action therefore go hand-in-hand as the different constructions invite and sustain different patterns of behaviour or kinds of action. The role of language is also key here as they are thought of as a form of social action as when people talk to each other their world gets constructed. Similarly, in order to investigate and explain a particular social phenomenon, this position seeks to uncover the existence of attitudes and motivations inside people, their social practices that are engaged in and interactions with one another (Burr 2015). The term “*constructivism*” can cause confusion due to it sharing fundamental assumptions with social constructionism as it views a person as actively engaged in the creation of their own world (see Raskin 2006). Contrastingly, constructivist psychologies argue that each person perceives the world differently and creates their own individualised meanings from events. Essentially the difference between constructivists and social constructionism is the extent in which the individual is an agent who is control of this construction process, and the extent in which these constructions are a product of social forces (Burr 2015). The latter position of social constructionism is therefore central to this study due to the historical, cultural and political intricacies of prison systems that are considered key in shaping the prison life of staff and prisoners.

In conducting this study, social constructionism has been used to acknowledge that everyday knowledge is the outcome of people making sense of their experiences and insights with the world. The researcher’s role uses this knowledge to reinterpret it into more technical language (Blaikie 2010). Two major forms of social constructionism exist known as the “*micro*” structures of language in interactions and the “*macro*” social structures that frame our social and psychological life. For undertaking this study, these two forms are not seen as mutually exclusive and draws upon them both to consider the situated nature of accounts, as well as the institutional practices and social structures within which they are constructed. In brief, the micro form considers the social construction of everyday discourse and multiple versions of the world that are potentially available, whereas the macro social constructionism acknowledges that language is derived from the social structures, social relations and institutionalised practices (Burr 2015). The constructionism paradigm is to acknowledge that people can draw different conclusions from the same events, but this position is concerned with the constructed knowledge and meanings people bring to a situation. Being respectful of other peoples’ worldview is imperative and recognition that the researcher’s own view affects what is learned and impacts what participants may consider “*knowledge*”. The implications of this have required an in-depth understanding of practices and policy, notably in the Norwegian prison system, to present and understand participants’ views effectively (Rubin and Rubin 2012). Therefore, the social constructionist position of this research is not seeking to assert or deny anything as true or real, but to represent participants’ reality and knowledge from the data (Robson 2002).

Constructionism accepts that researchers and research subjects make interpretations and that it is neither possible nor desirable to eliminate all biases or expectations (Rubin and Rubin 2012). Critically,

reflexivity as the research evolves was important to be aware of the researcher's social position, beliefs and personal experiences. Acknowledging reflexivity is to address bias and how the researcher may impact the research as factors including the researcher's background, nationality and language can harvest benefits in conducting research due to a person's familiarity on the chosen topic (Berger 2015). Taking this constructionist paradigm forward in this study, the research design is presented to suitably match this philosophical position.

3.3 Research design

The research design incorporated a qualitative approach that allows for a wide array of dimensions within the social world to be explored. The approach was to allow participants to articulate their everyday lives, knowledge and experiences that can intimately connect the research context with explanation (Mason 2002). A qualitative design has been used to describe the routines illustrated in individuals' lives and to develop a better understanding of the desired subject matter by attempting "*to interpret phenomena in terms of the meanings people bring to them*" (Denzin and Lincoln 2000, p.3). The importance of qualitative research is that it is typically concerned with understanding the social world through an exploration of the participants' interpretation of that world. The research strategy associated with qualitative research therefore intends to effectively understand the environment through the eyes of those being studied, notably front-line staff in the Norwegian prison system.

Typical features of qualitative research include examining the participants' point of view, a contextual understanding of the setting, close involvement with those being investigated, rich data, the meaning of action and interconnections between participants, understanding the behaviour undertaken, recognising the values and beliefs of participants, and investigating people within their natural environment. In contrast, quantitative research typically has less involvement with the research subjects, greater reliance on applying measurement procedures to social life, an emphasis on relationships between variables, highly structured to examine precise concepts within the study focus, generalisable findings to the research population, hard data owing to the precision of measurement, and often focused on uncovering large-scale social trends (Bryman 2012). Owing to the contrasting nature of these research designs, a qualitative approach has been determined suitable for this study.

3.3.1 Aim

As the primary aim of this research there are two fundamental areas to consider, the concept of ICP and the type of Norwegian prisons to be examined. Firstly, the review of literature has characterised ICP which encompasses the concepts of integration and collaboration. The primary aim is therefore to explore these concepts as there is currently a lack of knowledge regarding ICP, specifically from the perspective of front-line professionals working within inmates' mental health needs in Norwegian prisons. Secondly, the Norwegian prison system entails a hierarchical structure of prisons including extra high security, high security, lower security and transitional housing. The research will focus on a

specific phase of the prison system and notably the final phase of the prison system has been chosen. The prisons at the final phase of the system are commonly known as a transitional residence or overgangsbolig in Norwegian, but may also be referred to as a transitional prison, transitional house, or half-way house. The selection and definition of the transitional residence will be described in more detail as we progress through this chapter. Even so, these institutions are still considered prisons which have a specific focus on an inmate's gradual return to society with professional expertise present who address an inmate's needs for work, training and general necessities in life. In order to explore front-line staff in this setting, specific focus on one phase and type of prison has been determined appropriate to effectively capture and describe the working mechanisms in a specific prison and its conditions. Thus, the transitional residence at the final phase of the prison system was chosen.

To demonstrate the potential impact of the research, this study will expand knowledge in the short-term from the perspective of front-line staff at the final phase of the Norwegian prison system. Furthermore, the research will describe ICP occurring at a specific type of prison and the work undertaken with inmates' mental health needs before they are released back into society. Critically, determining whether inmates' mental health needs are being effectively addressed is not of prime consideration as this study does not have a longitudinal focus with inmates. The long-term impact of this research is also important as it has the potential to inform future practice and/or policy which seeks to develop the work undertaken with inmates' needs, particularly as they approach the conclusion of a prison sentence and are being transitioned from prison back into the community. Thus, with explicit focus on the organisational work of front-line professionals with inmates' mental health needs, the primary aim of this study is to undertake an in-depth exploration of ICP at the final phase of the Norwegian prison system.

3.3.2 Research questions

As a qualitative study, the primary research query has been divided into three underlying research questions that focus on the organisational work undertaken at transitional residences in Norway. Accounting for the review of literature that has characterised ICP, the first research question is to reveal how front-line professionals are integrated at Norwegian transitional residences. Similarly, the second research question is to identify how front-line staff collaborate at these specific prisons. The third research question will clarify how and why ICP is undertaken by front-line staff at the transitional residences in Norway. Explicitly, the purpose of these research questions is to capture the experiences and insights of front-line professionals to effectively account for ICP with inmates' mental health needs at these prisons. The three research questions of this study are as follows:

1. How are front-line professionals integrated at Norwegian transitional residences regarding their work with inmates' mental health needs?
2. How do front-line professionals collaborate at Norwegian transitional residences regarding their work with inmates' mental health needs?
3. How and why is interprofessional collaborative practice implemented by front-line professionals at transitional residences in Norway?

3.3.3 Objectives

Two major objectives have been defined for this research. Before these are elaborated on, the initial chapters of this study have examined the Norwegian prison system and established relevant knowledge in this specific penal system. The purpose has been to ensure that the researcher utilises current knowledge on the topic area. The justification for doing so is to effectively present and understand the participants' views by having an in-depth understanding of the practices and policy related to this context (Rubin and Rubin 2012). Therefore, holding this knowledge will be to ensure this study critiques the key propositions regarding ICP at the final phase of the prison system. Moreover, this study is underpinned by the theoretical framework of Cultural Historical Activity Theory (CHAT) which informs the two major objectives of this study (Engeström 1987). The specified objectives of this study are listed below:

Objective 1. Applying the theoretical framework of Cultural Historical Activity Theory, explore and demonstrate the manner in which interprofessional collaborative practice is operationalised through front-line professionals' organisational work at the final phase of the Norwegian prison system.

Objective 2. Utilising the theoretical framework of Cultural Historical Activity Theory, critically evaluate the implementation of interprofessional collaborative practice at the final phase of the Norwegian prison system to illustrate the impact on the front-line professionals' organisational work.

To elaborate, responding to the first and second research questions, the initial objective applies the theoretical framework of CHAT. Furthermore, through explicit focus on the front-line professionals' organisational work at the final phase of the Norwegian prison system, the application of CHAT is to explore and demonstrate the operationalisation of ICP. The operationalisation of ICP can therefore be determined by answering these two research questions at an integrative and collaborative level. Responding to the final research question, the second objective utilises the theoretical framework of CHAT to critically evaluate the implementation of ICP at the final phase of the Norwegian prison system. Similarly, the second objective is to illustrate the impact on the front-line professionals' organisational work by critiquing the implementation of ICP. To achieve these objectives, the subsequent section justifies the application and utility of CHAT as the underpinning theoretical framework of this research.

3.4 Theoretical framework

3.4.1 Cultural Historical Activity Theory (CHAT)

In the study of working practices and organisational work, the application of Cultural Historical Activity Theory (CHAT) has been specified to be a useful theoretical framework for this study to effectively capture ICP at the final phase of the Norwegian prison system. CHAT is considered a global multidisciplinary research approach and was introduced as a philosophical framework of practice to investigate the relationship between human beings and objective things (Leont'ev 1978; Vygotsky 1978;

Engeström 1999; Engeström et al. 1999; Sannino et al. 2009). Central to CHAT, Engeström (1987) developed the model that depicts the basic mediation of an activity system. The development of the activity systems model was for the demand to study change and learning in work activities. CHAT has gained increasing popularity and relevance among researchers in the field of organisation studies (Adler 2005; Blackler, 1993, 1995, 2009; Hean et al. 2018). CHAT is considered particularly useful by focusing on issues such as complex interactions, relationships, and their challenges to widen understanding of issues such as organisational learning, change and collective knowledge creation (Engeström et al. 2007; Allen et al. 2011). The application and utility of CHAT, also known as activity theory, as the theoretical framework in this study is to theorise practice which consists of multiple, historically evolved, interconnected, multi-voiced and tension-laden activity systems (Engeström 1987).

By briefly accounting for the premise of CHAT, this study will be underpinned by the second generation of activity theory which is based on a single collective activity system, whereas the third generation examines two or more systems and the overlapping nature of them (Engeström 2001). Presented in Figure 3.1, CHAT offers the unique analysis of organisational work through the components of an activity system (Engeström 1987). By analysing the work undertaken, CHAT allows professional practice such as ICP to be theorised. Similarly, the theoretical framework is employed as a constructive way to examine work within institutions through the activity system perspective. The variant units within the activity system allow for the identification of the participants, their roles and the actions within it (Foot 2014).

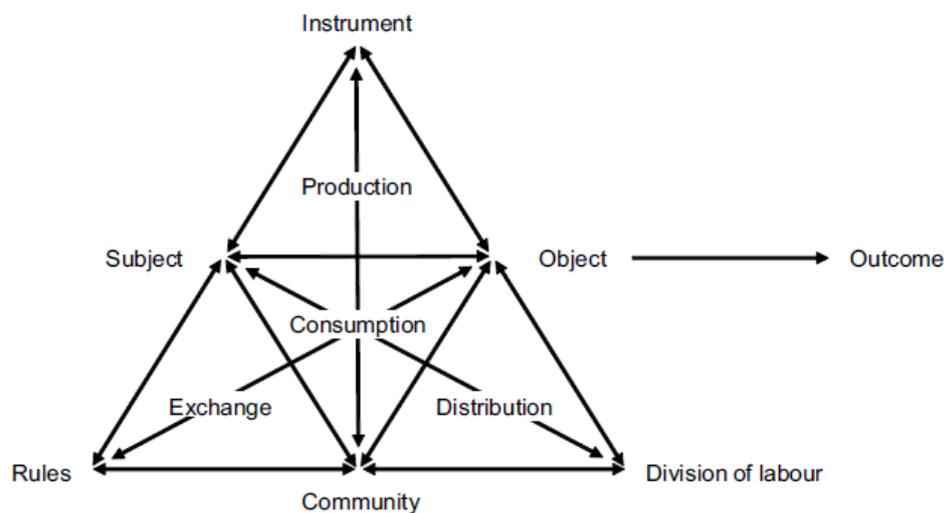


Figure 3.1 The second-generation structure of an activity system model (see Engeström 1987, p.94).

By applying and utilising CHAT as a theoretical framework, the researcher interprets a collective activity as a historically and socially constructed system that is object-oriented and artefact mediated (Vygotsky 1978; Engeström 1987, 2000). As depicted through Engeström's (1987) activity system model (see Figure 3.1), the definitions of the activity system elements or components are explained simplistically. In describing the core components of an activity system, the object is the focal entity and/or is

encompassed with the “*desired*” outcome with the help of the tools. The tools also known as instruments, are used by the subject to act on the object and/or the “*desired*” outcome. The subject is the individual or subgroup whose position and point of view are chosen for the perspective of the analysis. The community is the significant others such as individuals or subgroups who share an interest in the same object. The rules are the specific regulations, norms, conventions or standards that regulate the subjects’ actions within the activity system. Finally, the division of labour refers to the division of tasks and the hierarchical division of power and status (Foot 2014; Sannino and Engeström 2018). As a framework, the mediating components of the activity system are said to complement each other to articulate a collective activity system with focus not just on the actor(s) involved, but also the wider community to consider the development of the activity (Virkkunen and Kuutti 2000). The conceptualisations of these components are also explained below using the developments of activity theory (Leont’ev 1978; Engeström 1987, 1999):

Object: activity is always collective and driven by a shared object-related motive, the object connects actions of individuals to larger systems.

Outcome: the concluding result of the activity from the actions with the object.

Tools and instruments: mediating functions between the subjects and objects within an activity.

Subject: the individual subjects involved in the activity, as part of the community.

Community: individuals that take part in realising the object-oriented activity.

Rules: specific norms and conventions that enable and constrain action within the activity.

Division of labour: the division of tasks among the individuals of the activity.

The use of CHAT as the theoretical framework of this study is to analyse and describe the elements of a collective activity system and to expand knowledge of the practices being undertaken by the individuals of specific interest (Engeström 1999, 2001). Fundamentally, the purpose of this framework is to capture ICP at the final phase of the Norwegian prison system through explicit analytical focus on the organisational work of front-line professionals with inmates’ mental health needs. As an example of exploring professional practice through the lens of CHAT, the practices undertaken by front-line primary and secondary care outline the importance of the multilevel object. Professionals in this environment produce involvement, effort, emotion, excitement, frustration and stress through the daily encounters they have with patients. Regardless of how cynical or instrumentally oriented an employee may be, the object of medical work is a patient and their illness or health problem. In this example, without patients, the activity itself would not exist, thus giving continuity and focus to the professionals’ action. Despite this, a patient’s other illnesses or health problems can detach a professional’s action from the prime object of their overall activity as these diverse and complex problems are not the central focus of their work. Furthermore, a collective activity system is driven by a deeply communal motive of the subjects. The motive is embedded in the object of the activity and therefore generalises the patient as the object

of any medical work. As a generalised patient, the cultural motive of addressing illnesses remains attached. Therefore, each patient's ill health may bring a unique object and therefore interacts with the motive in a unique way. Although the object and motive may give professionals' actions continuity, focus and meaning, the differing superficial object of multiple actions does not coincide with the object of the overall activity (Engeström 2000). Hence, a collective activity system may only emerge through the communal efforts of a group, therefore individuals of the group having differing conceptions (and possibly objects) may result in multiple and separate activity systems.

CHAT is rooted in Russian psychology during the 1920's and 1930's through the work of Lev Vygostky (1978). The key emphasis of activity theory is to take a historically developing activity as the theoretical unit of analysis. The CHAT approach began on studies of child development but has expanded to other studies on everyday activities such as health care. As a theory of cultural mediation, it is valuable to understand human agency as it constructs and transforms an individual's own activity. Despite this, agency is devised and requires the use of external components. An individual's agency therefore does not only depend on their own individual capabilities, but also on other external factors. These external features include having access to and knowledge of adequate practical tools as well as the social norms and relationships of collaboration in the community of an activity (Virkkunen 2006). The premise of CHAT therefore offers this research the opportunity to analyse the dynamics of ICP and the key concepts of integration and collaboration encountered by front-line staff at the final phase of the Norwegian prison system.

Commonly employed in organisational studies, activity theory analyses professional expertise by exploring how people achieve their knowing and doing. The CHAT approach is therefore directed toward exploring the nature of human activities, knowledge, action and the collective learning of challenges which develop as part of an activity system (Blackler et al. 1999). In using Engeström's (1987, 2001) activity theory, the "*triangle of mediations*" represent the activity system as a social relationship. Greater emphasis has therefore been placed on the importance of analysing interactions between the system's components. To effectively clarify the framework of CHAT and the notion of history, Engeström (1987, 1999, 2001) accounts for activity systems which are considered to be multi-voiced. The reason for this is that participants carry diverse histories and the activity system itself holds multiple layers and strands of history engraved within its components. Historically, activity systems are seen to transform and take shape over long periods of time and analysis should consider the activity system in terms of the localised history of the activity and its components that may have shaped the activity over time.

CHAT is said to apply the developments of the constructionism paradigm to the theory of knowledge in organisational studies (Blackler 1993). Being initially applied and utilised in organisational research, Blackler (1993, 1995) employed CHAT to articulate the activity systems in which people collaborate, the practical activities and their social origins. Thus, the activity system model intends to theorise professional practice through the study of people's insights and experiences. Analysing these experiences can lead to the identification of the layers of the work activity undertaken and to assist in

describing a collective activity system (Engeström 2009). As Foot (2014) describes, CHAT reflects an approach that refers to practice-based theorising and aims to employ new insights. By developing social theory and the potential shaping of future practices, CHAT is employed to enable the understanding and explanation of a social phenomenon from actual human practices rather than abstract ideas. The benefit of using CHAT as a framework provides a way to use practice-based theorising to reflect on the social, cultural and political context of an institution and the field of practice (Virkkunen and Kuutti 2000).

Commonly, research that incorporates CHAT has two major areas of inquiry. Firstly, to utilise activity theory as a framework for the analysis and theorising of on-going practice. Secondly, focusing on the learning and development in activity theory through formative interventions such as Change Laboratories and expansive learning (Engeström 2001). As a core quality of CHAT, Engeström (1987, 2001, 2004) discusses the development of formative transformative intervention as a process of expansive learning and change. The purpose of this study focuses on the first major area concerned with CHAT and the dynamic analysis and exploration of on-going professional practice. To elaborate, Appendix 2 provides an overview of this second major area to explain the utility and application of activity systems theory in organisational research to theorise professional practice, and toward formative interventions and expansive change. Notably, this overview provides a detailed explanation of using activity theory in organisational research to firstly explore the key underlying mechanisms of professional practice. Fundamentally, making sense of front-line professionals' organisational work in this study is to effectively conceptualise ICP and the concepts of integration and collaboration. Thus, by employing CHAT the activity system model is determined to be a useful analytical lens to theorise ICP.

3.4.2 CHAT as an analytical lens

The focus of CHAT-derived research has encompassed areas including the creation of new knowledge which is rooted in reflective and systemic analysis of ICP (Warrington et al. 2004). In the traditions of activity theory, the framework has been developed and used in many disciplines and professional domains. The prime purpose has been to increase knowledge through the indispensable concept of analysing the practical activities of organisations (Il'enkov 1977; Seppänen 2017). The theoretical components of activity theory can be used as a lens to explore multiple accounts by analysing the dynamic relationships between individuals, collectives, objects and language (Sannino et al. 2009). To elaborate, increased focus of CHAT has been placed on analysing a group of people involved in an activity rather than just an individual. The components of an activity system are therefore crucial as an analytical lens to enable reflections of a specific and collective activity system (Pereira-Querol 2011). CHAT is one of several sociocultural theoretical approaches. Other examples include Lave and Wenger (1991), Lemke (1990), Rogoff (2003) and Wertsch (1991). While recognising the importance of practice, indications are that other approaches such as Lave and Wenger (1991) and Wenger (1998) fail to consider the relationship between changes in a group of people and the macro societal or cultural changes (Pereira-Querol 2011). Therefore, CHAT has been chosen as it also considers the broader

context of the activity system and is determined to be extremely relevant as the prison system entails complex cultural and political traditions which inform the work undertaken at the front-line.

Contemporary developments of CHAT have emphasised the need to recognise the historical relationship of a community and these macro or higher-level changes such as the political or organisational strategies and policies. The reason for this is that an activity can be a process of evolution through history and societal mediation, meaning that as people interact with the environment this can impact how and why they define each other, and the actions undertaken over time (Engeström 2007). Activity theory is positioned to have detailed sociocultural focus and analysis of human activity in a collaborative environment to understand the implications of the interactions of people, objects and events (Vygotsky 1978). Thus, the use of CHAT as a robust theoretical framework allows this study to employ this approach as an effective analytical lens.

An integral justification for applying and utilising CHAT is to assist in uncovering the “*need state*” and the anatomy of participants’ actions within a collective activity system. To achieve this, the activity system model is used as a lens to analyse the mediated actions of the work undertaken (Engeström 1987, 2000). As an analytical lens, activity theory enables focus on what is happening between human beings rather than what is merely occurring from within a specific individual. The collective activity system of individuals can therefore be explored through the mediated actions undertaken by all the people involved in the activity (Sannino and Engeström 2018). As part of this theoretical framework, it is important to analyse the components of the activity system model in conjunction with each other rather than separately as this may distort the particular phenomenon being investigated. To clarify, employing CHAT is to enable the analysis of the organisational work by front-line staff with inmates’ mental health needs, known as the specific activity system in this study (Virkkunen and Kuutti 2000).

Furthermore, the relevance of CHAT as a theoretical framework is that it is a well-established approach to analyse the interactions between various professionals and their clients. These are not only the interpersonal interactions, but also the cultural, historical and political dimensions of practice. The framework of CHAT therefore offers researchers the utensils for understanding human behaviour while also considering internal interactions of an activity and the history of the system (Virkkunen and Kuutti 2000). Thus, the justification for underpinning this research is that CHAT has been highly successful internationally in a variety of contexts to extrapolate and theorise practice, including interprofessional collaboration in the Norwegian prison system (Hean et al. 2018). The use of activity theory as an analytical lens therefore serves to analyse, extrapolate and expand knowledge regarding ICP in this study.

The idea of understanding practice was made visible by developing focus on analysing the anatomy of everyday work along with the history of an activity. The links between the activity and other activities can then be made possible which lead to understanding the *how* and *why* of an activity (Engeström 1991). In order to understand how and why individual actions take place, the relationship between the object of the collective activity system and the other elements of the triangular model are of prime consideration. Initially based on tools, subject and the object, Engeström’s (1987) developed this activity

model to include the components of rules, community and division of labour which are seen to be under constant construction and transformation. The model therefore represents the prime unit of analysis through a collective, mediated and object-oriented activity system. These developments allowed researchers to analyse complex interactions and relationships that constitute elements of the activity being explored. In doing so, activity theory typically focuses on qualitative analysis by including the subjects' intentions and revealing their experiences as part of a collective activity system. Combining this with an understanding of the history of the activity is relevant to depict the general history and features to assist in describing current practice (Seppänen 2017).

In summary, the theoretical approach of CHAT represents an effective theoretical framework and analytical lens that underpins this study. The structure of the activity system model has therefore been presented as the prime unit of analysis to theorise ICP. To reiterate, employing CHAT as the theoretical framework is to analyse, extrapolate and expand knowledge of ICP through explicit focus on the anatomy of a specific collective activity system. The specific activity system is defined as the organisational work undertaken by front-line professionals with inmates' mental health needs at transitional residences in Norway. Hence, applying activity theory is to allow the researcher to explore and demonstrate the operationalisation of ICP, including the concepts of integration and collaboration at the final phase of the Norwegian prison system. Similarly, the utility of the CHAT framework is to enable this study to critically evaluate the implementation of ICP at the final phase of the Norwegian prison system, and to illustrate the impact on the front-line professionals' organisational work. The subsequent section presents the case study approach that was chosen as a suitable method for this study.

3.5 Case study method

3.5.1 Type of case study

A case study method has been suitably chosen as it is concerned with the complex nature of the case in question and the in-depth analysis of a bounded system (Merriam and Tisdell 2015). The basis of this is that it entails the detailed and intensive investigation of a case. The common reference of the term "case" associates the case study with a particular location. Liebling et al. (1999) discusses the purpose of using a prison as a case study to provide detailed scrutiny and an exploration through extended periods of observation and reflection. The emphasis of a case study is to therefore have intensive examination of the setting. By utilising a qualitative research strategy, exploring a case study tends to take a predominately inductive approach in the relationship between research and theory (Yin 2014). Using the case study method benefits from prior development of theoretical propositions to guide data collection and analysis (Gomm et al. 2009; Yin 2014). Therefore, employing the theoretical framework of CHAT is to underpin the detailed exploration of front-line staff at the transitional residences in Norway, but still allowing their experiences and insights to be effectively captured by the research.

There are five types of case study and this research applies Yin's (2014) approach of a *representative or common case*. The other types of cases include a critical case in which the researcher chooses a case to test whether a hypothesis will or will not hold, an extreme case which is common in clinical studies in which the circumstances of the case are unique, a revelatory case which investigates a phenomenon which has been inaccessible before, and a longitudinal case which would be chosen to investigate it at two or more occasions (Bryman 2012). The reasoning for using a *representative case* is to capture the circumstances and conditions of an everyday or common situation. The type of case is therefore chosen because it resembles a broader category for which it is a member such as the different types of prisons in the Norwegian system (i.e. extra high security prisons, high security prisons, low security prisons, and transitional housing). The research therefore focuses on the transitional residence because they are determined to be a critical point in a convicted person's transition back into the community. There are currently 7 transitional residences in Norway. Therefore, the chosen residences are intended to represent typical prisons of this type in the Norwegian context. These prisons are indicated to be a key period in the context of a prisoner's sentence as it is the last phase of the prison system before release and includes closed prisons, open prisons and finally the transitional residences. Similarly, the selected case is defined as "*a group of people*" as it best suits the aim and research questions to intensively study the working of a group within a specific set of conditions (Yin 2014). The case will therefore rely on intensive examination of a particular group within these specific conditions, namely front-line professionals. Despite having some form of a priori understanding of the prison context, it is crucial for the researcher to maintain their openness in terms of the precise case design selected and what is found (Gomm et al. 2009).

3.5.2 Case design

As the case design, two transitional residences in the eastern region of Norway have been selected as representative case studies. Although the integral purpose of qualitative research or the case study method is not to generalise the findings, exploring multiple sites can allow the researcher to examine complex and multiple patterns to study the cases both as wholes and as parts, and to evaluate competing explanations from different sites. Similarly, as a multi-site study it may help to increase the potential transferability of the main findings to other similar contexts. The structure of qualitative studies has gained notable importance in terms of enhancing the understanding of other situations. Studies have therefore justified the use of more than one case study. In the utility of two sites, it is crucial not to undermine the qualitative work undertaken, especially in terms of the observational content. The intensive, ongoing involvement with individuals functioning in their everyday setting was key to having an in-depth exploration as a case (Gomm et al. 2009). As a multiple-case design, the case study research refers to more than one bounded case. The two transitional residences are therefore selected to develop a more in-depth understanding of the phenomena than a single case may provide by examining the issues at both cases and providing a rigorous exploration (Mills et al. 2010).

The selection of a case study design is of notable importance and matches the disciplinary perspective of the research. Therefore, the orientation, classification and type of case study are important

components of the design and selection is determined by how well it allows full investigation of the research and its key questions. In defining the case study design, Hancock and Algozzine (2016) discuss the differing case study orientations together with their key features and methods (see Table 3.1).

Table 3.1 The case study designs based on their orientations, key features and methods.

Design orientation	Key features	Method
Ethnographic	<ul style="list-style-type: none"> • Grounded in first-hand experience. • An ethnographic case study is used to explore observable and learned patterns of behaviour and ways of life of a culture-sharing group. Research typically involves extended interaction with the group and is immersed in the day-to-day lives of group members. • Efforts focus upon holistic description of the group that incorporates the views of the group members and the researcher's perspectives and interpretations of the group. 	Interviews, Observations
Sociological	<ul style="list-style-type: none"> • Grounded in the examination and focus of structure, development, interaction, and collective behaviour of organised groups of individuals. • Sociological case study research focuses upon society, social institutions and social relationships. 	Interviews, Observations
Historical	<ul style="list-style-type: none"> • Grounded in representing and interpreting records, papers, and other sources of information about people, phenomena or practices. • Focusing upon the key participants, a historical case study is often a description of events, programmes or organisations as they evolve over time. • Produces a chronological listing of events through the researcher's descriptive interpretation of factors from the events. 	Document analyses, Interviews
Psychological	<ul style="list-style-type: none"> • Grounded in personal experiences and ways of looking at the world. • Psychological case studies commonly examine literature and practices related to aspects of human behaviour. • Focus is upon the individual, organisations, programmes and events and are sometimes investigated using theories and concepts generated by psychology research. 	Interviews, Observations

Through the different case study designs, this research focuses on a sociological orientation. The reason is that the prime focus is on a social institution and examining the structure and collective behaviour of the organised individuals within it. Critically, an ethnographic orientation was considered due to strict focus toward first-hand experience, but this research considers the interaction and behaviour of a group rather than just producing a holistic description of a group's culture. Therefore, a *sociological* design was prioritised. Similarly, sociological designs in case study research generally focus on broad issues relating to society, social institutions and social relationships which are all important aspects of this study (Hancock and Algozzine 2016).

The classified design of the case study is defined as *instrumental* as the primary goal is to better understand a theoretical question or problem. The approach is intended to enhance understanding of the issue being examined, while also having greater insight of the theoretical explanation that underpins the researched issue. As an example, research has sought to understand how college students obtain technology knowledge. Broadening understanding of the processes and circumstances of technology learning is the researcher's primary goal, but insights may also be derived regarding specific instructional practices that support technology skill development (Stake 1995; Hancock and Algozzine 2016). In this case, this study seeks to not only explore ICP, but the sociological background of the Norwegian prison system which may possibly impact the working mechanisms of these practices.

Finally, the type of case study encompasses an *explanatory* design. An explanatory design seeks to establish a cause-and-effect relationship. The primary purpose of an explanatory case study was to determine how events occur by exploring, describing a phenomenon, and to critically explain causal connections. An explanatory case study utilises information from the cases and is related to a theoretical position that clearly indicates the priorities to be explored. Some type of logical model that portrays the patterns to be investigated is necessary in order to ensure that the investigation stays on track. Similarly, the researcher remained open, as an iterative process to ensure new discoveries can be uncovered. Thus, employing the theoretical framework CHAT as the research began was to guide the researcher as to what topics or questions need to be explored. Additionally, the presentation of findings was undertaken so that the reader can clearly follow the logic employed (Yin 2003; Mills et al. 2010, Hancock and Algozzine 2016).

To elaborate, the justification for selecting an instrumental and explanatory case study design is that this research seeks to expand knowledge through the underpinning theoretical framework of CHAT. As an instrumental design, the case studies will utilise the theoretical components of CHAT and the activity systems model to derive insights. Additionally, as an explanatory design, employing this theoretical framework intended to guide the researcher through the research process. While maintaining openness to other potential discoveries, the purpose was to ensure the research can discuss how and why such events occur rather than merely describing what is occurring. To avoid methodological bias, the researcher will reflexively consider rival explanations to enhance the credibility of the findings as the study concludes (Mills et al. 2010).

In summary, this study uses two transitional residences in Norway as case studies. Crucially, the design of each case undertakes an in-depth exploration of ICP regarding the explicit functioning of a particular group. By exploring the two cases, the study will present the key propositions found to effectively capture ICP at the final phase of the Norwegian prison system. Therefore, the case study method employs the following case design and type:

Representative case – Intensively examining a “group” of front-line professionals and their work at two transitional residences at the final phase of the Norwegian prison system, as it resembles a broader category for which it is a member.

Multi-site case study – Explore concepts or trends of front-line work amongst the two different prison sites. Enabling the research to make contrasting examinations at both sites and enhancing the research quality, robustness and generalisability toward understanding the research inquiry by not solely relying on a single case.

Sociological orientation – Focus on an organised group of individuals in a social institution, namely front-line professionals and their structure, development, interaction and collective behaviour.

Instrumental classification – Enhance the understanding of front-line professionals’ organisational work while utilising the theoretical underpinning of CHAT to derive experiences, insights and explanations regarding the specific organisational principles.

Explanatory type – Employ the theoretical model and components of CHAT to portray the specific topics to be investigated in the study and to guide the researcher through the research process. The presentation of the findings can be clearly and logically followed based on the theoretical model while seeking to avoid or limit methodological bias.

3.6 Sample

Purposeful sampling is a commonly chosen strategy in qualitative research, as the researcher wants to discover, understand and gain new insights. A sample is therefore selected to maximise what can be discovered. The emphasis of purposeful sampling is on the in-depth understanding of specific information-rich people. These individuals are of central importance to learn about the issues related to the prime research inquiry. In undertaking purposeful sampling, the researcher must first determine the selection criteria by choosing the people or sites to be studied. The criteria of the sample must be defined by choosing the attributes of the sample that are important for the study and then identifying the people or sites that meet the criteria. As typically seen in case study research, when using purposeful sampling the researcher should highlight what is typical about a selected site and that it reflects the average instance of the phenomenon of interest (Merriam and Tisdell 2015). As Lipsky (2010) describes, front-line staff are the crucial “street-level bureaucrats” in public service employment who undertake the daily work. Importantly, these are the critical individuals who experience and oversee the provision of a service that citizens receive. Front-line staff in prisons are therefore considered the

crucial people on the ground who undertake the daily work with inmates' challenges for their future rehabilitation and reintegration (Bazemore and Erbe 2004; Ward and Maruna 2007). Furthermore, these professionals are the key individuals in the Norwegian prison system that operationalise the governments key penal aims and policies into practice (Bruhn et al. 2017). Determined to be the vital individuals in the prison setting, the study therefore incorporates a purposeful sample of front-line professionals employed at two transitional residences in Norway.

The research selects a purposeful sample of professionals that includes predominantly Contact Officers and Social Workers at both case study sites. Notably, Prison Officers in Norway are termed as Contact Officers at these specific prisons. There were 11 employees working at each prison including 6 Contact Officers, 4 Social Workers and a Nurse at case study one, and 6 Contact Officers and 5 Social Workers at case study two.

Critically, as part of the prison context both management and inmates are also important individuals. Despite this, both have been excluded from the sample as the focus is specifically regarding front-line staff. The rationale for not including the inmates was due to the type of prison being studied. Inmates had potentially spent many years in prison and were now at the last phase of their sentence before being released from prison. The researcher intended to be sensitive of this context and not disrupt the inmates' lives. Additionally, the topic of mental health is something that may be personal and can hold both traumatic and upsetting factors for a person. The exclusion of the inmates in this study will be addressed in more detail in the ethics section of this chapter. Management were liaised with to undertake the research but were not included as part of the sample. The justification was that research has been previously undertaken on managers in Norwegian prisons (Hean et al. 2017a, Hean et al. 2018), and the prime focus of the study was to develop knowledge from the front-line perspective.

3.7 Data collection methods

Qualitative research pinpoints the importance of the methodological desirability of relevant data collection methods in observational research. Noticeably, this study distances itself from being labelled an ethnography despite being commonly associated with the observational approach. In its essence, an ethnography is the study of groups of people in their natural setting. Ethnography typically involves a researcher being present in the context for extended periods of time to systematically collect data about individuals' daily activities and the meanings they attach to them. The researcher can therefore reveal the complexity of individuals' social world, their experiences and their subjective views. Similarly, ethnography is flexible and can be used to study a wide range of social groups and settings using a range of theoretical frameworks to contribute towards the development of knowledge (Noaks and Wincup 2004). The study distances itself from being called an ethnography for reasons such as the language barrier and increased structure including the use of a theoretical framework, and therefore the research adopts the primary conceptions of observational research as a particular style to collect relevant data (Angrosino 2007).

Hammersley and Atkinson (2007) account for the key features of the data collection which involves the researcher participating in peoples' daily lives for an extended period of time, observing what happens, listening to what is said, and/or asking questions through informal and formal interviews, collecting documents, artefacts and other data which are available to shed light on the issues for the particular inquiry in focus. As one of the primary goals, this research accessed the insiders' perspectives. The conversations that took place allowed the researcher to record the thoughts and words of individuals which are essential for this process (Murchison 2010). Furthermore, observations are strongly rooted within ethnographic and observational research traditions, and fieldwork originally being conducted in foreign settings to observe and document peoples' culture (Saldaña 2011). As a case study approach has been employed as a form of inquiry, this typically relies on multiple sources of data collection to collect rich and relevant data (Gomm et al. 2009; Yin 2014).

3.7.1 Observational research – structured observations and shadowing

With this study being predominantly observational, the data collection encompassed multiple methods to gather in-depth data from the research context and subjects. Observational research approaches in settings such as prisons have been prominently used to draw from first-hand and enquiry-based research. Although being ethnographic in scope, observational research and its key features have proved to be a strong tradition in prison research as evidenced through studies of prison life worldwide (Drake et al. 2015). Studies worldwide that have incorporated an observational and ethnographic approach to prison research which includes Norway (Mathiesen 1965), Poland (Platek 1990), Russia (Piacentini 2004), Brazil (Darke 2013), and England (Jewkes 2002; Crewe 2009; Liebling et al. 2011). As a researcher, Ugelvik (2014) has also undertaken research in Norwegian prisons. He discusses the position of the researcher and the need for them to participate and immerse themselves into the cultural web of the prison, becoming a part of it as much as possible. The researcher should strive to think, act, communicate and feel as someone positioned in the web and needs to be emotionally, intellectually and physically present. Arguing the use of observational methods for data collection, it has been necessarily utilised as the researcher is interested in the social reproduction of the qualitative meaning and in describing events and processes as they are understood and negotiated by the people living it (Ugelvik 2014).

The study uses a variety of data collection methods to find out about the people and their way of life. Undertaking observational research is a developmental process in which the research involved several steps. These steps include site selection, gaining access into the community, note-taking which can be structured based on the inquiry focus, interpretation of patterns, and achieving theoretical saturation by uncovering consistently replicated findings (Angrosino 2007). The utility of multiple data collection methods such as structured observations, shadowing and interviewing within prison research have proved to be important techniques. These methods helped to build descriptive detail and uncovering the truth about the work undertaken within a prison typically through multiple qualitative methods such as participant observation and semi-structured interviewing. The reasoning is that these methods are considered beneficial in the generation of an intensive and detailed examination of a case in order to

expose the unique features of a particular case (Liebling et al. 1999). Justifiably, the data collection techniques utilised are typical of observational research and are strongly associated with the prison setting (Angrosino 2007). Thus, the research holds an increased focus on the methodological attributes and techniques used closely with observational research. Multiple qualitative methods are therefore utilised to serve as numerous forms of inquiry in the case study approach of this research.

Shadowing has also been employed as a useful method to increase understanding and learning about the participants (Earley 2012). The reasoning for utilising both shadowing and observations was that shadowing has limitations unless complimented by other forms of data collection. Intensive and in-depth data can therefore be collected from shadowing the front-line professionals and their daily patterns, while also incorporating structured observations of the various professionals. Both forms of observation were structured through classifying and counting the behaviour of interest at each transitional residence. The justification for using structured observations was to explore the procedures and source of specific behaviours of interest (Bryman 2012), notably the organisational work of front-line staff with inmates' mental health needs. To distinguish between these two phases, the shadowing phase embed the researcher in the context to maximise the data collection as a professional undertook their daily work. The structured observational phase focused on specific tasks or routines that the professionals undertook which were relevant to this study. Both interlinking phases were to maximise the rigor of this data collection process.

To assist this process, pilot data was initially collected for one-week through interactions with management and front-line staff at the first case study site regarding their working procedures with inmates' mental health. As the professionals undertook wide-ranging and diverse routines at the prison, the researcher utilised structured observations to understand the in-depth work related to this specific area of interest. The purpose was to have an increased understanding of the work undertaken by these professionals and to identify and prioritise the precise structured observations. The structured observations specifically took place 2-3 days a week regarding the day-to-day routines, meetings and other visits in the professionals' work which were determined relevant for this study. Similarly, the shadowing involved observing the working schedule of one Contact Officer and one Social Worker for 1-week each at both transitional residences. Both procedures involved taking field notes. After each day field notes were electronically typed up to manage the large volume of data collected.

During the structured observations and shadowing phases, the researcher was meticulous in not only writing field notes, but also to document information that evidenced the rigor of each case study. With this study being underpinned by the theoretical framework of CHAT, the data collected followed the pattern of the key components of the activity systems model (i.e. object, outcome, tools, subject, community, rules and division of labour). To purposefully capture the specific activity system of the front-line staff, intentions were to depict this precise activity via the underpinning theoretical framework at both sites. Organising the data collection this way was to purposefully outline the precise details of each activity theory component.

The purpose of these methods was to capture peoples' naturalistic actions, reactions and interactions. The researcher was therefore present to witness the mundane, the typical and occasional extraordinary events which occurred and utilised fieldnotes to evidence the intricate human processes. To simulate the professionals' experiences and insights of their work with inmates' mental health during the fieldwork, the systematic documentation of professionals' actions was undertaken to ensure the researcher was active but selective in each site. Similarly, the researcher was immersed in each prison but not totally imbedded in the group of professionals. The fieldwork could therefore shift between these methods and enable the collection of rich data regarding the intricate details of the professionals' work (Saldaña 2011).

3.7.2 Semi-structured interviews

Semi-structured interviews were also utilised to explore participants' experiences and insights through the routine and potential problematic moments in their lives. The justification of these interviews was to develop a better understanding of the desired subject matter (Denzin and Lincoln 2000; Silverman 2010). The interviews for this study were conducted in English but dependent on a participant's confidence. A colleague could therefore attend if required to assist with translation. The semi-structured interviews were digitally recorded and lasted typically between 30-45 minutes to encourage an in-depth qualitative interview about their work with inmates' mental health needs. The reasoning was to gather rich data and allow the researcher to explore the experiences, motives and opinions in detail. The process was important to see the world from their perspective and to reconstruct events. The use of language in the interview was important to ensure the interviewee understood what was being asked (Rubin and Rubin 2012). The intention was to interview all front-line professionals at each prison but due to conflicts such as shift patterns or holidays this was not possible. Upon completing the interviews, the researcher transcribed each interview to ensure familiarity with each participant's account and to accurately represent each of them.

3.8 Instruments

An instrument for the structured observations and shadowing was utilised for the fieldwork (see Appendix 3). Both the observational and shadowing phases of data collection rigorously applied this research instrument to collect in-depth and relevant data. Devising this instrument was a crucial step for having a clear focus, categorising the behaviour for examination and being able to easily record data, particularly when utilising a theoretical framework (Bryman 2012). The data collection instrument was composed following the components of CHAT to accurately record behaviour of specific interest to this study. Field notes were the primary form of data collected for these methods and this instrument was used to upload daily fieldnotes from both the shadowing and structured observations. The instrument was therefore used to document the data collected on any given day by matching patterns and establishing links between the data and theory.

A semi-structured interview guide was also composed in English and Norwegian following the key theoretical framework questions of CHAT and its components (see Appendix 4). The justification was to collect participants' perspectives to triangulate between the data collected during the observations, shadowing and the interviews with front-line staff. For the initial interview guide, the term "*client*" has been used instead of "*offender*" or "*inmate*" due to the sensitive terminology used at both prisons that had been determined important during initial visits and pilot data.

The instruments used were composed and informed by the components of CHAT and the key questions (see Table 3.2). The key questions of each activity theory component were utilised from developing rigorous knowledge of this theoretical framework together with liaising with the supervisory team and the COLAB consortium. COLAB is the consortium for which the researcher and this study are a part of and will be referred to in more detail in the ethics section.

Table 3.2 The key questions for the theoretical components of CHAT which informed the data collection instruments.

Theoretical components of CHAT	Key questions
Object	What are professionals working on? To achieve what?
Outcome	What is accomplished?
Tools	What is being used?
Subject	Whose perspective? Their attitudes and values? Ideals?
Community	Who else is involved?
Rules	What rules or norms constrain the work?
Division of labour	How is the work shared?

The purpose of these instruments was to ensure an in-depth exploration was undertaken to describe the organisational work of the front-line professionals at each transitional residence using these theoretical conceptions. Similarly, during the fieldwork these instruments ensured the researcher could refer to the key principles of this theoretical framework and to collect relevant in-depth and rich data. In order to guide the research process and to illustrate the intricate details at each case study site, the key questions of this framework were utilised to effectively conceptualise the collective activity systems at both residences. Further probing questions were also important during this procedure to understand the concepts of integration and collaboration of the specific work activity. Generally, CHAT refers to the object, tools, subject, community, rules and division of labour. Notably, the "*desired*" outcome has also been incorporated due to its relevance with the object and therefore has been determined useful as a separate but interrelated component of the object (Foot 2014).

3.9 Research quality

To ensure the research quality of the study, Bryman (2012) outlines the key trustworthiness criteria to follow for qualitative research. These are credibility, transferability, dependability and confirmability.

Credibility:

- Ensuring the research is carried out in accordance to good practice.
- Triangulation through submitting research findings to the members of the social world who were studied for confirmation that the investigator has correctly understood that social world.

Transferability:

- Intensive study of a small group, or of individuals sharing certain characteristics based on the contextual uniqueness of the researched environment.
- In-depth description based on rich accounts details of a culture in order to make interpretations about the possible transferability of findings to other contexts.

Dependability:

- Ensure that the research process is recorded at all phases and accessible including selection of research participants, fieldwork notes, interview transcripts and data analysis decisions.
- Utilise peers as auditors during the course of the research to establish that proper procedures are followed.

Confirmability:

- The researcher recognises their own position and has conducted the research without overtly allowing their personal values or theoretical inclinations sway the conduct of the research and the findings.

To maintain the *credibility* of the research, multiple visits were undertaken to Norway to develop knowledge of the prison system and relevant case study sites were selected for the research. Pilot data and discussions took place with management and front-line staff to ensure the research could be conducted for an extended period and to collect in-depth data. The researcher undertook these discussions to build trust with the research subjects and obtain access to their working routines. Physical access to the prime research inquiry was seen as a precondition of social access which is described as a process of “*getting along*” through establishing a research role, building a rapport with the participants and securing their trust (Noaks and Wincup 2004). The researcher could therefore formulate plans for the structured observations to take place, and to organise the shadowing of two professionals at each site. To ensure good practice in this study, the researcher attempted to be a “*fly on the wall*” during the fieldwork and not to interfere or become an unnatural part of each prison. The intention was for the researcher to never seem to be an intruder who was walking around with a

clipboard and pen, but to blend into the background. Although field notes were always written, certain notes were from one-to-one conversations with the notes being written after the initial interaction to prevent from disrupting the fluidity. Moreover, multiple data collection methods were utilised to ensure intensive data could be collected. Triangulation took place through the utility of these different data collection methods to rigorously explore and get as close as possible to the reality or perspective of the front-line staff. Member checking was also undertaken with the professionals in Norway and the university supervisors to ensure the research context was understood and to quality check the interpretation or recording of the data.

Concerning the *transferability*, from the offset of the fieldwork a clear focus had been established for this research and its prime focus. The research therefore focused on this set group of front-line staff which were unique to the prison environment at two different sites. Additionally, in-depth data was collected through structured observations, shadowing and semi-structured interviews at two prisons to make transferable interpretations at both cases. As part of this process and to understand the work of the professionals in greater detail, the researcher undertook several activities including the composition of a data collection timetable to ensure that relevant tasks, routines and meetings were observed. Similarly, the researcher reconstructed relevant documents used at each site and wrote in-depth descriptions of the prison layout and function. The purpose of this was to have a well-rounded understanding of each prison in preparation of the data analysis. In addition, the researcher wrote a reflexive research diary about the time spent at each case study to document the intricate details at each site. These diaries were useful for the researcher to make contrasting interpretations of each case study site as the fieldwork evolved and to determine the transferability of the findings at each prison. Furthermore, this study has been part of a wider consortium entitled COLAB in which other research has been conducted in prisons in Norway. The transferability of the findings from this study can be utilised with research from other prisons contexts to interpret the wider framework of the Norwegian prison system. Although not the prime purpose, the aggregation of multiple independent case studies may help to increase the generalisability of this research by looking at concepts or trends at multiple sites. A finding emerging from a single case does not necessarily guarantee generalisability. Even so, exploring multiple sites would appear more robust and useful in terms of understanding each site to encourage critical and contrasting reflections.

For the *dependability* of this study, both data collection procedures were thoroughly recorded by the researcher using a data overview form to document the time spent at each prison together with the details of the observations and shadowing undertaken. Details from each prison site and the demographic information of the professionals were also documented to rigorously describe the context of each prison. Similarly, participant summaries were composed to ensure the researcher maintained an awareness of each person's experiences. Field notes were typed up to the computer-based instrument and interviews transcribed to ensure the researcher organised, managed and interpreted the data continuously. Moreover, supervisors and other researchers from Norway were liaised with to ensure the research procedures were followed prior to, during and after the data collection process.

Despite using a theoretical framework, *confirmability* was considered through writing a reflective research diary to regularly review the position of the researcher and the research process. Although the intention has been to interpret the data through the principles of an already established theory, it is suggested that the researcher takes a step back during the data collection process to understand their meticulous indexing of the data to deepen the academic endeavour (Coffey and Atkinson 1996). As a long-term process, the researcher refrained from predetermining the analysis process by progressively reinterpreting and reorganising the data as it was collected. To tackle the interpretation of the data as an ongoing analytical exercise, the researcher had reflexive focus by typing up the field notes and allowing the writing and representation of the data by thinking about the meanings, understandings, voices and experiences in the data. Critically, a key purpose of the theoretical framework has been to manage large amounts of qualitative data that were collected during the intensive time spent at each case study site. Furthermore, after each day of structured observations or shadowing, the data was uploaded to a research instrument to guide the researcher and reflexively consider the data against the different components of the theoretical framework that underpins the research. Referring to the different activity theory components was to categorise the data and identify patterns or comparisons between events or individuals. Crucially, data that were not deemed to match a CHAT component was noted but left uncategorised, ensuring that the researcher maintained an openness toward the research process. The researcher was therefore consistently aware of the possible methodological bias and ensured that all the data was re-evaluated during the interpretation of the data and analytical process.

Another notable consideration to maintain the trustworthiness of this study was language, as it is one of the fundamental tools for undertaking research. The importance and recognition of learning and working in local languages is an evident feature of this research. Observation and participation required the researcher to understand what was being said and also the conversations and interviews being dependent on a shared language. Ideally, the researcher should speak the language(s) in use in the field through learning a language in the course of extended fieldwork. A researcher's familiarity with a specific language was considered a determinant of this study as it had a direct influence on the accessibility of a site and obtaining information from the research subjects (Murchison 2010). Due to the limited ability of the researcher to speak Norwegian, this study has prioritised an observational focus. Even though the term ethnography continues to be conducted in societies and languages foreign to many researchers (Winchatz 2006), this study has used this term cautiously. The data collection therefore relied heavily upon the front-line professionals' openness, friendly attitude and willingness to support the research. Notably, the staff spoke an exceptional level of English at both sites which prevented the data collection process from becoming increasingly complicated or messy. Therefore, the research has reverted away from being considered an ethnography due to the dilemmas encountered such as the language competency of the researcher in a foreign setting (Hammersley and Atkinson 2007). Another reason for having an observational focus is that this approach allowed the researcher to explore the multiple notions in the prison context and uncovering diverse experiences of the observed work (Drake et al. 2015).

3.10 Ethics

The researcher and this study are part of the EU-funded COLAB 2017-2021 consortium (COLAB no. 734536) which is a Horizon 2020 project under the Research and Innovation Staff Exchange (RISE) scheme. The University of Stavanger is the coordinator of this wider research project with multiple partners including Bournemouth University (BU) and the University College of the Norwegian Correctional Service (KRUS). KRUS were gatekeepers for prison access for BU and the researcher in this study. Being part of the COLAB project, the researcher had agreement to be seconded to KRUS for a total of 6-months to conduct this research. Prior to commencing this study, the ethics were originally approved by the Data Inspectorate of Norway (NSD) and BU ethical committee (see Appendix 5). The BU master approval relates to any research conducted by the researcher as part of COLAB consortium. Approval from NSD was received which related to research conducted in low-security prisons in the south-west and eastern regions of Norway. The methods of data collection that were approved by NSD included personal interview, observations and participant observation.

The ethical guidelines and attributes for qualitative research, particularly in prisons were strictly followed for the study (Noaks and Wincup 2004; Drake et al. 2015). The written codes of social research and particularly research undertaken in criminal justice environments such as prisons evidence the need to recognise the ongoing ethical issues (Drake et al. 2015). The researcher maintained ongoing reflexivity and had a critical eye to review any arising ethical issues during the research process. As the starting point, the codes of practice also outline the need to acknowledge and address the various ethical principles of conducting research in prisons. These principles included the harm to the participants, harm to the participants' development, loss of self-esteem and stress, informed consent, privacy and confidentiality and the ethical position of the research (Noaks and Wincup 2004; Bryman 2012).

To address the ethical concerns related to the harm of participants and the researcher, discussions regularly took place with prison management and the potential participants to ensure that there was no pressure placed on them to engage in the research. The boundaries of the research were put in place to ensure the researcher was not impeding the work of these individuals. The researcher was able to be immersed in the prison sites without disrupting or harming the work between the front-line staff and inmates. To prevent the invasion of privacy, considerations of the participants privacy and confidentiality were acknowledged throughout the research process by ensuring individuals remained anonymous. The researcher signed a disclaimer at the beginning of the data collection process at each prison site which acknowledged that no sensitive information would be collected including personal information from the staff and inmates, or detailing the discrete security information during the researcher's stay at each prison. Crucially, recognition was that any data collected from observations, shadowing and interviews would be kept anonymised by using pseudonyms to ensure individuals were not identifiable. Although collecting data in this study could not be undertaken anonymously, the researcher ensured that reporting the data through fieldnotes and interview transcriptions had all identifiable information removed to maintain the participants anonymity. The interview recordings could therefore be stored separately to the transcriptions with the original name and identifiable information separated from the

recordings. For data protection purposes, the researcher securely kept all data in a password-protected folder on the researcher's personal laptop with back up on a university computer.

Informed consent or the lack of consent is a critical code of practice to ensure that participants are given as much information about the research to make an informed decision about their participation. Within observational research, obtaining informed consent at every opportunity is not practicable because it can be extremely disruptive in everyday contexts (Bryman 2012). To acknowledge this principle, the prison leader introduced the researcher to both staff and inmates at each prison. These introductions allowed an opportunity to discuss the research project with all the relevant individuals and the purpose for the researcher's presence. Instead of obtaining informed consent from each professional during the structured observations and repeatedly disrupting the working environment, an information sheet that listed the purpose of the research was given to all staff members in English and Norwegian (see Appendix 6). The reasoning for this information sheet was to ensure that all participants understood the reason for the researcher's presence and undertaking observations of their work. Discussions and questions could therefore take place regularly to ensure the staff understood the details of the research. Professionals were typically proactive to allow the researcher to observe specific daily tasks and routines, but the researcher consistently emphasised that this was entirely voluntary.

To obtain participation to shadow two professionals at each prison, information and consent forms were created in English and Norwegian to ensure the participants understood the intentions, purpose and reasoning for shadowing one-week of their working life (see Appendix 7). Discussions took place with management who helped to negotiate individuals who were willing to be shadowed rather than the researcher seeking out potential participants. Upon agreement from participants, informed consent was therefore obtained prior to shadowing an individual. Similarly, interview information and consent forms were composed in English and Norwegian (see Appendix 8). These forms were to ensure a participant understood the contents of the interview, research purpose and that the interview would be digitally recorded. Informed consent was also signed prior to undertaking any interviews.

While the study focuses on front-line staff, ethical considerations were made regarding the informed consent of inmates. Although informal and casual conversations took place with the inmates, data was not collected from these individuals to prevent from disrupting their day-to-day lives. Similarly, the harm toward inmates was important to consider due to their vulnerable status. Obtaining consent from the inmates was considered but deemed unsuitable as these individuals were experiencing increased freedom at the prison and spent a large proportion of their day in the community. Interactions with inmates were therefore severely limited and as they spend a significant amount of time in the community there was determined to be less opportunity for the researcher to engage and incorporate them as part of this study. Similarly, discussing the topic of mental health could potentially be insensitive and arise traumatic experiences for a person. The inmates' participation and consent were not sought to prevent potentially impacting the concluding phase of their prison sentence before release. The researcher therefore engaged as a friendly bystander with each inmate rather than as a researcher.

The prison environment as a research site represents an extraordinary context and therefore any harm that the researcher could encounter was of paramount importance (Drake et al. 2015). Even so, as the research incorporates two low-risk open prisons the security issues were considered to be substantially lower. In sensitive prison settings, which may evoke discussions of illegal or illicit activities, the researcher considered the complex ethical issues in this environment (Murchison 2010). In this case, the main ethical risk was concerning the prisoners in the two observed contexts. Upon entrance to the transitional residences each day, the researcher always notified a professional of their entry and exit of the prison and was accompanied by a staff member around the prison. Similarly, the university, supervisors and secondment partner KRUS were always consulted with to ensure the research dates and location of the researcher was known. A risk assessment was undertaken in conjunction with the BU assessment procedure to ensure there were contingencies in place to minimise risk and have strategies in place to address any difficulties if they arose during the fieldwork (see Appendix 9). In addition, the researcher holds previous employment and research experience in prison contexts and has thorough knowledge of the ethical concerns related to observational research with high risk and vulnerable research subjects.

The researcher fully acknowledged that collecting data in a prison setting poses challenges that are emotionally and physically demanding. Considering the vulnerability of the research subjects and any possible incidental findings, COLAB appointed both an internal and ethics adviser/mentor to the steering group to advise and monitor the ethical concerns related to the project. The remit of the internal and external ethics advisors on the steering group was to promote national and EU Research Ethics Code of Practice to safeguard the welfare and interests of the researchers and research subjects. Consultations took place with key members from the university and partners in Norway to ensure any ethical concerns were addressed and adhered to. All distributed forms disclosed the purpose of this study and its position within the wider COLAB project with the data being managed and stored solely by the researcher. Additionally, to report and disseminate any data it was ensured that no individual or organisation was identifiable from this material. As part of COLAB, primary data from this study will be stored by the researcher for a period of 10 years in password protected electronic folders before being destroyed.

The ethical position of the researcher was continually recognised as it is considered important to refer to the relationship with the research participants. Considering this status was to consciously set limits during the course of the research and to avoid risks associated with the relationships between the researcher and those being researched (Noaks and Wincup 2004). To maintain these limits, the researcher always maintained a professional status with the prison staff. Invitations to staff meetings and small social gatherings proved important to interact and build trust with staff, but the researcher prevented from becoming overly familiar. Similarly, interactions with inmates refrained from becoming too personal to prevent intrusion on the behalf of one another. As a moral decision, the researcher intended to “*draw lines*” to prevent from overstepping the researcher’s role during the fieldwork. The researcher could therefore draw upon their own professional experiences of working in a prison system to prevent breaching the boundaries between the researcher, prison staff and inmates.

Another critical ethical concern has been the researcher's Norwegian language capabilities. Through secondments to Norway, the researcher built a rapport with staff at KRUS and the staff at each transitional residence. Interactions were to an extremely high level of English, but despite this the researcher undertook several basic Norwegian language lessons. The researcher therefore had a basic competency level of Norwegian to assist in the research process. Although not proficient, the purpose was to be culturally aware and to aid the writing of the research instruments and interactions during the fieldwork. With the assistance of a Norwegian undergraduate student, key information for this research was presented in English and Norwegian to have all information accessible and communicated in both languages. Participants were therefore able to understand the purpose of this study and were able to follow-up with any questions.

3.11 Fieldwork procedure

As part of the fieldwork procedure, the researcher was immersed in the prison context and undertook intensive investigation of each case through multiple qualitative methods of data collection (Yin 2014). The researcher arranged the data collection procedure with precision to plan this procedure in advance and to enhance the potential for rich content to be collected from both case studies. To undertake the fieldwork, the researcher spent 5-months seconded to Norway. The initial secondment month was to select appropriate research sites and was divided into 2-week periods. These initial secondments were undertaken to engage with Norwegian researchers at KRUS and professionals in the prison context to visit and develop knowledge of the prison system in more detail. As the fieldwork was being undertaken abroad, proactive dialogue and planning was required in advance to select appropriate prison sites. Upon agreement of the two selected sites with prison management, the procedure involved 2-months immersive fieldwork at each transitional residence. The researcher composed a plan for the fieldwork at each site that maximised the potential for engaging with front-line staff during the data collection period and to collect in-depth data. Presented in Table 3.3, the procedure, methods and timeframes for the researcher's secondments to Norway have been listed over the course of these 5-months.

Table 3.3 The fieldwork and data collection as listed through the procedure, methods and timeframe of the researcher's visits to Norway.

Procedure	Methods	Timeframe
Site selection and to develop knowledge on the Norwegian prison system.	<ul style="list-style-type: none"> • Visits to Norwegian high-risk closed prison and specialised psychiatric wing. • Visit to interprofessional drug court. • Visit to forensic research centre. • Meetings with Norwegian prison researchers and academics. • Meeting with penology research group at the University of Oslo. 	Two weeks
Site selection and to develop knowledge on the Norwegian prison system.	<ul style="list-style-type: none"> • Visits at two transitional residences and meetings with prison management. • Meetings with Norwegian prison researchers and academics. 	Two weeks
Case study one data collection.	<ul style="list-style-type: none"> • Structured observations and shadowing. • Semi-structured interviews. 	Two months
Case study two data collection.	<ul style="list-style-type: none"> • Structured observations and shadowing. • Semi-structured interviews. 	Two months

3.12 The case study sites

The two transitional residences used as case study sites were both located in eastern Norway. To summarise the core competence of a transitional residence, these prisons are positioned to prevent the relapse of a convicted person as they are released back into the community. Known as an overgangsbolig in Norwegian, the key focus of a transitional residence is to create a good relationship with the convicted person, through living, work and social training as well as providing a good working environment to prioritise the perspective of an inmate. Similarly, it is desirable that a residence continues positive work with community partners, inmates, relatives and volunteers. To elaborate, Appendix 10 provides a detailed interpretation of the transitional residence in Norway and reflexive summaries of both case studies.

3.12.1 Case study one data collection

The diverse range of front-line professionals working at the first case study included 6 Contact Officers, 4 Social Workers and a Nurse. The Nurse self-defined themselves as a type of Social Worker but was explicitly known as a Nurse. During the fieldwork a combination of these professionals were working at the prison at any given time. A total of 126.5 hours was spent at the first transitional residence to account for the fieldwork undertaken during the 2-months immersion. The data collected encompassed 22 hours

shadowing a Contact Officer, 18.5 hours shadowing a Social Worker and 86 hours of structured observations. To utilise the structured observation and shadowing instrument, the data collected was uploaded to 17 forms (i.e. the research instrument for the fieldnotes) including five shadowing forms and twelve structured observation forms. Out of a possible 11 front-line staff, a total of 8 undertook semi-structured interviews with the other 3 professionals unavailable due to holiday arrangements or other commitments. The whole dataset therefore consisted of 12 structured observation forms, 5 shadowing forms and 8 semi-structured interview transcripts (see Appendix 11 for a detailed overview of the data collected). Table 3.4 constitutes the professionals who were interviewed, the pseudonym at the first site, a professional's years of employment at the residence, overall criminal justice experience and working hours at the residence.

Table 3.4 The interviewed front-line staff by professional type, pseudonym, years employed at the transitional residence, total criminal justice experience and working hours at case study one.

Professional type	Pseudonym	Years employed at the residence	Criminal justice experience	Working hours
Nurse	N1	10 years	---	Full-time
Contact Officer	CO1	6 years	---	Full-time
Contact Officer	CO2	10 years	10 years	Full-time
Contact Officer	CO3	4 years	---	Full-time
Social Worker	SW1	10 months	---	Full-time
Contact Officer	CO4	9 years	32 years	Full-time
Social Worker	SW2	4 years	---	Full-time
Social Worker	SW3	8 years	---	Part-time

3.12.2 Case study two data collection

To summarise the front-line professionals at the second case study, the staff included 6 Contact Officers and 5 Social Workers with a combination of staff working at the prison at any given time. From the 2-months immersion at the second site, a total of 123.5 hours was spent at the transitional residence. The data collected incorporated 21.5 hours shadowing a Contact Officer, 23.5 hours shadowing a Social Worker and 78.5 hours of structured observations. The entire dataset for this case study contained 7 structured observation forms and 6 shadowing forms. Furthermore, 6 front-line professionals undertook semi-structured interviews out of a possible 11 with the remaining professionals either unavailable due to holiday arrangements or were not comfortable undertaking an interview in English (see Appendix 11 for a detailed overview of the data collected). Table 3.5 constitutes the professionals who were interviewed, the pseudonym that reflects the unique allocated codename at this second site, a professional's years of employment at the residence, overall criminal justice experience, and working hours at the residence.

Table 3.5 The interviewed front-line staff by professional type, pseudonym, years employed at the transitional residence, total criminal justice experience and working hours at case study two.

Professional type	Pseudonym	Years employed at the residence	Criminal justice experience	Working hours
Social Worker	SW1	9 years	12 years	Full-time
Social Worker	SW2	11 months	5 years	Full-time
Contact Officer	CO1	9 years	9 years	Full-time
Social Worker	SW3	10 years	10 years	Full-time
Social Worker	SW4	1 year 6 months	9 years	Full-time
Contact Officer	CO2	3 years	18 years	Full-time

3.13 Analytical process

The researcher considered several analytical procedures commonly used on the analysis of qualitative data. In selecting an appropriate method for the analytical process, the researcher summarised the different types of analysis, the key features and the approach in the analysis of qualitative data (see Table 3.6). Through examining these various types of analysis, the researcher selected Template Analysis as an appropriate method for analysing the data at each case study. In selecting Template Analysis, the key features were determined appropriate for this analytical process such as having a few flexible procedural steps, the use of a priori themes and being considered a half-way approach being inductive and deductive reasoning.

Table 3.6 A summary of the common types of analytical procedures used for qualitative data, the key features and approach.

Types of qualitative data analysis	Key features	Approach
Grounded Theory (Corbin and Strauss 2008).	<ul style="list-style-type: none"> • Not merely a method, but a systematic methodology with a prescribed research strategy for the collection and analysis of data. • Learn about studied topics by developing theories to understand them. • Coding saturation through open, axial and selective coding. • The production of concepts, categories to formulate or generate a theory. 	Theory inductively developed from the data.
Template Analysis (King 2004, 2012).	<ul style="list-style-type: none"> • Flexible approach with a few analytical procedural steps. • Use of a priori themes to have predefined areas of interest in advance of the analysis based on existing theory. • Hierarchical coding to represent themes in the data. • Iterative development of an initial template that accounts for all the data. 	Predominantly inductive, but considered to be a "middle" ground approach between inductive and deductive theorising.
Thematic Analysis (Braun and Clarke 2006).	<ul style="list-style-type: none"> • Approach for identifying, analysing and reporting themes within the data. • The identification of all data that relates to a classified pattern. • Searching for themes through repetitions, similarities and differences. • Lack of clearly specified series of analytical steps. 	Predominantly inductive but can use theory related material as concepts for initiating themes.
Narrative Analysis (Riessman 1993).	<ul style="list-style-type: none"> • An approach in the analysis of data to make sense of people's accounts about themselves or events. • Greater interest in the "<i>elicited personal narratives</i>" based on people's lifespan and interconnections between their accounts of certain events. • Stimulate the telling of stories. 	Less focus upon inductive or deductive reasoning, but seen as an approach for interpreting data that have a common form and the purposeful elicitation of stories.

The research is positioned to be predominantly inductive, but the analytical process does not disregard the underpinning theoretical framework of this study. The research therefore requires a halfway point between inductive and deductive reasoning and Template Analysis offers a hybrid approach. An inductive approach for research emphasises the generation of new theory, whereas deductive focuses on testing an already established theory. Through theoretical generalisation, this research takes a hybrid approach to explore the relationship between theory and the two researched contexts (Bryman 2012). Hence, the analytical process therefore follows a suitable hybrid approach between being inductive and deductive. Despite employing a theoretical framework, a hybrid approach has been determined appropriate, as this study is not seeking to test or inductively develop theory, but to generate new knowledge following the principles of an already established theory. In justifying this selection of Template Analysis, this procedure can entail the utility of a predefined area of interest in advance to investigate the components of an existing theory such as CHAT.

3.13.1 Template Analysis

In analysing the data, Template Analysis is determined to be a particular style of thematic analysis. King (2012) discusses that Template Analysis has been widely used in organisational research and prominent in qualitative research to effectively capture the working mechanisms in a setting. Template Analysis has been demonstrated to be a clearly defined and flexible analytical method that refers to a group of techniques for thematically organising and analysing textual data. It has a few specified procedures which permits the researcher to tailor them to match the requirements of the research. Although they are not unique to Template Analysis, the key features which typify it are its flexibility of the coding structure, lack of prescription regarding levels of hierarchical coding, the use of a priori themes, and the iterative development and use of an initial template (King 2012).

The core principle of Template Analysis is that the researcher composes a list of codes that represent themes identified in the data. Doing this process is to produce a template and usually involves having a priori themes defined in advance to assist in the interpretation of the data based on the theoretical framework underpinning the study. Despite having a priori themes defined in advance, they can still be modified as the analysis progresses. By composing and developing the template, it is organised to represent the relationships between themes in a hierarchical structure (King 2004). Template Analysis emphasises the use of hierarchical coding but balancing this relatively with a degree of structure in the process of analysing the data. The central technique is to develop a coding template on a sub-set of the data, apply the initial template to further data in order to revise and refine it (Brooks et al. 2015). Through using a template, it allows the researcher to examine patterns from participants' experiences at both cases. To prevent the loss of each participant's accounts, case summaries are recommended and were written to maintain the integrity of their experiences (King et al. 2004).

The utility of Template Analysis was not to prove or disprove a certain theory, but to develop an insight into the perceptions of the participants (Stein et al. 2009). Using this analytical method requires the use of codes to represent themes in the textual data and to be organised in a hierarchical manner (Gollop

et al. 2004). Template Analysis is considered to be a highly flexible approach which can be adapted depending on the researcher's philosophical position. It does not have a strict prescription and is particularly useful in organisational research that seeks to examine the perspectives of different individuals within a context (e.g. professionals working in an interprofessional collaborative setting). By producing a template, the researcher was required to take a well-structured approach to handling and managing the data to produce a clearly organised account. Although Template Analysis meets the needs of the study by having a well-structured approach, there is currently a lack of substantial literature on this technique in comparison to other analysis procedures used in qualitative research such as grounded theory. Furthermore, the researcher was mindful of representing the template effectively which is neither too simplistic which lacks any in-depth interpretations, and not overly complex which fails to account for the experiences of the participants (King 2004). The use of Template Analysis in this study therefore imposes a measure of shape and structure on the analytical process through the use of a priori themes to guide the researcher.

3.13.2 A priori themes

The justification for selecting Template Analysis was to utilise a priori themes and allowing the researcher to have them defined in advance of the analysis process. Examples of previous studies using Template Analysis have undertaken the process by comprising themes that were derived from previous theory (McCluskey et al. 2011). The a priori themes were an important consideration to help guide the analysis process. Although creating an initial template with too many pre-defined themes may blinker the analysis, beginning with too few can also leave the researcher lacking a clear direction and becoming overwhelmed by the complexity of the data (King 2004). Using a priori themes helped to accelerate the initial coding phase of the analysis which can be extremely time consuming with large amounts of textual data. Despite this, the dangers of using a priori themes include overlooking segments that do not relate to them and also failing to recognise when an a priori theme was not effectively characterising the data. Importantly to avoid these hazards, the a priori themes were always viewed as tentative which are equally subject to change to avoid blinkering the data. Using the template was intended as a way of making sense of data by offering a clear, systematic and flexible approach to data analysis through having a well-structured method to data handling. The use of the template followed an iterative process of coding to carefully consider how the developed themes are defined and how they relate to one another through the data. Notably, there may be no one best way for analysing qualitative data, but this choice was deemed justified due to the underpinning theoretical framework and the defined research questions needing to be answered (King 2008, 2012; Brooks et al. 2015).

Typically, types of thematic analysis can be considered to take a "*top down*" or "*bottom up*" approach. A "*bottom up*" approach would actively avoid using existing theory to allow themes to be developed completely inductively. Contrastingly a "*top down*" approach seeks to compose and apply themes that are informed by theory or practice. Template Analysis is positioned in the middle ground of these approaches as a style of analysis. It allows the a priori themes to be defined in advance that correspond to the key components of the theory used in this study, but also allowing themes to emerge from the

data (King 2012). These higher order codes are therefore typically predefined and the lower order codes being developed through the iterative process of reading through the data. The identification of emerging themes occurs in light of the research aim to produce a hierarchically organised list of codes based on the themes arising in the data (Popleton et al. 2008).

The use of a priori themes was to ensure that there is a focus on key areas that are relevant to the study to develop and extrapolate new ideas that are expected to arise in the data. As this study is underpinned by the theoretical framework of CHAT, the components of the activity system model were used as a priori themes, namely, object, outcome, tools, subject, community, rules, and division of labour. The purpose of the a priori themes was to guide the analytical process through the key principles such as listing codes, selectivity, openness and determining relationships between themes to present the template and produce a justified account of it (King 2004). These key principles are listed below:

- Listing codes: Compile a list of codes and frequencies occurring in each transcript to assist in identifying themes or prominent concepts.
- Selectivity: Keep an open-mind and not allowing the analysis to be limited to the a priori themes or assumptions.
- Openness: Do not let the initial research questions strictly guide the analysis as this may disregard themes that are not of direct relevance. Themes that may be interpreted to be irrelevant or lie outside the scope of the research can also be important for adding background detail.
- Relationships between themes: Use maps and diagrams to examine the template in more depth than a linear hierarchy. The linear template evidences the themes and subsidiary codes below, but other diagrams can assist in building deeper interpretations of the resulting template.

The components of CHAT and the key underlying questions have been utilised as a priori themes to guide the data collection and analytical process. The descriptive questions of CHAT are presented in Table 3.7, and these key questions have been used to describe the collective activity systems at both case study sites through this analytical process. Moreover, the purpose of these a priori themes has been to assist in exploring the organisational work undertaken by front-line professionals with inmates' mental health needs. To answer the research questions, the main findings can therefore be presented to extrapolate and discuss the key propositions of ICP including the concepts of integration and collaboration.

Table 3.7 A priori themes utilised as part of the analytical process of Template Analysis.

A priori theme	Description
Object	What are professionals working on? To achieve what? The central issues of an activity that the actions are directed toward.
Outcome	What is accomplished? The concluding result of the activity from the actions with the object.
Tools	What is being used? Mediating functions such as tools or instruments used within an activity.
Subject	Whose perspective? Their attitudes and values? The individual subject involved in the activity.
Community	Who else is involved? Individuals that take part in realising the object.
Rules	What supports or constrains the work? Specific norms and conventions that constrain action within the activity.
Division of labour	How is the work shared? The division of tasks among the individuals of the community.

3.13.3 Computer Assisted Qualitative Data Analytical Software

The analysis process utilised Computer Assisted Qualitative Data Analytical Software (CAQDAS) NVivo 11 to code and analyse the data. NVivo was useful for charting the progression and rigour of the analysis process for both case studies. The software assisted the researcher to examine possible relationships in the data by coding sections of text to themes, matching memos to codes, producing codes frequencies and maps. NVivo was determined to be well suited to Template Analysis and producing a template structure to aid the organisation and examination of the data. Using computer-assisted analysis software cannot make interpretations or judgements of the data, but it allowed the researcher to work efficiently with large amounts of data and facilitate an in-depth analysis. Keeping backup copies during the analysis process was important to look back at previous steps of the process as they were ultimately overwritten (King 2004).

3.13.4 Procedural steps of Template Analysis

In undertaking the procedural steps of Template Analysis, all the data were utilised in this process which included the structured observation forms, shadowing forms and interview transcripts. The analysis procedures were documented progressively through memos as the analysis evolved for both case studies to document the rigorous steps undertaken. As a notable consideration discussed by King (2004, 2012), there is a distinction between the predefined a priori themes and the themes that result from the analytical process. The coming together of the rich data with the researcher's gaze – informed by their philosophical, theoretical and personal position, results in themes that can be unexpected to

the researcher themselves. Although the a priori themes are defined in advance by CHAT, Template Analysis distinguishes between these and the themes developed in the analysis of the data. These themes may therefore be considered to emerge from the analytical process and were not necessarily anticipated.

There are considered to be six key procedural steps of Template Analysis. The analytical process and the prescribed steps were undertaken separately for each case study. Notably, quality checks and audit trails were crucial to critique and evidence the rigour of this analysis process for both cases (see Brooks et al. 2015; King 2004, 2012; King et al. 2004; Poppleton et al. 2008; Stein et al. 2009). As the *first step*, familiarisation with the data was important to check for possible errors and to ensure of familiarity with all the accounts to be analysed in the dataset. Preliminary coding was the *second step* in which a subset of the data was selected which was determined to capture a good cross-section of the experiences and subjects covered in the whole dataset. The a priori themes were explicitly defined in advance by the theoretical framework and components of CHAT. Being guided by the framework of CHAT, this process encouraged the analyst to develop themes more extensively where the richest data was found in relation to the key research query and questions. Keeping an audit trail of the codes and frequencies was important to evidence how the researcher began developing the initial template and the themes.

The *third step* was to develop the initial template. As an iterative process, the initial template was reworked several times with new codes being introduced or even removed. Utilising the primary supervisor for a quality check, the composition of an initial template was to define the structure of the subset of data. It consisted of higher-order codes that were subdivided into one, two or three lower-order codes, known as hierarchical coding. By developing the initial template, the intention was to organise the emerging themes into meaningful clusters that predominantly related to the a priori themes. Modifying the initial template was the *fourth step* in which the analysis progressed through an iterative process of applying, modifying and re-applying the initial template based on the remaining data. The process involved applying the initial template to the whole data set in stages and modifying it based on careful consideration of each transcript or piece of textual data. The fourth step was separated into two phases to interpret if existing themes matched to new segments of the data. Data could then be coded to modify the existing template or to move the developing themes and codes from one a priori theme to another. Therefore, various amendments could be made to revise the template to its final form.

Step five was considered to be the "*final*" template in which all the data was reviewed, coded and scrutinised twice. The justification of this was to ensure the emerging template best matched the data and that the quotations or textual data were best placed. Similarly, the a priori themes were consistently re-examined to tentatively inquire whether they required redefining to undertake further amendments and produce the final template. As a quality check the primary supervisor was liaised with to critically evaluate and discuss the resulting template. Lastly, *step six* involved mapping and interpreting the final template. Writing up the researcher's interpretation of the data was undertaken through detailed notes about themes, selecting appropriate quotes, and producing a comprehensive story of the findings from each case study template. Conceptual maps were also useful for each a priori theme to interpret and present lateral links between clusters to be presented clearly. The resulting templates have therefore

been presented by a list of hierarchical themes and sub-themes listed beneath the a priori themes to indicate the hierarchical levels. To elaborate, a detailed description of the Template Analysis procedure and the six procedural steps undertaken for both case studies has been explained in Appendix 12.

As King (2012) discusses, an important strategy for enhancing the quality of data analysis includes independent coding and critical comparison among researchers through feedback and the provision of audit trails. Carrying out these quality checks at any or all of the analysis stages assisted in critical thinking (e.g. why did the researcher come up with this theme?). It was vital to compile a systematic audit trail of the steps the researcher undertook during the analysis including the way ideas evolved and developed (e.g. how has the researcher's thinking developed?). Notes were kept which listed the amendments and the type of changes made through memos. These memos aided interpretations of the data and the template revisions that were made. Similarly, compiling a list of codes occurring in each transcript during the preliminary coding and "*final*" template stages assisted in outlining the distribution of codes within and across cases. These lists drew attention to themes for further examination to develop the initial and subsequent final templates. Producing templates at the initial template stage, revision stages and final stage was to evidence how the template evolved. It was recommended to keep a full record of how the iterative process evolved during the course of the analysis through numbering and dating successive versions of the developing template for both case studies (see Appendix 13). The template evidences the emerging themes and sub-themes and how they match to the a priori themes including typically 3 or more hierarchical levels to account for the in-depth exploration undertaken.

3.14 Conclusion

In conclusion, this chapter presented a coherent methodological link between the research design, theoretical framework, case study approach, data collection methods and analytical procedure. The primary aim listed is to undertake an in-depth exploration of ICP at the final phase of the Norwegian prison system. To achieve this primary aim, three underlying research questions have explicit focus on ICP by front-line professionals at transitional residences in Norway. These two residences are still considered prisons as inmates serve the concluding phase of a prison sentence here before being released back into society. The first and second research questions are listed to identify how front-line professionals are integrated and collaborate at Norwegian transitional residences, specifically regarding their work with inmates' mental health needs. The third research question is defined to reveal how and why ICP is implemented by front-line staff at these prisons in Norway.

As a qualitative study, the theoretical framework of CHAT underpins this research by using the activity systems model as an analytical lens to constitute the organisational work at these prisons and to theorise ICP. Moreover, this research employs a multiple case study approach encompassing predominantly observational data collection methods. The use of these methods has enabled the collection of in-depth and textual data, including structured observations, shadowing and semi-

structured interviews from a purposeful sample of front-line staff. Employing these multiple methods has been to obtain the professionals' in-depth experiences and insights at two transitional residences in eastern Norway. For the analytical procedure, Template Analysis was used as a hybrid approach to analyse textual data while utilising the relationship between the data and existing theory. Furthermore, the analysis employed a priori themes derived from the components of the activity systems model. As a flexible analytical procedure, six steps were followed to rigorously account for the organisational work undertaken at both case studies through the development of a hierarchical template.

Chapters four and five now present the main findings at each case study to enable this study to progress onto discussing the key propositions that answer the research questions pertaining to ICP.

CHAPTER 4 CASE STUDY ONE

4.1 Introduction

To introduce case study one, this is represented by a transitional residence also known as an overgangsbolig and is located in the eastern region of Norway. At the time of the fieldwork there were 11 front-line professionals employed at the transitional residence and space for 16 inmates. Notably, the residents of the transitional residence are considered inmates, but the professionals referred to them as clients and the latter terminology will be predominantly used. Both male and female clients were residing at the prison and during the researcher's stay there were 13 men and 3 women living there. The main findings of the first case are presented through a template and the a priori themes that were determined by the theoretical components of Cultural Historical Activity Theory (CHAT), namely the object, outcome, tools, subject, community, rules and division of labour. The purpose has been to employ CHAT as an analytical lens to describe the collective activity system at this transitional residence and front-line professionals' organisational work with the mental health needs of inmates. The use of this theoretical framework is to present a detailed analysis of the prison site that will assist in extrapolating and theorising the on-going interprofessional collaborative practice (ICP). As a reminder, a definition of these CHAT components is listed below:

Object: activity is always collective and driven by a shared object-related motive, the object connects actions of individuals to larger systems.

Outcome: the concluding result of the activity from the actions with the object.

Tools and instruments: mediating functions between the subjects and objects within an activity.

Subject: the individual subjects involved in the activity, as part of the community.

Community: individuals that take part in realising the object-oriented activity.

Rules: specific norms and conventions that enable and constrain action within the activity.

Division of labour: the division of tasks among the individuals of the activity.

4.2 Main findings

The template of case study one presents the main findings (see Figure 4.1). A list of hierarchical themes is listed beneath the a priori themes to indicate the different levels of the template by indentation (King 2012). Each a priori theme is described through conceptual maps to clarify the clustering of themes, hierarchy, and emerging relationships. To provide a comprehensive exploration of the template and each component, quotations are used and the corresponding interview transcript line number of the professional. These segments represent each professional such as the Social Workers (SW1, SW2 and SW3), Contact Officers (CO1, CO2, CO3 and CO4), and a Nurse (N1).

- Object**
 - Socialisation (theme 1)
 - Re-evaluate and monitor clients' needs/lifestyle
 - Provide one-to-one support
 - Empower clients
 - Build and maintain relationships
 - Manage clients
 - Accessing external services (theme 2)
 - Bridging service gap
 - Client accountability
 - Varying level of need
- Outcome**
 - Release preparation (theme 1)
 - Initiate changing process
 - Clients' dependency
 - Prison ambiance (theme 2)
 - Create a positive living environment
 - Stable and structured lifestyle
- Tools**
 - Environmental skills (theme 1)
 - Social observation
 - Regular communication with clients
 - Informally examine well-being
 - Mapping processes (theme 2)
 - Professional meetings – Examine each client's status
 - KOMPIS – Update and inform client information
 - Limited health information
 - Målkart – Plan clients' future goals
 - Ansvarsgruppe – Delegate follow-up responsibility
 - Arrangement constraints
- Subject**
 - Contact Officers, Social Workers and a Nurse – Normalise values/philosophy (theme 1)
 - Motivational role model
 - Humane and equal treatment
 - Balance control and support
- Community**
 - Health, welfare, criminal justice and third sector organisations – Indirect service involvement (theme 1)
 - Health and DPS services – Limited collaboration
 - Practical not medical engagement
 - NAV – Crucial and regular interactions
 - Communication boundaries
 - Prisons and/or health departments – Unstable coaction
 - Voluntary service alliances
 - Unintegrated service model (theme 2)
 - Reliance on prison resources
- Rules**
 - Fluid work management (theme 1)
 - Flexible guidelines
 - Mandatory control practices
 - Intricate confidentiality procedures (theme 2)
 - Consent complexities – accessing/sharing information
 - Service irregularities
- Division of labour**
 - Common professional competencies (theme 1)
 - Equal roles and responsibilities
 - Continuity of professional information/knowledge
 - Balance differing backgrounds/attributes
 - Low-level of direct mental health involvement
 - Nurse medication obligation
 - Passive prison functionality (theme 2)
 - Constructive leader jurisdiction
 - Self-control of tasks

Figure 4.1 The final template of case study one underpinned by the theoretical framework of CHAT and its components.

To clarify the presentation of the findings for both case studies, the conceptual maps are to assist in having a detailed understanding and interpretation of the lateral links within and between the main themes as seen in each template. For example, the template is displayed hierarchically and with indentation to evidence the entire formulated picture of each case study through the a priori themes, identified themes and sub-themes. Contrastingly, moving on to the conceptual maps is to utilise the directional arrows to clarify the interconnections and elicit a detailed explanation of the intricate clustering and positioning of the intricacies of each theme.

4.2.1 Object

The object is conceptualised by Figure 4.2. Two themes were found: *socialisation* and *accessing external services* which represent what front-line professionals were working on and intending to achieve with the clients' mental health needs.

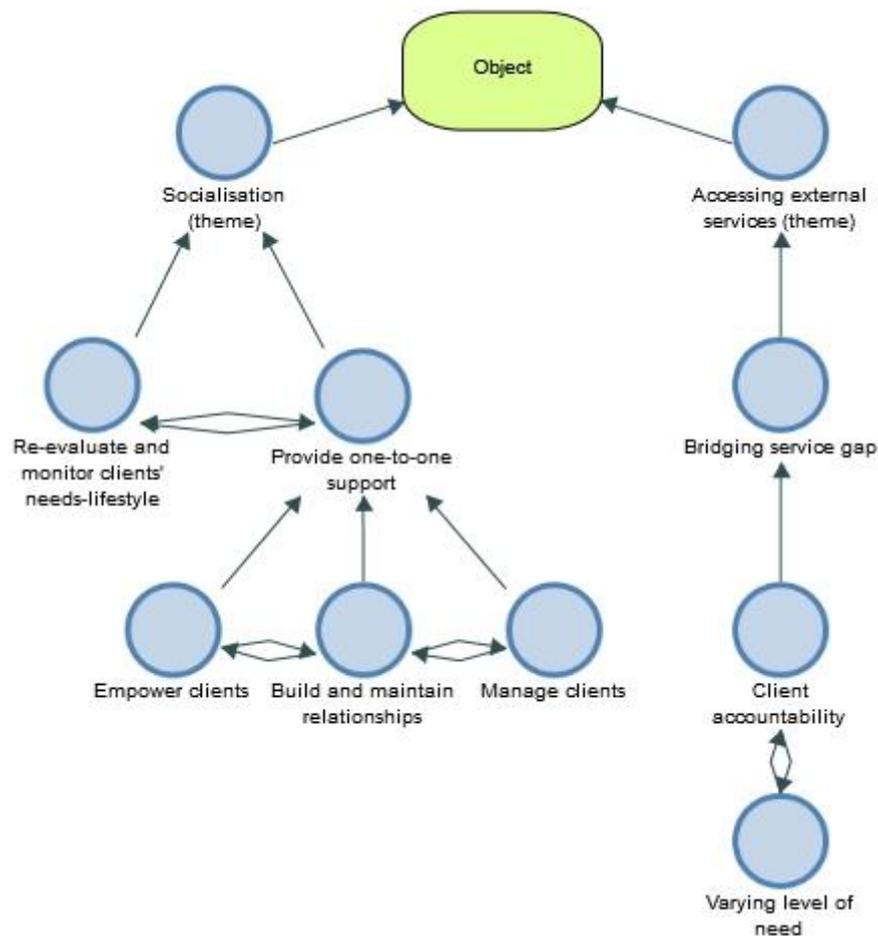


Figure 4.2 A conceptual map of the object at case study one demonstrating what the front-line professionals were working on and intending to achieve.

4.2.1.1 Theme 1 – Socialisation

The first major emerging theme is socialisation. The basis of this theme was that the staff at the transitional residence intended to work closely with the clients as a form of socialisation. The fundamental tasks and goals of their work were assisting clients to have normal lives as other citizens experienced in society. The clients had spent several years, and in some cases more than 10-15 years in prison. Therefore, the target of the professionals was to begin or continue the process of socially training the clients to live back in the community. As part of this process, the staff re-evaluated and monitored clients' needs or lifestyle while simultaneously providing one-to-one support where it was required. In order to provide adequate support, the professionals mutually relied on empowering the clients, building and maintaining relationships, and to manage them.

Re-evaluate and monitor clients' needs/lifestyle

The professionals continually re-evaluated clients' needs or lifestyles to understand the status quo. Professionals saw this as an imperative part of their work for them to channel their efforts in the right areas as soon as the client is transferred to the prison. Mental health was just one of many factors the staff worked with as they were aware of a client's wide range of needs, "*it's really important for us to try and find out if there is a need.*" (CO2, 280). The daily objective of a professional's work was targeted at getting to know each client and their complex challenges. There was a mutual recognition that each professional may have direct responsibility for a specific set of clients, but it was still important to understand the circumstances of everyone at the prison.

Clients all had jobs or education to attend in the community and spent a significant part of the day outside of the prison. Professionals would therefore ensure that when a client returned each day that they were updated of a client's circumstances and their day-to-day activities. The purpose of this was to ensure that a staff member was able to respond adequately by having the well-rounded knowledge of each client. Therefore, staff formulated a picture of a client by understanding their specific needs or specific lifestyle (e.g. work, family and hobbies). As a key responsibility, professionals were conscious to the fact that a client's circumstances can evolve and change. Rather than a formalised risk assessment, the staff subjectively re-evaluated and monitored a client's progress to ensure they kept track of the entire image of an individual and their daily circumstances.

"That's always a part of the assessment, but I'm thinking more like, more of a bigger picture though, 'How are the persons doing? Are they ok? Is work going OK?'" (SW2, 86-88).

Provide one-to-one support

Another priority of the staff was that they followed-up with the clients each day to ensure they are working with their challenges and providing them with one-to-one support if required. Communally the professionals wanted the clients to make the best of their lives while residing at the transitional residence. By being aware of clients' needs and lifestyles, the staff were able to focus on providing tailored support for each person. If certain difficulties arose for a client, professionals would react and provide social support to either aid or overcome the issue. For example, the professionals' tasks were

focused on providing tailored support through discussing the matter affecting a client or directly assisting, such as sending emails or making phone calls on their behalf, *“trying to help them as best as I can to make them better persons or easier way out.”* (N1, 347-348). In relation to mental health, the staff reached out to a person to provide caring advice or to provide support as best as they could, *“If we care about somebody, we want to help, we always [want] to help everyone, in the best way.”* (CO1, 356).

Empower clients

As an important characteristic of providing one-to-one support, the staff made an effort to empower the clients to encourage them to work on their various needs themselves including mental health. Professionals expressed the purpose of their work to build a client’s confidence or self-belief. Intentions were for the clients to learn how to live as citizens back in society by empowering them to achieve their own personal goals, *“it’s important for us that we can try to make him achieve those goals, in those ways that we can help.”* (CO3, 290-291). The professionals’ goals were about being supportive and guiding a client in the right direction. Therefore, the staff wanted to empower a client to make the effort themselves and not to solely rely on the professional, *“The goal is that they do the work themselves, but we support them and back them up and help if they need it.”* (SW2, 138-139).

Build and maintain relationships

Staff were fully aware that each client may be encountering multiple and complex problems, therefore building and maintaining a relationship was crucial. Having a positive relationship between the staff and clients was essential to ensure they trusted each other and were able to provide adequate support for a client’s difficulties, *“We can build up trust so that we can get in a position to actually get to know them and kind of get an impulse to know their challenges.”* (CO2, 81-82). Furthermore, building a relationship was imperative for the professionals to not only be supportive, but enabling both the professional and a client to have a closer bond. Both groups could therefore become personable and allowing a client to open up about their lives and needs. The relationships varied between each of the clients as a person may lead an increasingly independent life. In these cases, a client did not require such tailored attention from a professional and therefore staff may have a reduced rapport with them. Contrastingly, other clients were found to be needier and the staff maintained these relationships to ensure they developed a close bond to have responsive interactions each day.

Building and maintaining a relationship with each client was influential in creating trust between one another as it allowed a client to confide in them, *“I think it’s very important to have a relationship, that they trust me, maybe I can see that the person that they aren’t so well.”* (CO1, 68-69). Having a relationship with a client was shown to create a chemistry and a bond to ensure a professional was able to work closely with a person and their challenges. Having restricted relationships limited the provision of support as a client was found to possibly be closed-minded and unwilling to engage with the staff. Consequently, upon transferring to the prison the staff endeavoured to get to know each person on a personal level to build and maintain a relationship.

Manage clients

The tasks and goals of these front-line professionals also included the management of a client by maintaining order or routines at the prison. Despite the clients having increased liberty at the transitional residence, the staff managed the clients to ensure they respected and treated the prison as any other citizen may treat their own home. For example, the clients were managed as they were only able to be outside of their prison room between certain hours, but this excluded weekends as the clients had the freedom to do as they wish on these days within reason. Similarly, the clients had to follow their permissions times to spend a specific amount of time outside of the prison. Thus, a client could not go exit the prison outside of their requested times. Professionals therefore used their daily tasks to help manage a client and ensure they behave appropriately while they are living at the prison. Moreover, professionals obligated clients to undertake tasks such as cooking or cleaning. These tasks were not only to have a weekly activity, but to also empower them to complete a task and develop skills that are useful for a life outside of prison, “*We had these everyday routines, washing the mops and stuff like that of course, when it comes to working with the client.*” (CO3, 230-231).

4.2.1.2 Theme 2 – Accessing external services

As the second major theme of the object, a key goal of the professionals’ daily work was to ensure the clients were accessing external services. The staff therefore engaged with a client to bridge the gap to these different services based in the community. Even so, the clients held the accountability to request assistance directly from a professional such as making phone calls or attending appointments with them. Similarly, each client had a diverse level of need as some clients were able to manage this access on their own. The professionals were therefore aware of each client and their varying level of need. In this case, the staff distinguished between individuals that were able to access services themselves, whereas others either did not have the knowledge or confidence to do so and therefore the professional would assist.

Bridging service gap

As clients are now residing at a transitional residence, they must access the services they require in the community. For example, if they need specialised support from the psychologist or psychiatrist at the DPS services (i.e. the specialised adult mental health service), they must first see the community Doctor for a referral. Professionals bridged the gap to these services as a client could be unaware of how to access them due to being incarcerated for many years or felt incapable of doing this alone. The professionals were therefore willing to help clients connect them to a service, “*maybe I can help the person to contact a Psychologist.*” (CO1, 72). Mental health was not the sole focus for the staff, but they intended to help clients make a phone call or attend appointments with labour and welfare service (NAV) or the Doctor if required. NAV is the service in Norway that assists with obtaining benefits, accommodation and employment for clients. The position of each professional was to bridge the gap between the prison and the services in the community.

“I think just to get them to go to the doctor as fast as possible, maybe join them and to talk to the Doctor as well and listen what's being said.” (N1, 79-80).

The process of contacting or arranging access a service could be quite a stressful process for a client as they had spent several years in prison. The professionals would typically lead the client to access these services rather than taking complete control of this process. On rare occasions the professional may attend a Doctor appointment or talk to DPS at the beginning of this process. The reason was to assist the client in the initial access and help them connect to the services they require in the community.

Client accountability

Although professionals bridged the gap to these services, it was primarily a client's accountability to directly request assistance from the staff, “*If the client wants us to try.*” (CO2, 118). The professional may sometimes use their own initiative in times of desperation, but typically they would rely on the clients themselves requesting a phone call to be made or for them to attend an appointment, “*sometimes it also happens when they just ask.*” (CO3, 158). In certain examples, a client did not require any form of assistance from a staff member. Contrastingly, if assistance was required then a professional would assist such as attending an appointment with the welfare service NAV, the Doctor or even DPS to ensure they were able to access these services. If the client utilised their own initiative the professionals would willingly help, “*If the inmate agrees, if he is open and honest.*” (SW2, 122). The consensus was that a client was accountable to ask for help. The reason for this was that it is a client's life and they should decide what assistance they required from the staff at the transitional residence.

Varying level of need

The professionals realised that it was the clients who were accountable to ask for assistance, but this was typically reliant on their varying level of need. Professionals regularly reflected on the differing clients at the prison and their complex needs, some of whom needed greater attention than others. The professionals' involvement with a client to access other services would be dependent on their level of need. The staff therefore felt that certain clients could spend their entire stay at the prison and did not require any assistance. Each client had diverse circumstances and therefore it was considered naïve to think that there is one static approach they would undertake. Therefore, the front-liners accounted for the varying level of need for each client that and that certain clients required greater assistance from a staff member than others.

“I'd always offer my help, but for some they are fine doing it for themselves and then for others they need help and I join them in these meetings.” (CO2, 98-99).

4.2.2 Outcome

The subsequent component represented the “*desired*” outcome of the front-line professionals' work in the specific activity with clients' mental health needs. As seen in Figure 4.3, the findings of this component are reflected through two key themes of *release preparation* and the *prison ambience*.

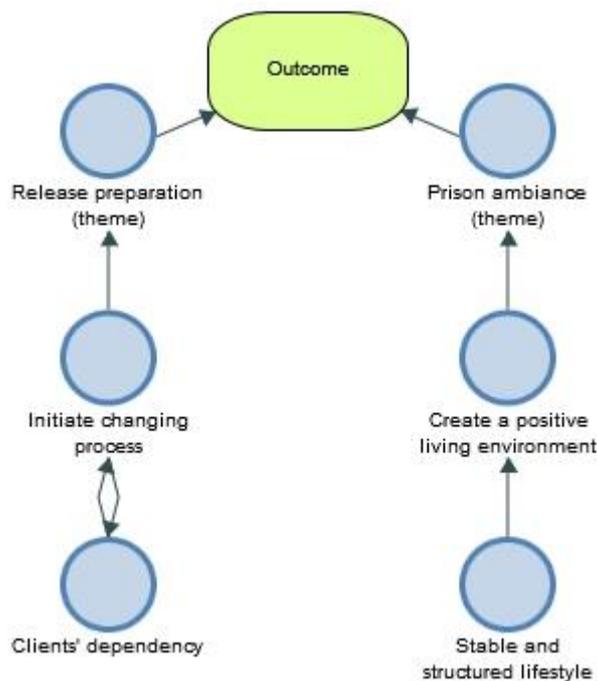


Figure 4.3 A conceptual map of the outcome demonstrating the desired accomplishment of the front-line professionals at case study one.

4.2.2.1 Theme 1 – Release preparation

As the first theme of the outcome, the staff ensured that clients were prepared for release. Clients had potentially spent long periods within the prison system which may have also incorporated time within a psychiatric institution. As all the clients were eventually going to return to society, the staff therefore ensured that clients were prepared for life in the community by initiating clients to change and to make a better future for themselves after being in prison. Despite this, the changing process was dependent on the clients themselves. Professionals could do everything in their power to accomplish this, but it was down to the client in terms of whether they were willing or able to successfully change in preparation for their release.

Initiate changing process

The front-liners stressed the importance of preparing individuals for release as the transitional residence was the last phase of a client's sentence before release. The conception was that they typically accomplished this by initiating the change process to ensure a client was ready for life after being in prison, "*to bring change for the better, for each person I meet.*" (SW3, 299). If an individual was encountering mental health challenges, initiating change was demonstrated by continuing the work that had been undertaken at the prison such as a client having a job, undertaking self-maintenance tasks or that they continued to engage with services including DPS. The changing process was articulated through a comparison between a client's life before and after they came to the prison, and the positive

changes that had been accomplished during their stay. Despite this, the staff still expected a client to have needs or difficulties upon release, but at least they had worked with the client to achieve change in preparation for release and to continue working with them when they leave. The staff articulated the heightened liability they felt with returning these clients back into society due to the crimes they had committed or the difficulties they were experiencing. The desired accomplishment of their work was essential to ensure these people were ready for release and maximised the potential for them not returning to prison in the future.

Through their daily work, the professionals worked closely with each client to initiate change. The staff articulated this as a long-term and continuous process as they could not determine if a person had changed completely when they went back into the community. Primarily, the professionals ensured that they provided the facilities and conditions for a client to be prepared for life outside of the prison when they were released such as obtaining an apartment or employment.

“They are a little bit confident when they come out ‘I can fix this, I have done all these things, I have fixed myself an apartment, I have myself a job, I have now a good relationship to my doctor, I go to a Psychiatrist, and I’ve done it all myself’.” (CO3, 294-296).

Clients’ dependency

The revolving arrow in Figure 4.3 demonstrates that the staff experienced an imbalance in preparing a person for release. The reason for this was that initiating positive change was dependant on the client. The front-liners noted that they could understand and setup support for all the complex problems a client was encountering such as mental health, unemployment or family problems in order to prepare them for release. Despite this, when the client is released, it does not guarantee that they have completely changed or were ready for a life back in the community. The staff foresaw the process of returning to society as being intimidating and challenging for many of the clients. The professionals may have accomplished all relevant goals with a client to be ready for release, but being free again was stressful due to the client having an increased responsibility and no longer having regular direct support from the prison staff. Therefore, clients that were willing to initiate change had a higher chance of being successfully released. Contrastingly, other clients who were not prepared or ready to change were more likely to return to prison in the future. In the most part, regardless of the work undertaken certain clients were not ready to change and therefore it was inevitable for them to relapse.

“Because when they go out to leave we don’t know how their lives will be for them because we don’t have so much contact with them after they are finished.” (CO4, 320-322).

4.2.2.2 Theme 2 – Prison ambiance

As the second theme of the outcome, the prison ambiance was an anticipated consequence of their work. The prison atmosphere was perceived to be crucial to create a positive living environment for the clients to finish their sentences and work with them positively. Furthermore, maintaining this positive

environment was imperative for the staff to ensure the prison setting was a place that produced a stable and structured lifestyle for the clients.

Create a positive living environment

Allowing the clients to positively utilise the prison environment and treat it like a home was seen to increase their individuality and independence. Notably, the clients were able to design their bedrooms as personal as they wished and there was no visible sign resembling a prison cell. Similarly, these rooms had a modern outlook with a bed, desk and several had large televisions and sofas. The resemblance of their rooms was considered to be similar to a student dormitory. Clients also had a key to their room, but the staff also had a master key if they wanted to undertake an inspection. Conceptually, the professionals created a living environment that enabled the clients to live with a sense of independence. The staff noted that they regularly received encouraging feedback from previous residents as both the professionals and clients were able to work closely together. The living environment was intended to encourage positivity in the clients' daily lives, and the professionals also found this environment beneficial to undertake their day-to-day work.

“People really like staying here with us, they are so grateful and that's a good thing and that hasn't changed in 10 years. A lot of the clients say ‘Oh we love [the transitional residence]’, that's kind of special because it is prison.” (N1, 365-366).

Stable and structured lifestyle

By having a positive living environment, professionals also created and maintained a stable and structured lifestyle for the clients. As opposed to the potentially chaotic lifestyles of their past and having also spent several years in the prison system, the staff ensured that each client had a sense of stability. The prison ambiance was key for the staff to produce a normal structure for the clients during their stay to overcome their difficulties such as any mental health difficulties they were experiencing. The living environment therefore supported the staff rather than instigating any potentially negative influences for the clients. The ambiance resonated through the professionals' insights and experience as the prison should be a place that stimulated stability and structure for each client for their long-term prosperity, “[they] are more capable for leaving here, that they can cope better. That's what I think I achieve.” (SW3, 384-386).

4.2.3 Tools

The following component explored the tools utilised by the staff during their work with clients' mental health needs. Figure 4.4 depicts the emerging themes of *environmental skills* and *mapping processes*.

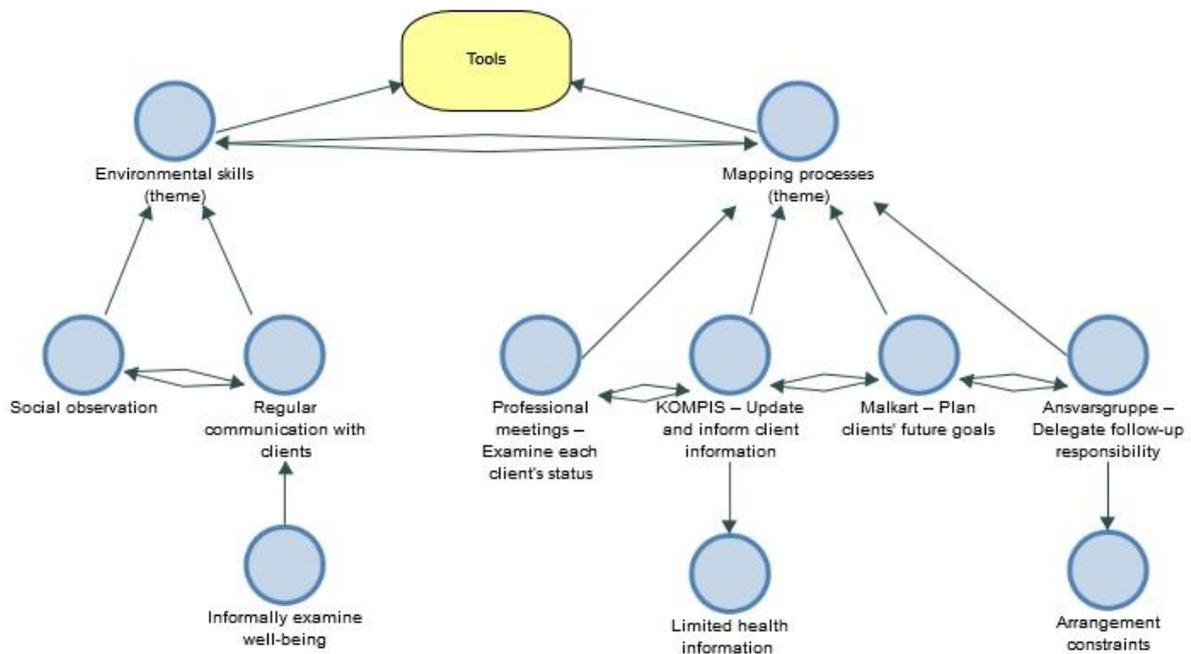


Figure 4.4 A conceptual map of the tools demonstrating the instruments utilised by the front-line professionals at case study one.

4.2.3.1 Theme 1 – Environmental skills

The first theme considers the professionals’ environmental skills that encompassed social observation and regular communication with clients. As shown in Figure 4.4, the dual arrow between these factors represents the interlinking use of both types of environmental tools in a professional’s daily work. Engaging in the prison environment was crucial for each staff member to observe what was occurring at the ground level, while also directly interacting with a client. Both sets of skills were interdependent of each other but were mutually interacting as professionals may observe to understand what was happening with a client, and to also use regular communication to obtain an increased understanding of a client’s life and specific challenges.

Social observation

The professionals relied increasingly on social observation in and around the prison environment as they often referred to being present in the environment or “*mingling*”. Specific to a client’s mental health, the term observation was expressed as a key professional tool to be aware and monitor a person’s behaviour. For example, a client had been approaching their release date that was only a matter of weeks away, and they were increasingly anxious and depressive due to a fear of the impending sudden change in circumstances. Staff would therefore observe a client, which typically entailed a casual approach, but they would increase observations to check for any changes in behaviour.

“we just have to get to know these people when he or she arrives, and then the only thing we can do is to observe if they change behaviour.” (N1, 20-21).

Professionals consistently used social observations due to its key function at the prison. Using their observational skills was crucial as each professional had two or three clients that they were responsible for. By observing a client, the staff would get to know each person, their behaviour, habits and routines. Therefore, relying on these observations was key to identify any notable changes in the client. If a client was struggling with particular personal issues the staff would track an individual and be able to respond accordingly.

“I think the most is observation of the person, is there any changes, is he acting differently than he usually is, that’s the only thing we can do.” (SW3, 83-84).

Regular communication with clients

Regular communication with each client was also a crucial tool. The purpose of these interactions was because an individual’s circumstances could change at any moment. Relying on regular communication was key to ensure staff had planned or unplanned conversations. Engaging with a client through informal daily conversations was important to keep track of a client’s day and generally how they were coping, “*It’s through chats, the planned and unplanned ones.*” (CO2, 16). Professionals arranged formal meetings to have in-depth conversations about a client’s needs and other important details, whereas informal chats were typically to maintain regular contact, “*We are going to have conversation with them, planned conversation each 14 days or every second week at least.*” (CO3, 231-232). Maintaining communication with a client was the “*best weapon*” through having one-to-one interactions privately in a meeting room or general chats in the communal areas of the prison. If a client was encountering difficulties, the staff members utilised regular communication to increase interactions which may be useful to reveal details that the person was experiencing or just to ensure a client has someone to talk with. Having regular interactions enabled the staff to uncover a client’s needs or to “*reach out*” and intensify conversations with an individual to allow them to open-up about their problems.

Informally examine well-being

The staff also accounted for the importance of having regular communication to informally examine a client’s well-being. Rather than focusing on a specific mental health problem, professionals expressed these interactions as focusing on a person’s well-being, “*interact with inmates, and get the feel on how they are feeling, and how they’re doing. Just a regular communication.*” (SW3, 217-218). Professionals did not formally assess a client, instead they informally examined how clients were feeling and to generally talk with them. Despite not being a trained Psychologist or Psychiatrist, the staff had general conversations about mental health, a client’s current state of mind and their current or past issues. Professionals discussed the topic of mental health early in a client’s stay at the residence, but these were generic interactions about their mental health history rather than digging deeper into the complexity of a problem. Furthermore, regular communication was important to informally examine a client’s well-being and their daily progress at the prison. Even so, attaining this knowledge and to understand these issues was dependent on the openness of the client.

4.2.3.2 Theme 2 – Mapping processes

The second major theme refers to a variety of mapping processes which professionals utilised daily at the prison. These diverse tools were used to map a comprehensive picture of the clients' needs and undertake their work accordingly. For example, these tools included professional meetings, KOMPIS which is a computerised prisoner information database system, the Målkart which is a plan of a client's individuated goals, and the Ansvarsgruppe which is a responsibility group involving multiple service personnel to delegate tasks. Each mapping tool was found to interact with each other as they were not strictly independent of each other. For example, the professional meetings could utilise information from the Målkart, while the Målkart may also make use of information from KOMPIS. The tools were therefore found to be interconnecting to complement the information from one another (see Figure 4.4). Additionally, this theme is not to suggest these are the only tools that are utilised at the transitional residence, but the professionals considered these specific tools to be the most profound in their daily work. In this case, other tools such as BRIK and the individual plan were briefly mentioned, but the staff considered these to be less important due to infrequent use. Both tools are intricate and detailed planning documents for an inmate and are typically undertaken at a closed-prison or in the early stages of a prison sentence.

Professional meetings – examine each client's status

Staff used different types of professional meetings to specifically examine the status of each client. Notably, these meetings were solely with the professionals at the prison and with the prison leader or other management usually in attendance. For example, professionals had weekly meetings one day a week in which as many professionals as possible would gather at the prison to discuss each client in detail. They would explore the circumstances surrounding each client including mental health and discuss any key issues that they are either working toward or may be affecting them, “*we have this meeting every [a particular day of the week], then we are going, we are talking about every inmate here.*” (CO4, 50). The staff also held daily meetings several times a day to continuously discuss each client and be aware of their statuses. Known as the “*overlapping*” meeting, they would take place when staff were switching shifts. The principle was that staff finishing a shift examined each client's status for the incoming staff to be aware of any highlighted issues during the upcoming shift. A brief examination would take place regarding each client at the prison to discuss any critical issues and any developments that may have occurred during the day. During these overlap meetings, the professionals would utilise a green, yellow, red framework to examine each client. If any major concerns were raised about an individual's safety, the staff were notified with a red status to ensure they paid increased attention to this individual. The yellow status may also refer to a less critical issue, but it was still considered a concern. Finally, the green status stipulated that everything was “*normal*”. The overlap meetings were informal in comparison to the detailed meeting once a week, but both were important to examine each client and their status.

“we get to know on the *[a particular day of the week]* meetings when we go through everybody that lives here. Otherwise it's the overlap that we do that, get some information.” (SW3, 28-30).

KOMPIS – Update and inform client information

The staff utilised KOMPIS each day to either be informed about a client by reading information already uploaded about their history or to update information which a professional had gathered. KOMPIS was accessible by all Correctional Service staff in the prison system to read or update information about an inmate. Thus, other prison employees may have written important details about a client's mental health during their time at a previous institution. Therefore, professionals were able to read these details to have an increased perception of the individual in question "*Maybe they write if something has happened, and if they might have been in hospital.*" (CO1, 22). A client's case on KOMPIS would follow them throughout their prison sentence and this information could be useful to inform the professionals based at this transitional residence. Additionally, the professionals themselves can upload journal entries to KOMPIS allowing them to write relevant information about a client from observing or talking to them which may be useful for other staff to know, "*if we observe that the person is changing and we document in KOMPIS, so we have to follow them a little bit.*" (CO4, 46-47).

Limited health information

KOMPIS was referred to as the primary tool for staff to have an all-inclusive picture of a client. Despite this, a critical concern was the limited health information available in KOMPIS (see the downward arrow in Figure 4.4). The reason for this was that the health department, including Doctors and Nurses from other prison establishments did not have access to KOMPIS as they are not employed by the Correctional Service. In this case, crucial health information was not uploaded to KOMPIS and therefore the staff at the transitional residence were not able to access or read information about a client's mental health history. Having this information would have been beneficial for the staff to have an increased awareness of a client's problems when residing at the transitional residence. On occasions, clients who were transferred to the transitional residence had no information about their medication, health or mental health status and complicated the early days and weeks of their stay. The experiences of the staff was that KOMPIS generally held limited health information, and they would benefit from the prison and health systems working together to share important details, "*If those two systems (prison and health) could talk to each other that would be for a good help for us.*" (CO2, 56-58). Thus, due to the separation between the health and prison systems, KOMPIS was fragmented and prevented important information from being read.

"the health departments around the prisons they don't use KOMPIS. They are hired from outside, they are not below the Kriminalomsorgen, the health department they use their own systems so not the Prison Officers, the leaders, contact persons know this." (CO3, 46-48).

Målkart – Plan clients' goals

The Målkart was another useful tool to plan the clients' goals. It directly translates as a "*target-map*" and was often described as a "*goal-plan*". The tool has a template which includes the Behovskartlegging, Målvalg, Tiltaksarbied, and Evaluering. In English these are Needs Assessment

(mapping of needs) which incorporates mapping and analysing, Goals, Working Tasks which includes implementation, planning and method, and Evaluation. Each client had a Målkart which was completed when a client began living at the transitional residence. The Målkart was re-examined every 2-3 weeks at a meeting with their responsible staff member. The purpose of this tool is that the clients would work on achieving their own individualised goals. In theory a client should not have the same Målkart several months in the future as their needs and goals would be monitored and updated. The intention would be to set a client a target to fulfil which is beneficial to them.

The basis of a Målkart was to have a clear plan in place for each client and was regularly expressed as being a simplified version of the individual plan. As a simplified version, the staff did not have excessive paperwork to complete and enabled them to clearly map out a client's goals and what course of action will be undertaken to achieve them before release. The tool was therefore used to create a strategy for the client, enabling them to have a continuous plan during their time at the prison. For example, if a client was seeking specific mental health support a goal would be listed that they need to visit their Doctor first to obtain a referral to DPS. Therefore, the Målkart would be used initially to document the clients' goals during their stay at the prison.

“if that is something that they're going to keep working on then we would write it on the Målkart for instance, or put it on something too, 'Get in contact with DPS' maybe and then we would summarise and say 'What are the goals here? What should we do? What should we do to continue this, working with this?'. ” (SW2, 103-106).

Ansvarsgruppe – Delegate follow-up responsibility

The Ansvarsgruppe in Norwegian translates as a responsibility group. These groups are a national model to promote interprofessional working among a range of services in the prison system. The professionals clearly envisaged these groups as intending to delegate the responsibility to the differing professionals relevant for a client. Critically, staff mentioned that these groups did not occur very often, as they were not usually required. Even so, the purpose of an Ansvarsgruppe is that professionals from other services are invited to the prison to discuss a client's circumstances and to delegate responsibility for each staff member. Depending of the relevant services that a client was engaging with, the attendees may include an employee from NAV, DPS or the probation office. The Ansvarsgruppe therefore enabled the key individuals to meet with a client before release to discuss the critical issues surrounding the individual. These groups allow the professionals involved in a client's case to understand their responsibility and the work they will undertake on the behalf of or with the client. The client must decide if they want to have an Ansvarsgruppe as ultimately it is for their benefit and they must have an element of responsibility themselves, “*All clients living here always get the offer of the Ansvarsgruppe. If they want one, we can arrange them.*” (CO2, 167-168). Overall, professionals perceived the responsibility group as useful to clearly map the clients' needs and to outline the duties of the other professionals, but typically these groups were not used very often.

Arrangement constraints

On occasions the staff did account for the difficulties in arranging the Anvarsgruppe (see downward arrow in Figure 4.4). Similarly, professionals also believed the number of Anvarsgruppe meetings should be increased, “*We should have had more Ansvarsgruppe meeting.*” (N1, 196). Although it was a client’s choice if they wanted a responsibility group, on occasions the staff experienced arrangement constraints due to a lack of time or inability for other professionals to attend. These meeting were important closer to a client’s release to create a strategy for the service personnel in a client’s case.

4.2.4 Subject

The subject component has been presented with the intention to not only articulate the specific professionals in the activity, but to also capture the inner attitudes such as their values and ideals of the work with the clients’ mental health challenges (see Figure 4.5). The emerging theme of the subject is characterised by the Contact Officers, Social Workers and a Nurse at the transitional residence and the *values/philosophy to normalise clients.*

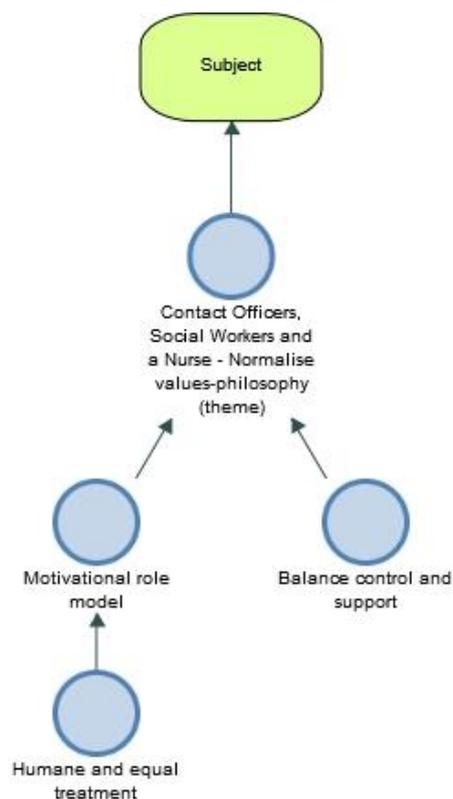


Figure 4.5 A conceptual map of the subject represented by the front-line professionals and their values and ideals at case study one.

4.2.4.1 Theme 1 – Contact Officers, Social Workers and a Nurse - Normalise values/philosophy

As outlined earlier, the front-line professionals encompassed a balance of Contact Officers and Social Workers, but also one Nurse whose background incorporated pharmaceutical training. Behind these job titles, the term normalise was determined by their mutual philosophy and values to provide a “*normal*” life for the clients. The basis of the professionals’ inner attitudes was to aid a client’s return to society and prevent them from returning to prison in the future. Similarly, professionals acted as motivational role models and treated the clients humanely and with equality to pursue the prime objectives. The staff also accounted for balancing the measures of control and support to undertake their daily work.

Motivational role model

Mutually the staff accounted for their values and philosophy to be motivational role models. Clients were encountering complex difficulties, including mental health challenges, and therefore their professional ideals were to instil each person with self-belief and to build their confidence. Despite having differing backgrounds or job titles, there was a commonality among the workforce. Each professional wanted the best for the clients as the long-term vision was to help normalise them rather than feeling restricted by the prison sentence. The staff wanted to be people that the clients were able to look up to and be motivated or guided by to initiate change for the better. A professional would get to know a person’s difficulties or “*flaws*” and attempt to influence positive behaviour by providing “*love and care*” (SW1, 293), rather than excessively exerting punishment as they will shortly be released back into society.

“that we do our best to make, to help people become their best, becoming someone’s neighbour, going back into society and you don’t do that by punishing obviously but by helping in some way.” (CO2, 269-270).

The staff offered the clients the utensils for them to have a normal and positive life while residing at the transitional residence, “*we also have also better possibility to influence them, to maybe do some positive things for themselves.*” (CO3, 99-101). The shared beliefs were to work with people who come from complicated backgrounds and to be a role model who motivated people in prison and to normalise their lives, “*there is more normal life here for them.*” (CO4, 329).

Humane and equal treatment

Treating people in prison humanely and equally was also an essential feature for the staff. The staff limited boundaries between them and the clients to produce equality through simple gestures such as greetings, leaving the office door open for clients to chat freely, watching films, cooking and eating together, and allowing clients to move freely around the prison to live as normally as possible. These mutual outlooks were not to treat clients as if they were being watched, but to reinforce a personable and humanistic approach. Similarly, the staff refrained from being authoritarian to ensure there were limited boundaries and to reinforce a mutual respect between one another. On a personal level, the staff respected a client’s privacy and foresaw the importance of their normal treatment to focus on a

client's future rather than their past, "*I think it's more of the personality and how we treat people.*" (N1, 370). The use of first names or the use of terminology such as clients or residents rather than offenders or inmates was also important to be compassionate and reinforce this humane and equal treatment.

Balance control and support

Furthermore, the outlooks of the staff were to balance the measures of control and support. The concept of "*time*" was crucial for the staff to undertake the supportive work with each client. Typically, security incidents were limited at the prison and therefore saw this as important to increase the possibilities for support to occur. Additionally, the ethos of the professionals was to ensure clients behaved and acted in an appropriate way. As the prison represented the last stage of a prison sentence before release, the common philosophy was that clients were to behave normally as they should if they were living in the community. Thus, the communal perceptions of the prison were that it was a type of residential home within the community rather than merely being a prison. Therefore, balancing the measures of control and support were to normalise a client's life by having the "*peace of mind*" and tranquillity while finishing their sentence, "*I mean the point is to normalise everything, you can't just have the prison thinking all the time, you have to get the other side too.*" (SW2, 449-450).

4.2.5 Community

The component community has been conceptualised by Figure 4.6, representing the professionals' involvement with other services and personnel while working with clients' mental health needs. Two themes resonated including having *indirect involvement the health, welfare, criminal justice and third sector organisations*, and a second theme of an *unintegrated service model*.

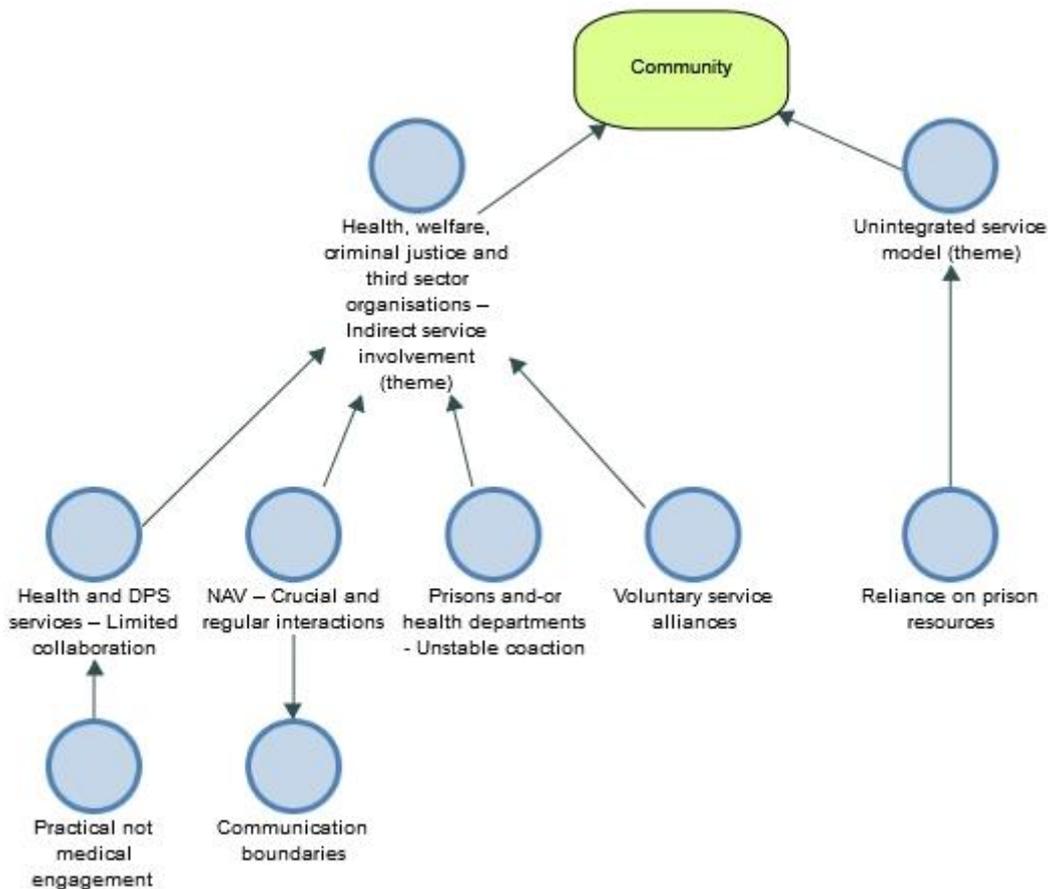


Figure 4.6 A conceptual map of the community demonstrating the involvement of the front-line professionals with other services at case study one.

4.2.5.1 Theme 1 – Health, welfare, criminal justice and third sector organisations - Indirect service involvement

As the first theme, the staff at the transitional residence had indirect involvement between themselves and other services including health, welfare, criminal justice and third sector organisations. Although general contact with other services was important, the clients were the ones who were engaging with these services. Therefore, the staff had indirect engagement with other professionals as contact was predominantly via email or the telephone. For example, collaboration with the health or DPS services (i.e. the specialised adult mental health service) was severely limited and did not occur often. Typically, when engagement occurred it was for practical rather than medical reasons. NAV (i.e. the labour and welfare service) was envisaged as a key service to be involved with and contact was also usually via email or the telephone. The complexity of NAV created conflict for the professionals, as they needed to get through the complex boundaries of this service to initiate communication. Involvement with other prisons on occasions was also found to complicate matters when the transfer of a client occurred. In extreme cases, professionals found there to be an unstable coaction between other prisons as key information was not shared. Lastly, the staff had alliances with other voluntary services such the Red Cross.

Health and DPS services – Limited collaboration

The health and DPS services were labelled together as both services functioned with the same purpose – to work with the clients' health or mental health needs. Despite this, the staff at the transitional residence typically had limited collaboration with these services because the clients would be expected to maintain this involvement themselves. A professional may initiate contact with either service, but this was usually indirectly via the telephone to gather information about a new client. Professionals recognised the importance of both the health and DPS services for the support they provided for a client's mental health. Despite this, involvement with the health or DPS services rarely occurred. The limited collaboration with these services was considered necessary, as it was not typically part of a professional's day-to-day work because it was the clients who were working directly with these services.

“No it's not like we are working with DPS, it's like me working with that person and DPS working with that person, it's more like parallel.” (SW2, 289-290).

The staff acknowledged that a referral for mental health support from the Doctor to DPS can take many months due to the long waiting list. In rare circumstances, a client may require urgent attention and therefore a staff member at the prison may attend an appointment to ensure the client received the care they required. Collaborating with a Doctor or Psychologist rarely occurred but was also occasionally important to request certain health information from these services. Consequently, collaboration was limited as contact was not required with either service and weeks or months could pass without interacting with these services, “*Very rarely, DPS, they haven't got as much time.*” (SW3, 165).

Practical not medical engagement

In rare situations when staff engaged with the health or DPS services these interactions were for practical rather than medical reasons. To elaborate, a professional may assist in practical arrangements such as appointments rather than interfering in medical matters, “*More practical usually. I wouldn't be involved in the actual health issues, no, that's very strange if that happens for specific reasons.*” (SW2, 266-267). In extreme circumstances, clients may require attention from a specialised professional as they were experiencing mental health issues. The staff would therefore instigate involvement with the health or DPS services as a matter of urgency by transporting the client to an appointment. Despite this, involvement was usually to explain the client's details to a practitioner, “*I've been with somebody to the Doctor, if it's a crisis I'll be going with them outside and then I can explain.*” (CO1, 146-147). Mental health care was generally tended to by a client themselves, but the staff would be on hand for practical phone calls or involvement at appointments if need be. The professionals would be aware of a client's engagement with both of these services to know their scheduled appointments rather than obtaining medical details.

NAV – Crucial and regular interactions

As the labour and welfare service in Norway, the prison-based staff regularly interacted with NAV and this service was critical for the provision of welfare such as benefits and housing support, “*Especially NAV.*” (CO1, 164 and 197). Although the focus of this study is regarding mental health, NAV was a key service to have crucial and regular interactions with and to work with a client's social needs, “*we have to work with NAV, we are mostly working with NAV.*” (CO4, 144-145). Interactions among the staff and NAV commonly occurred indirectly via email or telephone. Even so, NAV was indicated to be a key service to receive vital necessities to progress in life. For example, clients were able to obtain financial support from NAV to cover the rent they must pay while residing at the prison. Additionally, clients were obligated to have either a job or undertaking an educational course. Importantly, NAV was also able to cover 50% of the salary from a client's employer and support sourcing accommodation ready for release, “*We have very much cooperation with NAV, mostly the persons here don't have a place to live when they're finished, and that's only one thing.*” (CO3, 150-151).

Communication boundaries

The complex boundaries of NAV constrained efforts to initiate communication (see the downward arrow in Figure 4.6). Interacting with NAV was complicated as this organisation had many offices all over the country. The NAV office responsible for a client was therefore located in their home area before entering prison and therefore the relevant NAV office needed to be found. Each NAV office also followed different procedures rather than having a unified approach and this created difficulties for the prison staff to initially interact with NAV. As the primary form of contact was via email or telephone, the staff found it extremely complicated to communicate with the correct office.

“it could be quite different, the communication and the answers and the things we can accomplish in that certain NAV office compared to a different one.” (CO2, 227-228).

The communication with NAV was generally problematic as correspondence was slow and staff found it challenging to have an in-depth knowledge regarding NAV and how each office functioned. For example, receiving support for benefits or searching for accommodation can function differently across each NAV office and therefore this became increasingly time consuming for the prison staff. The boundaries of NAV were found to be increasingly bureaucratic and impeded communication with the responsible office and NAV employee.

Prisons and/or health departments – Unstable coaction

The staff also worked with a client's previous prison and/or the health department within that prison. Collaborating with these other prisons was important to aid the transition of a client through their sentence. On occasions, contact would be instigated when a client was transferring to the transitional residence to obtain relevant information about their background or relating to a client's health or mental health history. Despite this, there was an unstable coaction between the prisons and or/ their health

departments as they would not always collaborate willingly or share information regarding a client's medication or mental health history. There was found to be disparity between the action of other prisons and the transitional residence as staff had to seek out this information rather than a formalised system being in place, *"try to get most information within. But it's not a system, it doesn't exist, that's my opinion."* (N1, 32). The ambition was that this information was accessible and would follow the client as they transitioned through the prison system, and if not, the previous prison and/or their health department would be obligated to share this information. Thus, each prison and/or the health department had differing approaches and may not share the information required by the front-line staff, *"it's not easy for me to call because I don't know them. If they came from another prison I don't know."* (CO1, 275-276).

Voluntary service alliances

The staff also worked with a diverse range of services which were mostly voluntary such as the Red Cross or Way Back. These third sector organisations were useful contacts for the clients and the transitional residence had developed alliances with each of them. These organisations were crucial for the clients to undertake activities or attend social gatherings. Staff would regularly interact with these organisations via the telephone or casual meetings to arrange networking and therapist appointments for the clients, *"We use them a lot, both as a kind of therapist and also as a networking for our clients."* (CO2, 188-189).

4.2.5.2 Theme 2 – Unintegrated service model

As the second major theme, the front-line professionals experienced an unintegrated service model as they were reliant on their own resources at the prison. In this case, the staff and clients had to work with services that were located in the community. Many of the professionals had extensive experience in the criminal justice system to contrast between the differences at the transitional residence, and previous institutions that had the wide range of services available within a prison.

Reliance on prison resources

As the transitional residence had an unintegrated service model, instigating engagement with other services relied on the resources at this prison rather than other service personnel visiting the prison. Hence, the work at the prison was primarily between the clients and front-line staff as there was not a formal agreement between the prison and other services. The clients would therefore leave the prison to obtain the services they required in the community, *"when they arrive here we don't have this Psychiatrist in this place, so they have to go out talk to their own Doctor."* (CO4, 23-24). The professionals occasionally experienced the burden of having to rely on their own resources. In this case, the staff had to instigate involvement rather than it being initiating by the personnel in the community. For example, larger closed prisons had a NAV employee located within the prison, whereas the staff at this transitional residence relied on their resources at the prison to instigate involvement with other external services.

4.2.6 Rules

The subsequent component articulated the rules, regulations or norms utilised by the front-line staff. Figure 4.7 accounts for the two themes including the *fluid work management* and the *intricate confidentiality procedures*.

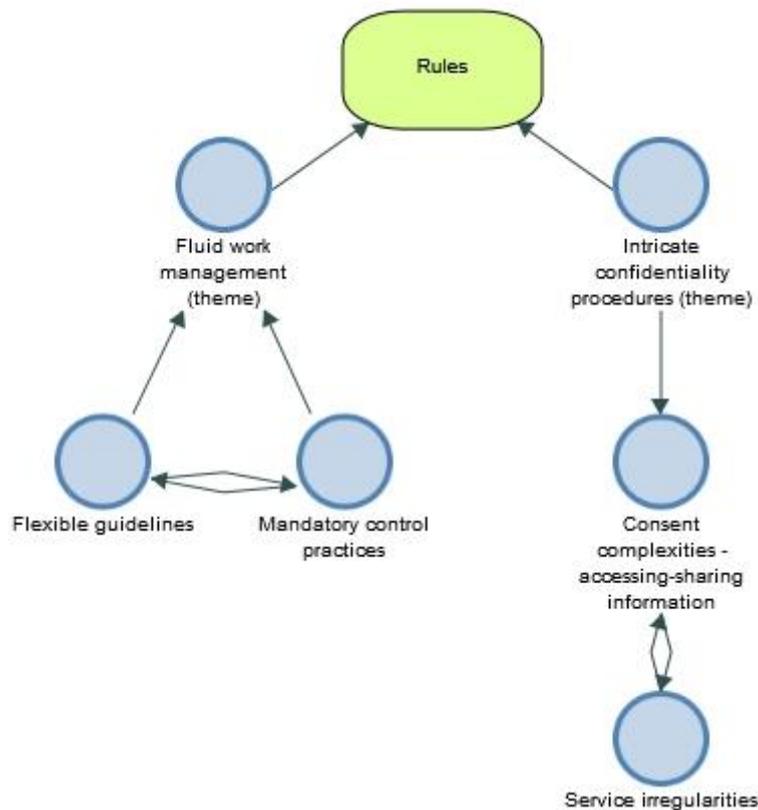


Figure 4.7 A conceptual map of the rules demonstrating the rules, regulations or norms utilised by the front-line professionals at case study one.

4.2.6.1 Theme 1 – Fluid work management

The first theme was a fluid work management as the staff had self-control rather than them having certain strict procedures or instructions to follow each day. Due to the complexity of each client, the staff utilised flexible guidelines to have fluidity with each person's unique needs. The staff also balanced this flexibility with mandatory control procedures such as undertaking drug or alcohol testing to ensure the clients' adhered to the requirements of their prison sentences.

Flexible guidelines

The staff at the transitional residence utilised flexible guidelines which allowed them to have self-control over their day-to-day work. To reinforce the fluidity of their work, professionals were able to work intuitively rather than following obligatory rules or repetitive routines. The norms of the staff were determined to be flexible rather than having to adhere to certain routines commonly experienced at a

closed prison, “*I think that we all have routines that we have to do, but of course we are more flexible here in prison.*” (CO1, 258). Thus, as several clients had been in prison for many years the staff utilised these flexible guidelines to use their own intuition, and for the clients to have the liberty to counteract the institutionalisation which may have occurred. The staff utilised these flexible guidelines to maximise the support to each client. Therefore, this independent working was beneficial for the staff to prevent them from feeling overwhelmed or overburdened, “*It's quite free, I like that a lot.*” (SW2, 241).

Mandatory control procedures

The staff balanced these flexible guidelines with certain control procedures to complement their day-to-day work and ensure clients complied with the requirements of their prison sentences. The justification for these mandatory procedures was to facilitate a structure for each client and an element of control. For example, this included weekly checks on the cleanliness of their bedrooms, weekly checks that clients were at their place of work or study, and drug or alcohol testing. These control procedures were important measures to not lose perspective of the purpose of the prison or the obligations of a prison sentence. Although these procedures were mandatory, the staff still accounted for the fluidity of their work as clients abided by these procedures rather than having to enforce them. Similarly, the staff contrasted their work at the transitional residence with work they had previously undertaken in other prisons where security issues had a higher profile, “*It's way more about security, it's uniforms, it's keys, you open you close, you don't really have time to talk to anyone.*” (SW2, 370-371). Thus, these rules at the transitional residence were to reinforce the supportive work with a client rather than merely enforcing control or for security reasons.

4.2.6.2 Theme 2 – Intricate confidentiality procedures

As the second theme of the rule component, professionals accounted for the intricate confidentiality procedures which they adhered to. Working with other services regularly required pragmatic responses. Consent was therefore found to be a complex issue and occasionally constrained accessing or sharing information regarding clients' needs (see the downward arrow in Figure 4.7). Similarly, these challenges were accentuated due to irregularities across services and their use of consent. For example, an external professional or service would sometimes be willing to comply to this consent, but on other occasions they would not.

Consent complexities – Accessing/sharing information

The staff regularly noted these confidentiality procedures and consent, referred to as the “*taushetsplikt*”. Consistently the staff experienced the complexities in using the consent of client to either access or share their information. In the first instance, a client would sign a consent form to enable the staff at the transitional residence to contact other services on their behalf. A client would usually be willing to give consent as they wanted to obtain the professionals' assistance in this process, but at times it was still challenging. These complexities were due to the procedures the prison and health services followed

and the resulting bureaucracy. For example, other services from the health system followed a separate and complex procedure that occasionally complicated the accessibility or sharing of information.

“then again it's the bureaucracy that often puts a stop to it, because...every place it's different.” (SW3, 120-121).

These consent complexities occasionally caused friction in terms of the flow of information. For example, the “*taushetsplikt*” may have been signed by a client to enable a professional to contact the health department at their previous prison, “*they are signing a paper if they want us to talk to their Social Worker, the Doctor and stuff like that.*” (CO4, 175). Although this consent had been signed, it did not guarantee accessing or sharing of information as other services had their own confidentiality procedures to abide by.

Service irregularities

The complexity of the consent was found to be dependent on each individual service. For example, these procedures varied across other services or prison-based health departments and their service personnel, “*It varies a little bit, some prisons are very restrictive and won't say anything, and some prisons are more open.*” (CO3, 40). The staff at the transitional residence may wish to contact a Doctor or Psychiatrist, but the staff experienced irregular responses. On occasions a health professional would be willing to share or allow the access to certain information, but contrastingly other personnel would be stricter. The consensus was that these procedures were used subjectively which created these irregular responses.

Obtaining consent with NAV was generally simple as the staff would sign, scan and fax this form and information would easily be shared. Oppositely, on occasions the staff encountered difficulties when they attempted to collate information about a client's mental health. The health-related services were generally determined to be sceptical as sending a client's consent did not guarantee information being shared. The justification was that irrespective of this “*taushetsplikt*”, it did not permit a Doctor or other specialised mental health professional to disclose sensitive details about a client. Evidencing the intricacy and irregularities of these procedures, increased consistency was called for as this information was deemed useful to have a more informed understanding of a client's difficulties.

4.2.7 Division of labour

The final component, the division of labour, has explored how the front-line professionals' work was distributed. Figure 4.8 presents two clustered themes including the *common professional competencies* and the *passive prison functionality*.

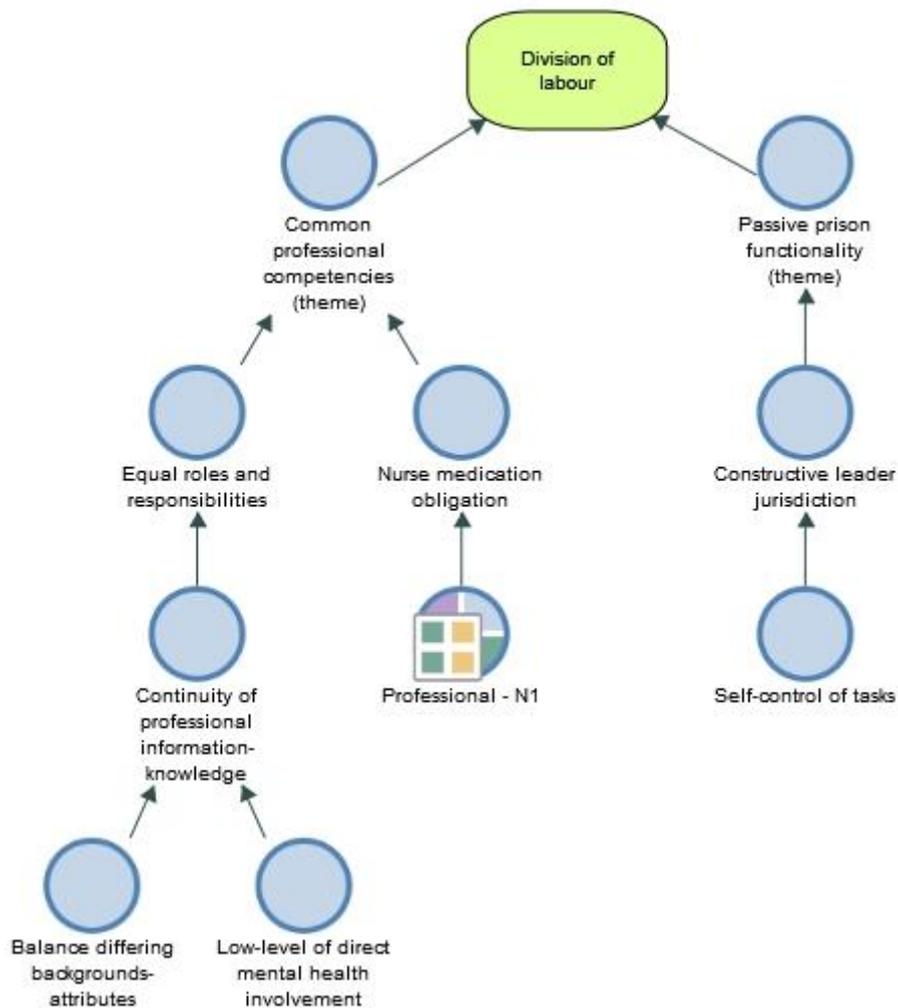


Figure 4.8 A conceptual map of the division of labour demonstrating the distribution of work among the front-line professionals at case study one.

4.2.7.1 Theme 1 – Common professional competencies

As the first theme, the front-line professionals conceptualised the commonality of their professional competencies. Despite their differing job titles, the staff noted the equal distribution of their roles and responsibilities at the prison instead of being formally distributed or allocated. Similarly, having this unity fostered continuity between professionals through sharing information or knowledge. To reinforce their common competencies, this continuity ensured the staff balanced their differing professional backgrounds and attributes attained through their contrasting educational backgrounds. Despite this, they also articulated the lack of direct involvement with a client’s mental health, as it was not considered their specific role or lacked the relevant competencies. Notably, one key difference was the responsibility of the Nurse (N1) who had the obligation of handling and managing the clients’ medication.

Equal roles and responsibilities

The staff at the prison were all employed by the Correctional Service and had virtually identical roles and responsibilities, *"We all do the same job."* (CO4, 142). In principle, the professionals' differing job titles were defined by the education or training undertaken and the qualifications obtained. Despite the varying job titles, the day-to-day roles were inherently the same as the staff followed the same duties or tasks, *"All the people working here have different educational backgrounds and we do exactly same, we have all the same tasks."* (CO2, 128-129). Each professional was allocated 2 or 3 clients that they were working with closely. If a staff member was working a night shift pattern or was away on holiday, the other staff members would step in to maintain any tasks that needed completing during the day. There was virtually no difference between the professions at the ground level. They had equal roles and are responsibilities without thinking about their specific professional titles, *"We do the exact same things and we work in the same way so I don't really think about that."* (SW2, 184-185).

Continuity of professional knowledge/information

To benefit the working environment, the staff continuously informed one another of their daily tasks by sharing useful knowledge or information. For example, a professional may seek advice or guidance from another professional with more experience or knowledge of a specific task. Similarly, there was continuity of information through regular discussions and to reflect on one another's interpretations or opinions.

"I can ask a colleague 'Have you noticed the same change as I have in this person?' I think that is important as my obligation to make sure that my colleagues...if they notice the same." (SW3, 88-90).

Moreover, the equal distribution of roles and responsibilities aided the flow of information. Utilising the experiences and knowledge of the different professionals was beneficial to work with the complex needs of a client. For example, the staff shared their knowledge and information to ensure there was continuity and to reinforce a unified approach. These details were shared regularly through open discussions to critically evaluate a client's circumstances and to make collective decisions, *"Everything from if a person has cut their hair to a more important information it gets shared."* (CO3, 133-134).

Balance differing backgrounds/attributes

Importantly, the workforce had a 50/50 balance of predominately Social Workers and Contact Officers. The differing types of professions were employed to balance the working environment that included a prison based or social work education. By undertaking similar tasks, the different backgrounds or attributes of the staff enabled them to utilise these varying qualities to maximise a resolution for the personnel and the clients, *"we see a little bit different, if I was just working with Prison Officers we have our things, we see different because we are from different backgrounds."* (CO4, 136-137). The term *"tverrfaglig"* which translates to mean interdisciplinary or interprofessional, was an important term at the prison. Thus, the purpose was that both Contact Officers and Social Workers were employed at the

prison to have a balanced framework. Each type of profession may have undertaken a different education and background, but the staff ensured they worked collectively and in unity. Therefore, the staff utilised their different backgrounds or attributes such as welfare skills from the Social Workers or law knowledge from the Prison Officers to reinforce their common competencies.

“we could easily make each other strong with different backgrounds. But yeah in one way you could see that some people are more confident in how you could talk to somebody, or maybe with the laws because you know that area better.” (SW1, 143-145).

Low-level of direct mental health involvement

The staff noted that they had a low-level of direct involvement with a client’s mental health needs. Mental health challenges in the Correctional Service were considered wide-ranging and common, but it was unlikely that the staff had direct involvement with these difficulties. The perception was that the staff were aware of the importance of positive mental health, but they had not developed the competencies to work directly with a person’s challenges. Similarly, the transitional residence was not regarded as an institution to provide treatment for mental health difficulties, “*We maybe cannot treat in that way here.*” (CO3, 82-83). Consequently, the staff were either not qualified and competent to work with mental illnesses or that people encountering these severe challenges would not be transferred to the transitional residence in the first instance. Additionally, the premise of a professional was to understand a client’s mental health history or to generally talk about their well-being, “*We can’t have people who are that sick here, because they would be too much of a responsibility, everyday checking the room ‘Is he still alive?’ we can’t handle that.*” (N1, 103-104).

Nurse medication obligation

Although this case study personified a commonality of the professionals’ competencies, the Nurse (N1) at the transitional residence was obligated to organise and manage the clients’ medication. The Nurse self-defined themselves as being in-between a Nurse and a Social Worker. Similarly, they referred to themselves as a “*Vernepleien*” which translates as a Nurse. The Nurse had a unique role at the prison as their background encompassed pharmaceutical training, and this professional was therefore responsible for handling and managing the clients’ medication each week. The Nurse also had access to information that specified the reason for the medication (e.g. depression, ADHD, a psychological illness, sleeping problem, anxiety, pain killer). Although the medicine list was easily accessible, it is considered unlikely that other staff members would know the details regarding the medication or specific diagnosis. A Doctor provided a medication list describing the medication and its purpose. The list would be handed to a client and then passed onto the Nurse to organise and distribute the medicine. Notably, the other staff members are only allowed to distribute the medication and cannot handle or organise the medicine as they are not trained or competent to do so

“I’m the only one who is allowed to put medicine in the dusset, because that’s my profession as a Vernepleien. Nobody else is a Vernepleien or a Nurse so they can’t do it.” (N1, 123-124).

The Nurse expressed having this responsibility as an obligation rather than a privileged task due to regularly experiencing difficulties. For example, it was common for a client to transfer to the transitional residence without the relevant details of their medication. Additionally, if the Nurse was on leave then the prison leader was obligated to undertake this task and it was not undertaken adequately. The Nurse expressed a need to have two other staff members trained to manage the medication, as this task was regularly stressful. Despite undertaking this task to the best of their ability, this professional consistently experienced the burden of being solely responsible.

4.2.7.2 Theme 2 – Passive prison functionality

The second theme entailed having a passive prison functionality. The term “*passive*” here refers to the distanced but trusting approach of the prison management. Instead of being overly domineering or authoritarian, the management acknowledged and respected the abilities of the staff to undertake their day-to-day work independently. Although at times the leader or other management would balance this with being assertive to reinforce certain tasks or routines, the overall conception was that this passive function was to ensure the staff had the autonomy to upkeep their own duties. Additionally, functioning this way was to build a positive and close working relationship among the entire workforce which allowed the professionals to value their own discretion and input rather than always being micro-managed. The prison management were found to use their jurisdiction constructively which allowed the staff to have self-control of their daily tasks and routines. The function of the prison implemented a passive approach allowing the front-line professionals to have an increased ownership of their day-to-day work.

Constructive leader jurisdiction

The prison leader was considered to use their jurisdiction constructively without excessively exercising authority or delegating tasks. The leader allowed the professionals to work independently and the ability to make their own decisions. The leader’s jurisdiction was influential to ensure the professionals could work collectively instead of being micro-managed, “*I think for our boss that’s some of his main goals that we are, that we could easily make each other strong with different backgrounds.*” (SW1, 143-144). The leader was an important figure by being personable with both staff and clients each day. Typically, the leader would take charge of meetings and discussions, but the opinions and dialogue from the staff were of equal importance. On occasions, votes would occur to allow the staff to make decisions that would ultimately impact their daily routines. Similarly, the leader would develop prison activities or other useful items that were beneficial for the work with the clients. For example, the Målkart tool was developed by the prison leader as an adaptation of the future plan or individual plan to ensure this tool was concise and useful for the staff. Therefore, the management and ground level staff were able to develop a strong bond to work on friendly basis rather than having an overly domineering relationship.

“It’s fairly close relations with the managers, the leaders, I think that maybe that would be more difficult in other prisons where there’s much more staff, maybe the administrative has got the whole building and things like that.” (SW3, 180-182).

Self-control of tasks

The leader's constructive jurisdiction allowed the staff to have self-control over their daily tasks. On occasions the leader may have requested for a specific task to be completed, but the consensus was that the staff were in control and had the freedom to undertake their work as they wished. Consequently, the staff had ownership over their work rather than adhering to predefined routines or being micro-managed by the prison management, "*there's no micromanaging, I get to control my own day.*" (SW2, 234-235). The client's daily routines varied due to their working patterns and therefore the staff adapted their tasks to accommodate to the schedules of each client. Furthermore, the professionals had a strong and close relationship with the prison management as there were just a few hierarchical levels – the front-line staff, two deputy leaders and a prison leader. In comparison to other prisons, this was a small unit that had a flat administrative hierarchy and the ability for them to liaise easily with the leader. Reinforcing the passive function of the prison, the leader's constructive approach ensured the staff had the capacity to self-control their tasks and to work closely together.

"the structure is quite flat, it's not a hierarchy, if you're wondering about something, you should rather talk to colleague than talk to [the prison leader]." (SW1, 189-190).

4.3 Conclusion

The main findings of the first case study have explored and demonstrated the organisational work of front-line professionals with inmates, also known as clients, and their mental health needs. Through the underpinning theoretical framework of CHAT, these findings have illuminated the key themes that have accounted for this specific collective activity system at a transitional residence in Norway. In summary, the key themes included the objects of socialisation and accessing external services and the outcomes of release preparation and maintaining a prison ambiance. The tools utilised were the professionals' environmental skills and mapping processes. The subjects of this prison were Contact Officers, Social Workers and a Nurse who unanimously held the values/philosophy to normalise the clients. There was indirect service involvement with the professionals' community such as the health, welfare, criminal justice and third sector organisations, and this also encompassed an unintegrated service model. The key rules comprised a fluid work management and the intricate confidentiality procedures. Lastly, the division of labour revealed the common professional competencies and a passive function at this prison.

The subsequent chapter presents the main findings of the second case study. The research then progresses onto discussing the key propositions from both case studies to answer the research questions.

CHAPTER 5 CASE STUDY TWO

5.1 Introduction

The following chapter scrutinises the main findings of the second case study site. Case study two is also a Norwegian transitional residence, known as an overgangsbolig and was located in the east of Norway. There were 11 front-line professionals employed at the prison and space for 20 male inmates. Female inmates are not permitted to reside here as the prison accepts a portion of sex offenders to live here. As described in the first case, inmates were typically referred to as clients and therefore this latter term will predominantly be used.

The main findings of case study two are represented by the underpinning theoretical framework of CHAT, and the components of object, outcome, tools, subject, community, rules and division of labour. Through the exploration of each component, the purpose has been to employ CHAT as an analytical lens to describe the collective activity system and explicitly front-line professionals' organisational work with the mental health needs of inmates. The use of this theoretical framework has been to present detailed analysis of the prison site, that will assist in extrapolating and theorising the on-going interprofessional collaborative practice (ICP) to answer the research questions.

5.2 Main findings

The main findings have been presented using a template and the emerging themes from the data (see Figure 5.1). The template of the second site evidences various similarities to the first case study. Even so, these findings are presented to ensure that the research effectively accounts for the commonality or discrepancies at both residences, and to reveal the intricate details that are relevant to answer the research questions. Conceptual maps are presented to explain the complex clustering of themes, hierarchy and the emerging relationships. To comprehensively capture the main findings, quotations are used which effectively represent the emerging template and theme intricacy together with the use of quotations and the interview transcript line number. These segments represent each professional interviewed such as the Social Workers (SW1, SW2, SW3 and SW4) and Contact Officers (CO1 and CO2).

- Object**
 - Socialisation (theme)
 - Submissive re-evaluations and monitoring of clients' needs/lifestyle
 - Tailored one-to-one social support
 - Importance of relationships
 - Empower clients
 - Logging paperwork
 - Accessing external services (theme)
 - Connecting clients to community resources
 - Client self-managing
 - Varying threshold of need
- Outcome**
 - Reintegration (theme)
 - Preparing/adapting clients to society
 - Clients' responsibility
- Tools**
 - Environmental skills (theme)
 - Regular reflexive conversations with clients
 - Internal and external activities
 - Social observation
 - Mapping/reviewing processes (theme)
 - KOMPIS – Update and inform client information
 - Insufficient personal/health data
 - Målkart – Progressive plan for clients' needs
 - Professional meetings – Dialogue to examine each client's status
 - Historical information – BRIK, Doculive, sentencing documents
 - Ansvarsgruppe – Lack of demand
- Subject**
 - Contact Officers and Social Workers – Reparation values/philosophy (theme)
 - Second chance – Respect and impartiality
 - Recognise clients' narratives
 - Balance security and support
 - Prison structure – Staff work ethic adapts to unit orientation/design
- Community**
 - Health, welfare and third sector organisations – Unintegrated and indirect service involvement (theme)
 - Health and DPS services – Limited collaboration
 - Practical not medical interactions
 - NAV – Frequent welfare contact
 - Communication boundaries
 - Voluntary services – Building social skills/network
 - Criminal justice interactions (theme)
 - Probation Service – Release arrangements
 - Prisons and/or health departments – Establish client history
- Rules**
 - Dynamic practices (theme)
 - Adaptable working routines
 - Compliance procedures
 - Client offence – Heightened restrictions
 - Victim/client initiatives
 - Intricate confidentiality procedures (theme)
 - Service consent boundaries – Accessing/sharing information
- Division of labour**
 - Unified professional functions (theme)
 - Equal roles and responsibilities
 - Close-knit working relationship – Balance differing backgrounds/skills
 - Continuity of professional information/knowledge (not overshare)
 - Flat organisational hierarchy (theme)
 - Leadership style – Democratic and directive
 - Self-control of tasks

Figure 5.1 The final template of case study two underpinned by the theoretical framework of CHAT and its components.

5.2.1 Object

The object of the front-line staff has been conceptualised through two key themes including *socialisation* and *accessing external services* (see Figure 5.2).

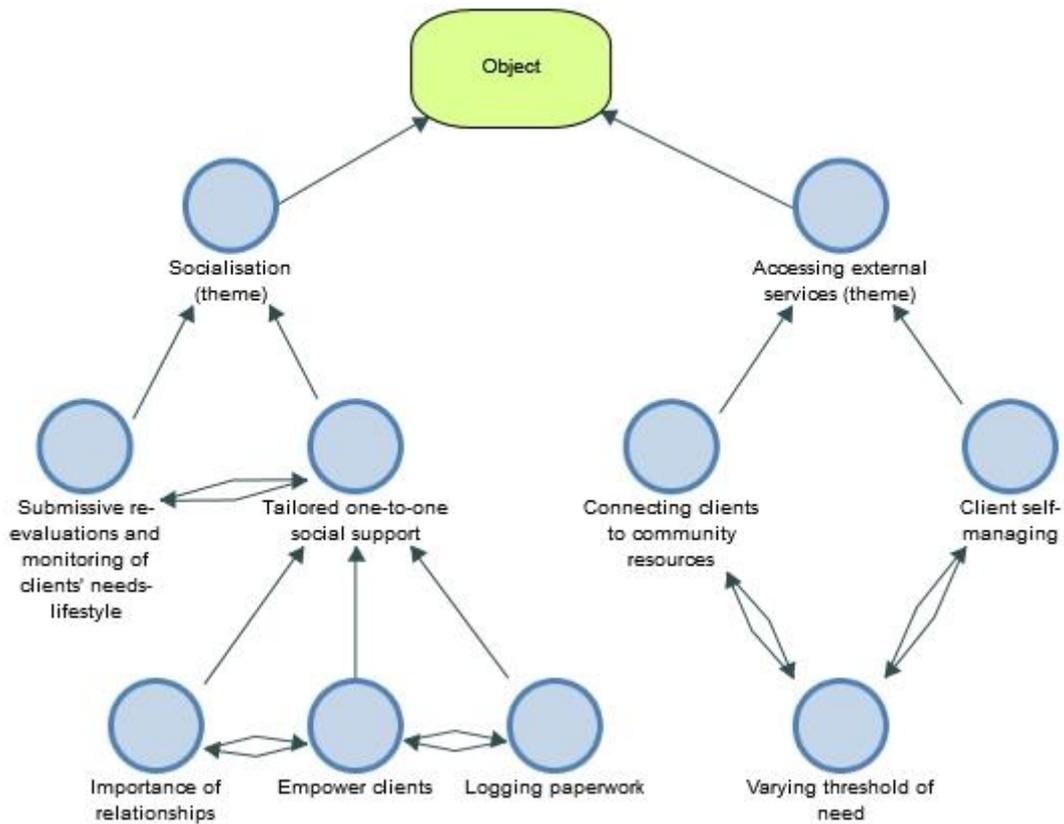


Figure 5.2 A conceptual map of the object at case study two demonstrating what the front-line professionals were working on and intending to achieve.

5.2.1.1 Theme 1 – Socialisation

As the first theme, the staff concentrated their efforts on the socialisation of the clients living at the transitional residence. The staff ensured they understood how the clients were feeling and the daily activities they had undertaken to submissively re-evaluate and monitor each client's needs and lifestyle. They also provided specific one-to-one support for each client. Similarly, each staff member was allocated 2-3 clients and therefore they worked closely with each client to provide tailored one-to-one social support. Staff noted the importance of having a relationship with a client to develop the trust and openness between the two groups, promoting the clients' empowerment to reflect on the best opportunities for them, and the formal paperwork that needed to be completed. Communally, the socialisation was a process of working with the clients and promoting positive actions at the transitional residence and in the community.

Submissive re-evaluations and monitoring of clients' needs/lifestyle

A central aim of the staff was to ensure they understood each client's needs and lifestyles while they resided at the prison. Staff undertook unassuming re-evaluations and monitoring of the clients in order to stay up to date with the client's daily routines. By regularly monitoring a client, the professionals' intentions were to gauge a client's mood and behaviour, "*how they behave, how they are, how they interact with other clients, while they are at the overgangsbolig*" (SW1, 28-29). The key intentions were to keep track of a client's progress. These submissive reviews typically occurred when a client returned from being in the community to maintain familiarity and to recognise if a client has any new problems which they required assistance with. The staff each had increased focus on the 2-3 clients they were responsible for, but ensured they also had a submissive awareness for all the people residing at the prison.

Tailored one-to-one social support

Staff continuously worked with the individual needs of each client by providing tailored one-to-one support. Adaptable approaches were used due to the different circumstances of each client. The tailored support was for general tasks within the prison such as cooking or cleaning, that a client may have struggled to undertake. In addition, this support was also for other formal procedures such as applications for permission to spend more time in the community.

"when my guy came here he was like 'Oh I don't know how to cook, I don't know how to wash my clothes' so we had a few dinners and I had to, what do you call it, iron, I had to iron his clothes, his shirts." (SW2, 85-87).

Staff ensured they were a supportive figure at the transitional residence to work closely with a client and "*be their person in this system.*" (SW2, 41-42). They paid close attention to the clients they had responsibility for in order to work on their challenges and to assist in other areas such as ensuring the client has a place to live or a job. They also provided advice about their finances or helped them with grocery shopping. Similarly, the staff were personable and engaged with a client's hobbies such as exercising or watching football matches together.

Importance of relationships

The staff noted the collective importance of having a relationship with all the clients in order to "*show them that we are here.*" (SW3, 25). Building a relationship with a client was an integral part of a professional's work as it increased the possibilities for the clients to confide in them about their lives. Thus, having a close social bond was important to build trust between one another and to allow a client to be open and talk about sensitive issues. It was important for the staff to get to know each client to ensure they had someone to talk with about their struggles.

“more important is that we show them ‘I am here for you, if you need me I am here, if you need me on my day off give me a call and I’ll come’, because that’s the way we work here.” (CO1, 232-234).

Noting the contrasting experiences of working in a closed prison, the staff articulated the repetitive nature of the job which inhibited the opportunity to develop a relationship with an inmate. Consequently, they now had the time to build these important relations with people in prison, “*we need to use time to build up a relationship in many cases.*” (SW1, 96). In the beginning of a client’s stay at the prison interactions were limited as the professionals were considered to be “*strangers*”. Staff therefore emphasised the importance of developing these relations to have positive interactions with the clients each day.

Empower clients

Empowering the clients was also key for the staff to encourage or advise the clients. The professionals ultimately wanted a client to take control of their lives but nurtured them gradually to take control and fix their problems themselves rather than solely relying on the staff, “*I can help find the number, I can help plan the conversation, but I think it’s best they do it.*” (CO1, 73-74). For example, staff did not want to dictate or make decisions for the client, but to empower them to think for themselves. For individuals encountering mental health difficulties the staff promoted the use of cognitive therapy. Additionally, clients who had committed sex offences were also offered free therapy via DPS (i.e. the specialised mental health service). Thus, the staff promoted the use of these offerings to help clients work on these challenges as part of their sentence progression. The staff therefore empowered the clients to think for themselves, to make their own decisions and to evolve as a person, “*they can do much more themselves and I think they grow on it.*” (SW3, 60-61).

Logging paperwork

Regularly logging paperwork was considered a key part of the daily work at the prison to document the clients’ circumstances. For example, this paperwork may include documenting information about what happened at the prison during the day or update information specifically about a client’s needs. As clients approached release, the staff would also log the different initiatives and support a client was working toward. Undertaking paperwork was also important for the prison statistics such as evidencing the number of alcohol or drug tests undertaken by a client during their time at the prison, “*The rest is kind of paperwork, that’s important for the statistics.*” (CO1, 20). Furthermore, there was determined to be a large amount of paperwork that needed completing each day. As clients were out in the community for the majority of the day, the staff would reserve time during these hours to complete their paperwork.

5.2.1.2 Theme 2 – Accessing external services

As the second theme, it was crucial that the clients were able to access the services they require which were based externally in the community. Clients therefore required assistance from the staff to connect to these community resources including the mental health services to work on their difficulties. Similarly, several clients were able to self-manage access to these services and did not require such heightened assistance from the staff. As each client had a varying threshold of need, the staff noted that their input would depend on a client's ability to access these services.

Connecting clients to community resources

It was imperative for the clients to be connected to the community resources. As many of the clients had spent several years in closed institutions, the staff knew it was important that these individuals had access to the specialised support in the community. For example, a client who had been in the prison system for over 18 years and was therefore unaware of how to instigate contact with other services such as DPS or NAV (i.e. the labour and welfare service). The staff would therefore help connect a client to the wide range of services they may need.

“try to get them into contact with the social services, helping them to get a place to live, a flat. We can also, [in] many cases be a part of these meetings where the client is the [one] required [to attend] by the social services or DPS.” (SW1, 66-67).

As clients were residing at a transitional residence, many opportunities were now accessible in the community rather than in prison. It was considered common for a client to have a lack of knowledge regarding the opportunities available to them in the community. On occasions the staff would help to setup these connections, as a client may initially be overwhelmed. For example, applying for welfare from NAV, “*Firstly we went to NAV to help him to apply.*” (CO2, 33). Helping clients to reach out to these resources was crucial as they may have difficulties or motivational problems to instigate such contact and a staff member could therefore ease the initial connection with these community services.

Client self-managing

A proportion of the clients were able to self-manage and connect themselves to these resources in the community. The staff were able to step back and allow the client to manage this process if appropriate. The professionals would still be aware of the services that a client was engaging with, but the client managing these connections themselves was best as they would be finishing their prison sentence shortly. As a notable point, the staff did not have the capacity to work with 20 clients with “*big needs*” and clients were typically selected as they were already strongly resourced to live at the transitional residence. Even so, the staff wanted to have a balance of clients that were capable as well as those who required increased assistance, “*it's good we take on some people who are resourceful and some who are not so resourceful.*” (CO2, 328-329). A large proportion of the clients were working with DPS

and they were able to manage this involvement themselves, “one of my person's is using DPS, but I don't have any contact with them, he does it all.” (SW3, 114).

Varying threshold of need

The involvement in accessing the external services largely depended on a client's varying threshold of need, “sometimes they don't require our help that much. It depends on the clients. It depends on their situation.” (SW1, 248-249). Professionals were aware of the institutionalisation that clients may have encountered from a previous institution. Thus, the staff noted the varying levels of need each client presented, “it changes all the time because I get new people in here all the time. It varies with the people that live here.” (CO1, 83-84). The input from the professionals would therefore depend on each of the clients and the level of assistance they required. In a unique circumstance, a client had to be returned to a closed prison, as their level of need was too high. The reason for this was due to the severity of the mental health illness they were encountering, and therefore this individual was unable to stay at the residence.

5.2.2 Outcome

The “desired” outcome of the front-line professionals was considered to be the *reintegration* of the clients (see Figure 5.3).

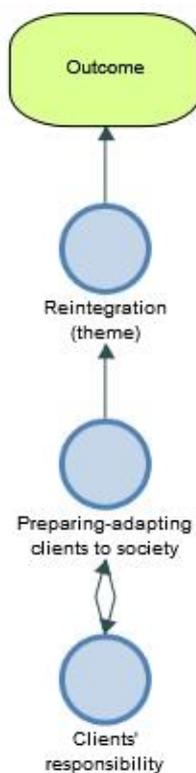


Figure 5.3 A conceptual map of the outcome demonstrating the desired accomplishment of the front-line professionals at case study two.

5.2.2.1 Theme 1 – Reintegration

The desired accomplishment was the reintegration of the clients by preparing or adapting them to live in the community. Irrespective of the work undertaken by the staff, it is considered to be the clients' responsibility, as they must have the mind-set to change if they were going to be ready for life outside of prison.

Preparing/adapting clients to society

As part of the reintegration process, the ultimate outcome was to prepare or adapt the clients to live in society, *"I think I accomplish to help them to be more ready for their release than they were when they came here."* (CO2, 285). The professionals adapted and prepared the clients to the freer conditions of the transitional residence which helped to replicate the life they will experience after being in prison and ease their impending release, *"So you make sure that everything is settled and it's more likely that the release will be smooth."* (SW4, 60). By progressively working with the clients up until their release date, the overarching outcome was that a client was fully prepared and adapted for the next chapter of their life, *"to just do the best I can for them here, and make them prepare for what comes afterwards."* (SW2, 50-51).

Clients' responsibility

The staff noted that it was the responsibility of each client to change if they were going to be ready for a life back in society, *"what I have realised that the change must come from their self."* (SW1, 376). The input of the staff may have been crucial, but the overall responsibility lay with a client if they have the mind-set or willingness to live back in the community. There was always expected to be a selection of individuals who would relapse back into the prison system, as the client had not achieved this change. The input from the staff could only go so far and they could not be held accountable for the actions of a client once they were released. Hence, the clients themselves must be open-minded about their problems to ensure they were ready for going back to society to evolve and change for the better. In a specific case a client was overly reliant on the staff at the prison and unable to undertake certain tasks or actions on their own. Thus, upon release it would be the responsibility of this individual if they were going to be successfully reintegrated.

5.2.3 Tools

The tools utilised by the front-line staff have been clustered into two themes including the *environmental skills* and the *mapping or reviewing processes* (see Figure 5.4).

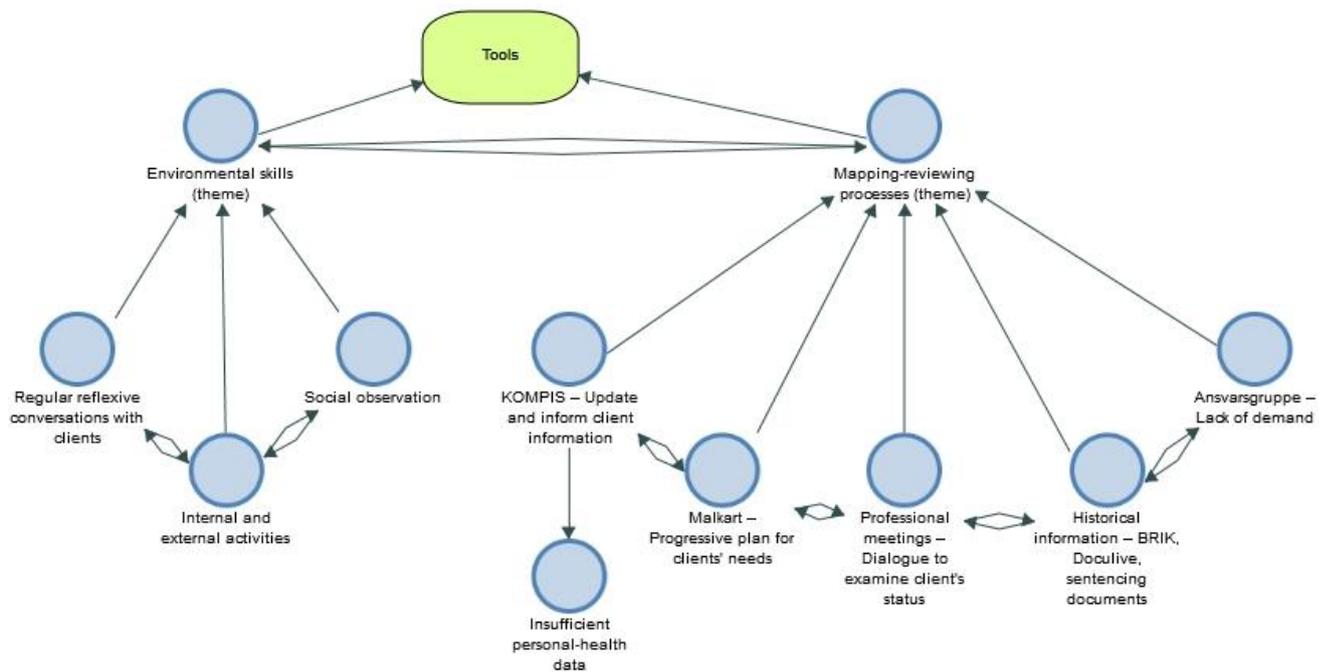


Figure 5.4 A conceptual map of the tools demonstrating the instruments utilised by the front-line professionals at case study two.

5.2.3.1 Theme 1 – Environmental skills

Staff utilised their environmental skills, also envisaged as “*social tools*”, in the prison and also in the community to socialise and stay up to date with the clients. These skills included having regular reflexive conversations through informal chats and formally arranged one-to-one meetings. Similarly, the staff utilised internal activities at the prison such as cooking or watching television together and also organising external activities in the community such as running or going to the cinema to create opportunities to socialise. Lastly, the staff utilised social observations to monitor behaviour or interactions occurring at the prison.

Regular reflexive conversations with clients

These environmental skills included regular reflexive interactions with the clients. These conversations occurred informally when a client returned from work to utilise casual opportunities to have small talk with the clients. Similarly, the staff organised meetings twice a month to have in-depth conversations. The planned discussions were equally important to have reflexive conversations about the client’s sentence, their crime, to talk about their feelings and thoughts of the sentence and victim impact.

“the conversations, the talks we have, when we sit in the living room, if they come after work and they want to have a chat, and the more controlled talks.” (CO1, 18-19).

These reflexive conversations were crucial to socialise with a client, reflect together on their difficulties and to provide advice. Staff described these conversations as important tools in the environment to

create opportunities to converse and generally how the clients were coping, “*I would talk to them, ask them, ‘Have they done it? How is it going?’ just to make sure that something happens.*” (SW3, 68-69).

Internal and external activities

The staff also utilised internal and external activities to socialise with the clients. The internal activities were organised to create proactive opportunities to interact with clients such as watching football or making food together, “*I try to be in front room, have a movie night, watch football, maybe make some food, try to make it nice to be here as well.*” (SW4, 338-339). Similarly, staff would arrange “*fremstilling*” activities outside in the community. The term “*fremstilling*” directly translates to “*escorting*”, but the staff used these external activities to maintain close contact with a client such as shopping or eating at a restaurant together. These activities were beneficial as it was stimulating for a client to have a conversation outside of the prison during a walk or run. By engaging in a client’s hobby or interest, a client was able to be relaxed and open to talk about sensitive subjects by being outside of the prison environment.

“I’m going to have fremstilling today, I’m taking three of guys out for a run, tomorrow my colleague is going to take them out for something, and on Sunday I’m going out again.” (CO1, 442-443).

Social observation

Social observation of a client’s behaviour and interactions was another key tool, “*we are trusting in observations, how the client’s reaction or mood is on that current day.*” (SW1, 26). By closely observing the clients, the staff were able to have an overview of a person’s personality, their interactions and any changes in behaviour and ensure they were able to respond accordingly. For example, the staff had observed sudden changes in a new resident’s behaviour as they had become increasingly depressed and were unable to work. By utilising their observational skills, the staff were able take action by increasing the observations of this individual and to ensure they received the appropriate support for their mental health.

“I think that when you have work like that you see people every day, and if someone had a change of behaviour then you would probably notice and then take action.” (SW4, 20-22).

5.2.3.2 Theme 2 – Mapping/reviewing processes

Staff utilised formalised mapping or reviewing processes as regular tools. These various tools complemented one another to utilise information that was useful to regularly map or review the clients’ needs. KOMPIS was an important digital computer-based tool that the staff used to update or be informed of a client’s information. They could use this tool to read about a person’s history or make their own journal entries. Despite this, KOMPIS had limited health information as it focused on behavioural or interactive comments by other prison-based staff. The Målkart was another mapping or reviewing

process to make progressive plans for the clients' needs. Professional meetings such as the shift changes or weekly staff meetings were essential to discuss each client's status by mapping or reviewing their progress. Similarly, historical information was mentioned to understand a person's background and map their history. Lastly, the Ansvarsgruppe meetings were occasionally used to bring a range of professionals together but there was a lack of demand for them as the clients were soon to be released.

KOMPIS – Update and inform client information

Staff utilised the computer-based digital tool KOMPIS to update information such as uploading journal entry notes about the clients to the system, or to read and be informed about a client's background by reading previously uploaded notes. KOMPIS would be used each day to upload observational notes, log information such as a client's hours in the community or to make general comments about their progress. Uploading information to KOMPIS was important to ensure a client's case was up to date and other staff could stay informed by reading these entries, "*We can just write down everything from the observation we do, yeah so I would say KOMPIS, we would write down our observations and thoughts.*" (SW1, 101-102). Reading the various notes or sentence information enabled the staff to be informed about a client's background as they have transitioned through the system and about their stay at a previous prison. By uploading or reading notes on KOMPIS allowed the staff to map a client's needs or to progressively review them during their remaining time at the prison.

"KOMPIS gives me the vitals, the information I need, like when did they come in, when did they go out from that prison, maybe when they moved from one prison to another one." (CO2, 77-78).

Insufficient personal/health data

Staff noted that KOMPIS had insufficient personal or health data (see the downward arrow in Figure 5.4). Information on KOMPIS was generalised, as the specialised health professionals from a closed prison were not permitted to upload useful personal or health information. Entries may disclose observations from other prison staff, but there was insufficient health or mental health information available on the system, "*you would probably find out minimal. Because the prison staff could probably write their observations but that's not medical information.*" (SW2, 109-110). The prison and health systems were known to be independent from one another and therefore KOMPIS was only accessible for the prison staff. Similarly, as a client had transferred to the transitional residence, KOMPIS automatically limited the accessibility of other useful information, "*the access we have is immediately more generalised and wiped when the client is transferred to the overgangsbolig.*" (SW1, 118-119).

Målkart – Progressive plan for clients' needs

Similar to case study one, the Målkart tool was an individualised tool for each client to have a progressive plan for their needs. Translated as a "*goal-plan*", a professional would sit down with the client to map or review a person's goals during the remainder of their prison sentence.

"I think it's good for the person and for me to see what kind of goals we have and we can do to achieve them. Usually they change and that's a good thing I think." (SW3, 77-78).

The professional would help to devise and amend the Målkart but it is the client who owns it, "*the Målkart is something I think is more something he owns because this is about him, and this about his future, and this is something he needs to own.*" (CO2, 106-107). The client would therefore have a manageable plan in place to work toward with the support of the professional and this can be reviewed as needed. It was also viewed as a short document in comparison to other tools such as the individual plan, which is a complex tool commonly utilised within a closed prison. Thus, the Målkart was a versatile tool rather than having to complete a large amount of paperwork. Moreover, the clients would also have the time to read and progressively work through the documented plans. The Målkart as a tool enabled an agreeable plan to be put in place to track the progress made by modifying individual goals for the clients to work toward and also listing the input of the staff too, "*it's a tool we can modify for in the future, it's not a static document. It helps us to get an overview, because some of clients need plans.*" (SW1, 149-150).

Professional meetings – Dialogue to examine each client's status

Professional meetings were important for having regular dialogue across the workforce and to examine each client's status. These meetings included the "overlap" meetings at shift changes and the weekly staff meeting. Both types of meetings were useful to systematically map or review each client's status, including having discussions about their needs, or just general updates about their lives. The overlap meetings occurred several times a day and were essential for discussing the clients and having continuity when the staff changed shifts. Discussions would therefore take place to have regular dialogue to discuss any critical issues that may have occurred during the day, "*Yeah we talk about the day, the clients, and if there is anything, is there any special things today.*" (SW4, 306). Similarly, the weekly staff meeting enabled a more detailed discussion of each client to examine each client's progress and necessities before being released.

Historical information – BRIK, Doculive, sentencing documents

The staff utilised other tools to inspect the historical information relating to a client and their time in the prison system. These various tools included BRIK which is a tool typically completed at the early stages of a prison sentence in order to map the wide range of needs and the problems inmates can commonly be encountering (e.g. mental health, physical health and substance abuse). For example, the staff can inspect BRIK which was possibly completed several months or years ago to review relevant information about a client's mental health which they did not know, "*BRIK could do a good start, because then I can read about every question, I don't need to ask questions because I can find the answer in BRIK.*" (CO2, 69-71). Other sentencing documents were also useful to track a client's background and history. These documents could include letters from the Correctional Service, court or other prison or criminal justice

correspondence the client had received during their time in prison. The staff could therefore examine this historical information to have a better understanding of a person's history. Doculive was also referred to and was a computer-based system where sensitive documents were usually stored to review historical documents about a client. Additionally, the health department from a closed prison or from DPS may have uploaded documents relating to the client's mental health and the staff could utilise this information to comprehensively capture the clients' needs.

"also Doculive, because if they have any contact with the DPS or any kind of therapist or anything, a statement or something that the person has written and maybe [from] the other prison." (SW4, 101-102).

Ansvarsgruppe – Lack of demand

The professionals had varied experiences with the Ansvarsgruppe, which are the responsibility group meetings. The purpose of these meetings was to gather professionals from the various services such as NAV, DPS or probation to organise and delegate the support required for a client. Clients possibly were involved in an Ansvarsgruppe earlier in the prison system, but the clients no longer required these meetings because they were able to manage without them. The staff were aware of the responsibility groups, but there was a lack of demand for them as they were only generally arranged in rare and specific circumstances such as a client considered to be high risk.

"Not here. I had many years ago I worked in [a closed prison], then we had some of it, but I have, here I haven't been involved with something like that." (CO2, 181-182).

5.2.4 Subject

The subject component encompassed a combination of Contact Officers and Social Workers, and this section also demonstrates their *reparation values/philosophy* (see Figure 5.5).

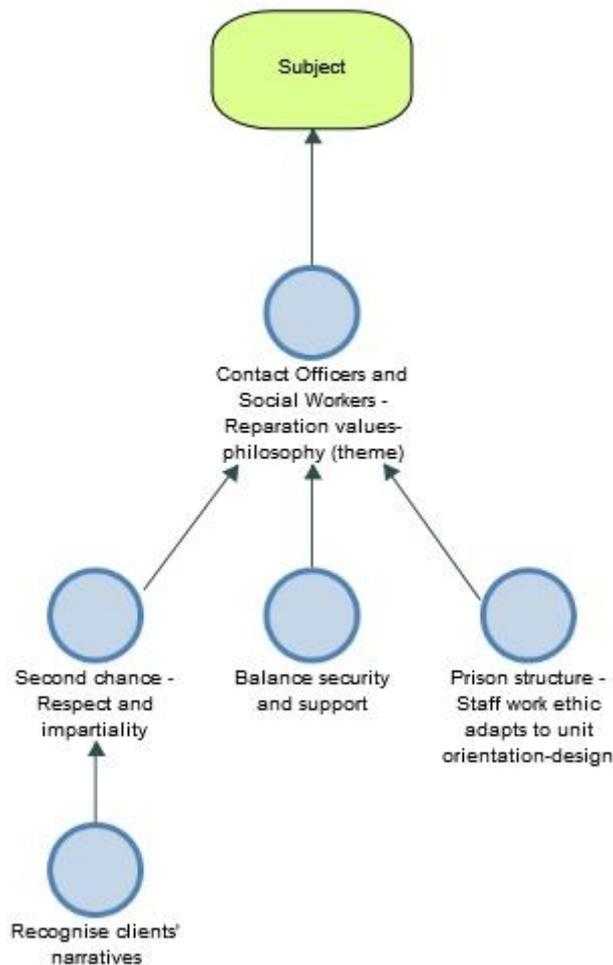


Figure 5.5 A conceptual map of the subject represented by the front-line professionals and their values and ideals at case study two.

5.2.4.1 Theme 1 – Contact Officers and Social Workers – Reparation values/philosophy

The purpose of this theme is to not only articulate the professionals job titles, but also their inner attitudes. Collectively, the Contact Officers and Social Worker held the values/philosophy of reparation to make amends for their mistakes and enable them to progress in life. The communal philosophy and values were for the clients to have a second chance by treating them with respect and impartiality. To reinforce this humane treatment, the staff recognised the complex narratives and backgrounds of each client irrespective of the crimes they had committed. Ethically, balancing the measures of the prison was essential to always bear in mind the security and support principles of their work. By contrasting between the work at the transitional residence and other closed institutions, the structure of this prison was an important factor which allowed the staff to adapt their working ethics to its smaller design or orientation.

Second chance – Respect and impartiality

Principally, the staff wanted to offer the clients' a second chance to prevent their prison sentence from defining their future. Similarly, the staff wanted the clients to behave as any other citizen in society by treating them with respect and impartiality and not merely judging them from the crimes they had committed, "*deserves respect as equal to yourself.*" (SW1, 173). Despite several clients maintaining their innocence, the staff retained an open thought process to hold an impartial position and listen to a client's point of view, "*I like working with people, I like to help people, I think that even the people who have done bad things they deserve a second chance.*" (SW4, 152-153). A proportion of the clients were sex offenders, and each person was treated equally irrespective of their sentence as it was not the position of a staff member to judge nor express innocence or guilt.

"Everyone deserves another chance. I think it's important, I also have in the back of my head I also think there is a reason for what everyone, everything happens for a reason." (CO2, 114-115).

Recognise clients' narratives

The clients' narratives and their complex backgrounds were consistently recognised. The professionals had worked with a wide range of people in prison who had served prison sentences for murder, violent crimes, drugs or sex offences. Despite this, recognition was that these people could still be positive friends, fathers and husbands. Thus, the staff acknowledged the broader reasons for a person being in prison. For example, these reasons do not necessarily have to be malicious and complex reasons such as a person's upbringing or complicated background may have contributed. Listening to these life stories was important to understand a person's trauma with the intention to help them repair the damage caused.

"the reason behind all of it doesn't need to be evil. It could be many reasons behind it, the reason doesn't need to be the most obvious reason. It would be something else that other people didn't think, or didn't know about." (CO2, 117-119).

Balance security and support

Balancing the measures of security and support at the prison was also a key part of this mind-set, "*we should have a nice balance of security and a nice balance of the good relationship we have.*" (CO1, 181). In contrast to their previous work experience at a closed prison, the professionals noted the importance of implementing security at the residence. However, the supportive rehabilitation was the prominent focus, "*It's mostly rehabilitation. Security, of course I have security in the back of my head because I worked 16 years in high security prison.*" (CO2, 122-123). The security principles were always in the back of their minds, but the socially supportive part of their work was considered the essence of what they do. By balancing these measures, the prison staff were able to reinforce a positive structure for the clients with the intention that they will replicate this when they are released, "*the social side is more important now I would say, but of course we have to always have in mind that we work in a prison and that's what I always say to my colleagues.*" (SW1, 351-352).

Prison structure – Staff work ethic adapts to unit orientation/design

The professionals were able to regularly reflect on their experiences at other institutions and the heightened focus on security. The prominent focus of this measure meant they were unable to spend prolonged amounts of time with the inmates, as it was not considered a normal part of their work. Contrastingly, the staff were now able focus on the supportive nature of their work at the transitional residence. They compared their experiences to other prisons they had worked at and reflected on the smaller structure and fewer inmates at the transitional residence. The high-security prisons typically had multiple sections that required the prison staff to focus on security. Similarly, as there were many inmates at these other prisons the staff had spent a large portion of their day locking doors and walking around the prison. Notably, the smaller orientation and design of the transitional residence enabled the staff to adapt their ethical principles to these conditions to work closer with the clients. Thus, the prison structure reinforced this supportive approach as the staff were able to adapt their working ethics and focus more on the reparation side to their work, rather than just focusing on security measures.

“I like to work with people working in a small place, not a big prison or big place, because it's easier to get in contact, it's easier to get to know them, and easier to help them.” (SW3, 147-148).

5.2.5 Community

The community represented the prime involvement with other services. Two themes have been presented including the *unintegrated and indirect involvement with health, welfare and third sector services*, and secondly the *interactions with other criminal justice services* (see Figure 5.6).

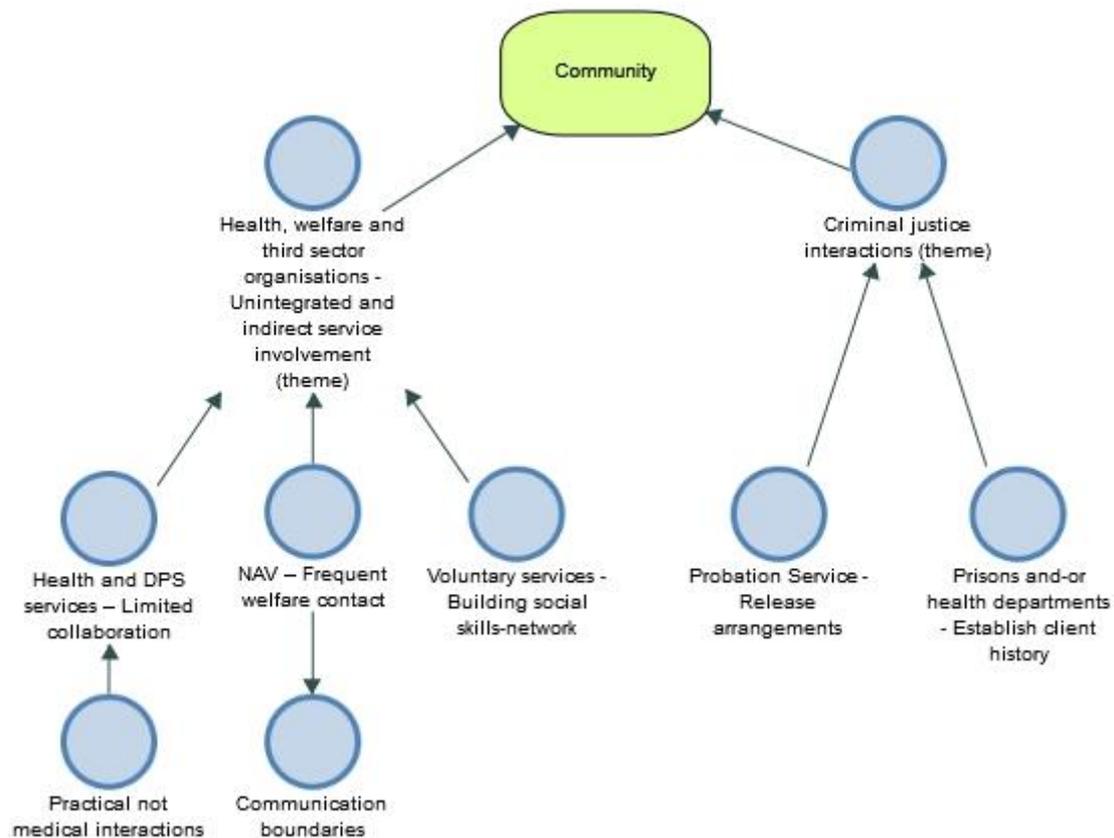


Figure 5.6 A conceptual map of the community demonstrating the involvement of the front-line professionals with other services at case study two.

5.2.5.1 Theme 1 – Health, welfare and third sector organisations - Unintegrated and indirect service involvement

Services including health, welfare and third sector organisations were a key feature of the work at the prison. but they were unintegrated (i.e. externally located) and interactions were predominantly indirect via the telephone or email. To characterise these different services, there was limited collaboration with the health and DPS services as the client was the one attending appointments. Moreover, interactions with a Doctor or Psychiatrist were for practical reasons such as discussing appointments rather than medical purposes. NAV was also a crucial service and staff were frequently in contact with them to set up welfare for the client (e.g. benefits, sourcing accommodation or employment). Despite this, the staff frequently encountered boundaries that impeded their ability to communicate with NAV. Third sector voluntary organisations including Red Cross were also important to set up social opportunities for clients and to develop social networks in the community.

Health and DPS services – Limited collaboration

It was common for a client to be receiving some form of assistance including mental health support via the Doctor at the health service and/or a Psychiatrist at DPS. The staff described the importance of these services, but that they had limited collaboration with them as the client themselves had the direct

interactions. These services were unintegrated to the prison and clients would access them in the community. Similarly, the involvement the staff had with these services did not occur very often, perhaps as infrequently as a couple of times a year via the telephone or email. In unique circumstances a professional may attend an appointment if the client desired, but it should be the client taking charge of these interactions, *“On the phone. And usually it's not even me doing the phone call, it's the client.”* (CO1, 225). If a client was serving a prison sentence for a sex offence, then they were entitled to free psychological support via a specialised department at DPS. Therefore, most of the clients were considered to be receiving some form of mental health assistance via DPS. The staff promoted the use of DPS, but they had limited collaboration with this service and focused on supporting the clients' involvement.

“even if they have a contact person in DPS we don't have so much to do with the DPS because they're going out on their own to their appointments. Of course I ask ‘Was it OK today? Was it a great session?’ but if it's necessary of course.” (SW4, 200-202).

Practical not medical interactions

Occasionally staff may have to contact the health or DPS services via an email or the telephone. These interactions were typically for practical reasons such as discussing or verifying appointment arrangements and to help a client to arrange a meeting. The process of accessing treatment for a client's mental health difficulties could be daunting. Therefore, a client may request assistance from the staff at the prison, but this was part of the initial process to initiate involvement, *“If I find out he really needs contact and he doesn't know where to contact, if he's never been in contact with them before.”* (CO2, 161-162). Hence, the specific health or mental health issue was a private matter and therefore the staff would not interfere.

NAV – Frequent welfare contact

There was frequent contact with NAV which is the labour and welfare service in Norway. The professionals had frequent contact regarding a client's welfare needs such as setting up their benefits, finding work and searching for future accommodation.

“to make sure that if they don't have a job they will have some kind of job, of course money, and a place to stay, an apartment. I would say NAV is the most, closest to us.” (SW4, 191-192).

Similarly, NAV was independent from the residence as the clients would access this service in the community. Contact was therefore typically via email or the telephone, *“Usually a phone call, sometimes email, sometimes a meeting but that's not often.”* (SW3, 198). When a client transferred to the prison the staff would have to frequently contact NAV to setup and discuss a client's benefits. The reason was that NAV assisted with a client's rent payments at the prison. NAV was also able to pay for up to 50% of a client's wages for a set period to create incentives for employers to take on new employees.

Contacting NAV was therefore essential to ease these complicated procedures for a client which were usually time consuming including various phone calls, emails and possibly attending a meeting in the community if need be, *“Mostly over the telephone, but also I've been to meetings with NAV at the NAV office a few times.”* (SW4, 207).

Communication boundaries

Communication boundaries were frequently experienced with NAV which complicated involvement (see downward arrow in Figure 5.6). For example, the process of trying to find out the responsible office and NAV professional for a client was complicated. The responsible office was the one located in the area that the client resided before imprisonment, and this could therefore be many years ago. As each client has their own allocated person in NAV, an initial phone call was required to track the relevant contact person, *“...make phone calls. But phone calls is really difficult to NAV. You never get contact to the person you need to get contact with.”* (CO2, 172-173). Reaching the relevant office and contact person in NAV was an extremely time-consuming process. Additionally, the vast size of NAV reinforced these communication boundaries, as generally making phone calls was a frustrating experience.

Voluntary services – Building social skills/network

Third sector voluntary services such as Red Cross, Way Back or the Salvation Army were equally important to build the social skills or networks for the clients outside of the prison, *“Mostly the Red Cross, especially, mostly the kind of services that are directly connected to prison, like Red Cross, Way Back, really really good and also Salvation Army.”* (CO1, 213-214). These services were beneficial to the clients and each week activities or food events were available for the clients to attend. Similarly, courses or informal support was also available such as training clients for work, social events or financial advice, *“if they have problems with economy or they have a lot of debt you can work with Red Cross because they have this free economy coursing towards the inmates.”* (SW2, 214-215). The staff rarely had to contact these voluntary services as they were essential for a client to have opportunities to socialise such as undertaking a hobby or meeting new people, *“Red Cross, they have a lot of people who are experts on economy, building a network, friends.”* (SW3, 180-181).

5.2.5.2 Theme 2 – Criminal justice interactions

As the second theme, it was common to have a form of involvement with other criminal justice services. Predominantly, these interactions were either with the Probation Service or other prisons and/or their health departments. Interactions with probation were to discuss the arrangements for a client's impending release such as their post-release supervision in the community. Exchanges with other prisons and/or their health departments were generally to assist in establishing a client's history when they were transferring to the transitional residence.

Probation Service – Release arrangements

It was common for the staff to interact with Probation Service to discuss release arrangements. For example, meetings would occur with a Probation Officer to discuss and prepare the arrangements for a client's upcoming release. The meetings may also discuss the post-release supervision of the client spending weekends at home before their actual release date. Known as the "*moteplikt*" in Norwegian, one example was that a client would be at the prison from Monday to Friday and then be at home for the weekends to ease the transition back into society. Other conditions that may be discussed include a client's job, home location, contact with the Police, arranging meetings with probation and also their contact person at the transitional residence if required, "*I just have to cooperate with the Probation Officer, because they are getting this moteplikt, so everything has to be arranged according to that.*" (SW2, 33-34). Therefore, the staff had a strong dialogue with probation to instigate conversations about a client's future and to ensure the arrangements were in place prior to release.

Prisons and/or health departments – Establish client history

Other prisons and/or their health departments were also useful to liaise with and establish a client's history when they transferred to the transitional residence. The prison staff found it useful to contact a client's previous prison to try and find out more information about them, "*maybe the prison system, [a closed prison]. Of course I will get information if I need information.*" (SW4, 141). For example, the staff would initiate contact with a Prison Officer who had been previously responsible for the client. Similarly, the health department may be contacted. Although medical information was not discussed without the client's consent, the health staff would occasionally use their "*common sense*" to outline a client's history and if the client posed any concerns or issues.

5.2.6 Rules

Two themes characterised the rules, regulations or norms utilised by the front-line staff. These rules included the *dynamic practices* and the *intricate confidentiality procedures* (see Figure 5.7).

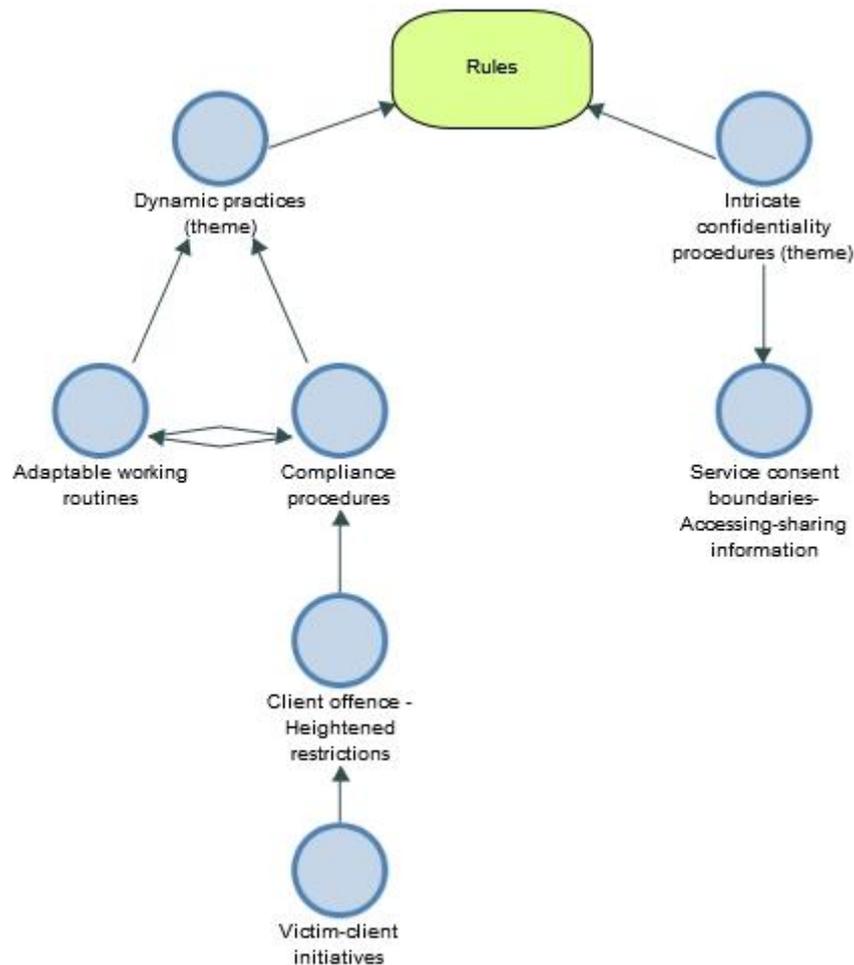


Figure 5.7 A conceptual map of the rules demonstrating the rules, regulations or norms utilised by the front-line professionals at case study two.

5.2.6.1 Theme 1 – Dynamic practices

Rather than having fixed or rigid rules to follow at the transitional residence, the staff could utilise dynamic practices to lead and direct the work they undertook. The working routines were considered to be adaptable, which enabled the staff to work with an increased sense of flexibility. Even so, certain compliance procedures such as alcohol or drug tests were mandatory and had to be undertaken each day. Additionally, a client could have heightened restrictions enforced on them by the staff depending on the offence they had committed (e.g. laptop or phone restrictions). Similarly, there were several victim and client initiatives regulated depending on the offence of a client. Initiatives such as a victim receiving letters of a client's whereabouts each week or restorative meetings were implemented to encourage mediation. These regulations were typically for clients serving sentences for sex related crimes.

Adaptable working routines

The staff mostly had adaptable working routines rather than adhering to fixed or rigidly prescribed procedures. Most of the workforce had experienced the constrained environments of a closed prison

and the rigid routines that had to be followed rigorously. For example, the staff no longer had to undertake the monotonous routines such as wearing a uniform, opening and locking doors, counting inmates and instructing them of what they can or cannot do. Contrastingly, the staff were able to utilise a flexible approach rather than having to regularly adhere to various systematic tasks they had previously experienced. Working with this adaptability fostered a relaxed and dynamic working environment, *“I’m more relaxed because what I like to do during my workday, I know it’s Okay for the other, my colleagues.”* (CO2, 137-138).

Compliance procedures

Although these working routines were mostly adaptable, there were several compliance procedures that had to be undertaken. For example, each week the staff would undertake room controls that required the staff to examine the clients’ rooms to provide feedback on cleanliness and that the clients were respecting the living environment. Other compliance procedures were also important to enforce control including alcohol and drug tests and random weekly checks that clients were at their place of work or education. The alcohol tests were undertaken randomly as a client would press a automated button which would flash green or red to authorise whether an alcohol test had to be taken, *“Of course, the alcohol tests, whenever they hit the button and it’s red, we have to do it. I can’t go like ‘Oh I can’t be bothered’.”* (CO1, 276-277). These control checks were important for the prison to ensure clients were complying with the rules at the prison and their prison sentence by ensuring the clients had an element of control in their lives before being released, *“we don’t have rules every day, but we have urine test every [a particular day of the week] for the people who’ve been away for the weekend, rules like that we have to follow.”* (SW3, 237-238).

Client offence – Heightened restrictions

Heightened restrictions also had to be implemented depending on a client’s offence. Typically enforced for clients in prison for a sex offence, these individuals had restricted access to a phone, laptop or even the internet. Similarly, they were not permitted to apply for home detention and must serve the entirety of their sentence at the prison. Although these rules were not intended to be overly authoritarian, the staff had to monitor and ensure that the clients abided by these heightened restrictions, *“if you’re convicted of using a computer or using a smart phone, you’re not allowed to have a computer, you’re not allowed to have a smart phone here.”* (CO1, 285-286).

Victim/client initiatives

Furthermore, staff also had guidelines to implement initiatives between the victims and clients. For example, restorative justice was a prominent feature that was promoted to setup mediation with a victim and resolve a potentially long-standing conflict. Restorative justice was a robust initiative at the prison to create a positive and constructive dialogue between the clients and victims.

“to help to get in touch with the victims or relatives to the person who's offended in a sentence. The clients or inmates, can get in touch with this office and arrange meetings in hope of resolving a conflict.” (SW1, 213-215).

Additionally, if requested the staff were also permitted to write letters to the victims on a weekly basis. These letters were to notify the victim of a client's permissions to leave the prison each week and the time and general location of when they would be in the community, “*it could be victim, or it could be, if it's a murder, it could be the family of the guy that got killed, they want to know whenever he's going out.*” (CO1, 301-302). The staff must offer these letters as part of criminal justice law and the victims must consent to receive them but can also decline.

5.2.6.2 Theme 2 – Intricate confidentiality procedures

The professionals had to regularly adhere to the intricate confidentiality procedures as each service had their own procedures and specificities. Although the staff maintained the importance of confidentiality, due to the boundaries of consent across these different services the staff encountered difficulties regularly to access or share a client's information.

Service consent boundaries – Accessing/sharing information

The intricacy of the confidentiality procedures was personified by the boundaries to consent among the different services that the staff were interacting with. To elaborate, consent was regularly signed, scanned and sent to another service. As each service was independent of one another they had their own confidentiality and consent procedures to follow which created boundaries. Hence, these boundaries impeded the ability to access or share information about a client. Referred to as the “*taushetsplikt*” which means confidentiality in Norwegian, a staff member may have adhered to the relevant procedures, but this yielded varying responses from other services such as DPS, NAV or a health department from another prison. In this case, accessing or sharing information about a client was occasionally constrained, as other personnel would not necessarily acknowledge this consent. Similarly, if staff received contact from another service or professional which they were unaware of they would also ensure their own correct consent procedures were followed to ensure information was disclosed appropriately.

“there's a long story of the medical personnel, and the Psychiatrist, and the Prison Officer being very against each other, not working together.” (CO1, 91-92).

5.2.7 Division of labour

The division of labour encompassed two themes including the *unified professional functions* and *flat organisational hierarchy* at the prison (see Figure 5.8).

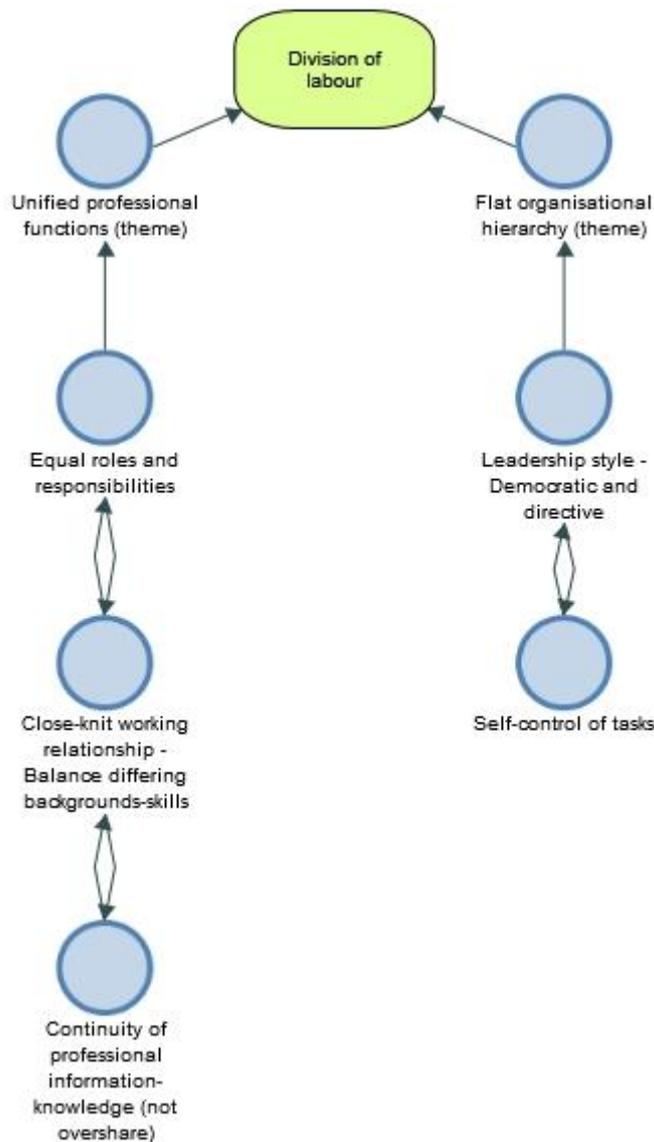


Figure 5.8 A conceptual map of the division of labour demonstrating the distribution of work among the front-line professionals at case study two.

5.2.7.1 Theme 1 – Unified professional functions

Instead of having independent roles, the workforce had unified professional functions. Irrespective of the differing job titles, the professionals' equal roles and responsibilities reinforced this unified function to prevent disparity among them or separating duties. Similarly, there was a close-knit working relationship among the personnel to balance their different backgrounds and skills. By working closely together, information and knowledge was continuously shared to ensure the work could be collectively undertaken. Despite this, the staff used their discretion to ensure information was not shared too openly, as certain personal details of a client were determined to be on a need to know basis only.

Equal roles and responsibilities

Exemplifying the unified functions, the staff relied on their equal roles and responsibilities. Tasks were not distributed or divided between them as fundamentally their work was undertaken collectively. Professionals possessed different job titles including Contact Officer or Social Worker, but there was very little separation in the basic roles and responsibilities at the prison, *“we do actually the same thing.”* (SW1, 316). Although the professionals’ work would ultimately depend on a client’s specific needs, the day-to-day functions were that they operated collectively and equally. Consequently, there was very little difference between each professional, *“there is almost no difference between us and the work we are doing.”* (SW1, 321).

“I see them as my colleague, I don't think about their background actually. We do the same work. We are equal.” (CO2, 273).

Close-knit working relationship – Balance differing backgrounds/skills

As the staff were able to work in unity with these equal roles and responsibilities, they developed a close-knit working relationship to balance their differing backgrounds and skills. Each professional had their own unique set of skills and work experience coming from either a social work or correctional background. By developing a close working relationship, the staff were able to depend on the expertise of each other to seek advice in an area they may lack experience in, *“very close working relationship, because we kind of depend on each other.”* (CO1, 395). For example, the criminal justice law or prison rules for those with extensive prison-related experience or the welfare system for those with a social work background. By having a combination of Social Workers and Contact Officers the staff were able to balance their experience to work together and utilise the key skills each of them brought to the job.

“when you're hired here you're hired to do the same job. No matter what your education, so you're supposed to be just as good Contact Officers towards the people we have, no matter your education.” (SW2, 321-322).

Continuity of professional information/knowledge (not overshare)

Moreover, the close working relationship permitted the continuity of professional information and knowledge amongst the group. There was continuous dialogue amongst the staff to ensure that key information and knowledge was shared. The professionals ensured there was continuity by having regular dialogue to share important knowledge or information between them, *“We usually talk about it, especially if there is something specific which needs to be done. We talk about who is going to do what.”* (SW3, 273-274). Continuous discussions would therefore ensure that there was a collective awareness about each client by openly sharing important details, *“we are open in the conversation and discuss it.”* (CO1, 368). Despite this, the professionals used their discretion to ensure certain sensitive details were not disclosed. These details may relate to sensitive matters that a client only wanted their contact person to know, and therefore this information was on a need to know basis to respect their privacy.

“Except for if I think, if I have some other conversation with my inmate or my person here and I sense this is something very personal and there is no interest for other people to know, I might not share this information.” (CO2, 238-240).

5.2.7.2 Theme 2 – Flat organisational hierarchy

As the final theme, having a flat organisational hierarchy was an important feature due to the close bond between the staff and the prison management who utilised both a democratic and directive leadership style. The leader therefore ensured the staff were able to have ownership of their work and decision making rather than the leader distributing tasks or routines, but also utilised a directive approach by having the final decision for matters of high importance. Similarly, the staff were able to have self-control of their work through this leadership style and allowing them to work independently and use their own intuition rather than being micro-managed.

Leadership style – Democratic and directive

The prison management were regularly present at the prison, easily contactable and worked very closely with the staff as they undertook their day-to-day work. For example, the management would attend both the informal and formal meetings and spending lunchtime with the workforce to socialise. Moreover, the Målkart tool was intuitively developed by the prison leader to aid the work undertaken at the front-line and to produce concise plans for the clients to work toward, “[Unit leader], he is one that introduced the Målkart to us.” (SW4, 135). Through the democratic style of the leader, the professionals were able to develop a close bond with the prison management. Furthermore, the leader trusted the qualities and instincts of the staff to have the independence to manage their duties and make their own decisions.

“if I see something I think needs to be done I do it, or sometimes I'm telling my boss that I will do it, and he gives a thumbs up, ‘just go for it’, most of the times.” (CO2, 259-261).

On other occasions the leader would utilise a directive style if a matter was highly sensitive or important and required their authorisation. Similarly, the management may on occasions request certain tasks or processes to be undertaken if need be to ensure both the staff and clients do not become complacent.

“Sometimes [deputy prison leader] could say that it's been a long time since we been outside at the workplace control. We usually drive around and see if they are at work. So he said ‘Can you do that today?’.” (SW3, 308-309).

Self-control of tasks

By employing this leadership style, the professionals had an increased sense of self-control over their daily tasks, “*we are more in the control.*” (SW4, 294). Rather than being micro-managed, the prison leader ensured the staff had ownership of their work, “*the leaders they never control the way I work with my guys, with my clients. They never control.*” (CO1, 388-389). The leadership continuously liaised with

the staff, which allowed them to use their own authority and delegate the tasks amongst themselves, “*we just talk about it, they ask, we ask, we delegate.*” (SW3, 388-389).

5.3 Conclusion

To conclude this chapter, the main findings at the second transitional residence have been presented to demonstrate the organisational work undertaken by these front-line professionals with inmates, known as clients, and their mental health needs. To summarise, the key themes included the objects of socialisation and accessing external services and also encompassing the desired outcome of reintegration. The primary tools used were the professionals’ environmental skills and various mapping and reviewing processes. The subjects at this second site were Contact Officers and Social Workers and they held inner attitudes of reparation, as these mutual values were an important aspect of the work with the clients. The community comprised an unintegrated and indirect involvement with the health, welfare and third sector services. Similarly, interactions with other criminal justice services were also a key contribution. The primary rules have demonstrated the dynamic practices and intricate confidentiality procedures at this prison. Lastly, the division of labour personified the unified professional functions and flat organisational hierarchy.

By applying and utilising the underpinning theoretical framework of CHAT, the subsequent chapter will discuss the key propositions at the two transitional residences in Norway to answer the research questions.

CHAPTER 6 DISCUSSION

6.1 Introduction

As a reminder, the premise of this study has been to undertake an in-depth exploration of interprofessional collaborative practice (ICP) at the final phase of the Norwegian prison system. Explicit focus has been on the collective activity system which constituted the front-line professionals' organisational work at two transitional residences, specifically regarding the mental health needs of inmates. The following chapter considers the key arguments of both case studies to discuss a detailed and critical reflection of ICP at these prisons. The importance of this discussion is to identify and explain the intricacies of ICP, including the structural arrangements of integration in the prison environment that prescribe the placement and conditions of front-line prison, health, mental health, and welfare services and staff. Similarly, to reveal the collaborative processes of these groups to account for the interactions and relations occurring amongst different front-line personnel. To provide a clear argument to this chapter, the discussion has been framed by the three research questions:

1. How are front-line professionals integrated at Norwegian transitional residences regarding their work with inmates' mental health needs?
2. How do front-line professionals collaborate at Norwegian transitional residences regarding their work with inmates' mental health needs?
3. How and why is interprofessional collaborative practice implemented by front-line professionals at transitional residences in Norway?

6.2 Collective activity systems

To reiterate the main findings, both case studies have been distinguished by a discrete collective activity system that accounts for the organisational work with inmates' mental health needs at each transitional residence. Both collective activity systems have therefore been represented by the key themes occurring at each case study site (see Figure 6.1). By presenting these collective activity systems, a discussion will now explain the commonality at both sites and the unique features of these activity systems to answer the research questions. The complex insights and experiences of the staff will be contrasted between to ensure the similarities and differences at both sites are not lost. The discussion does not disregard the intricate differences at these prisons such as the Nurse managing inmates' medication at case study one, or the heightened security procedures at case study two.

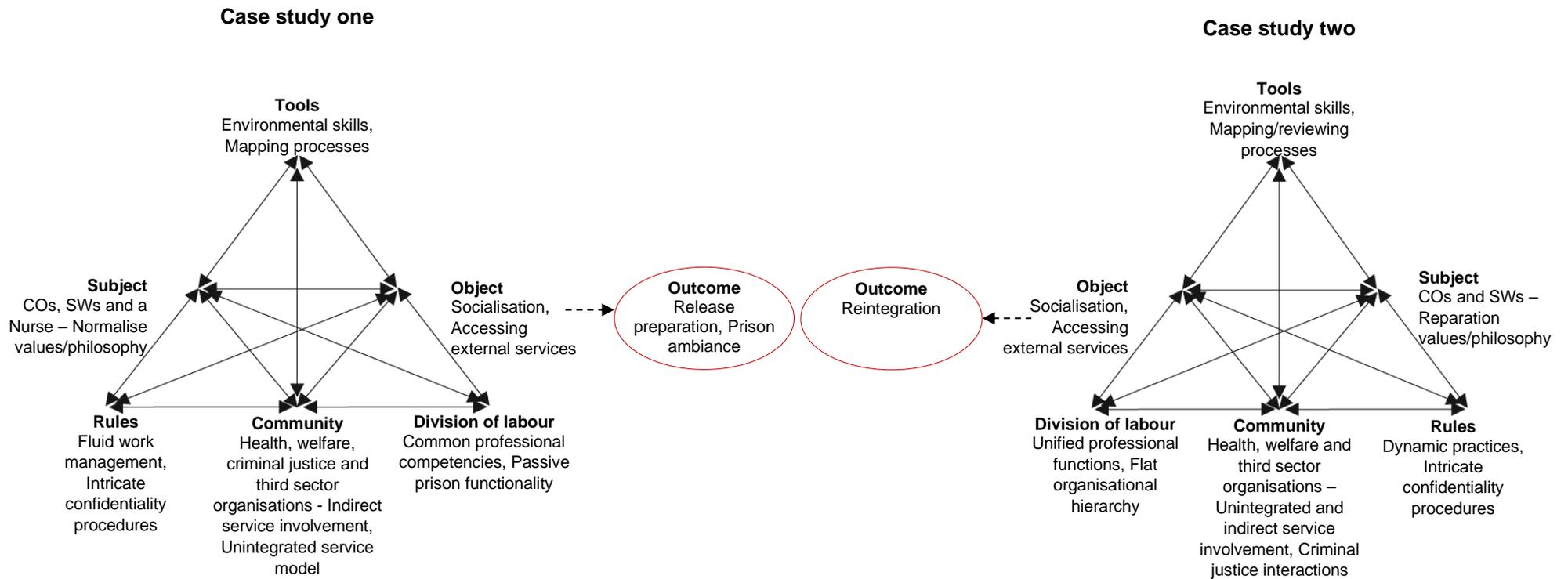


Figure 6.1 The collective activity system of front-line professionals working with inmates' mental health needs at case studies one and two.

To reiterate, Cultural Historical Activity Theory (CHAT) is the underpinning theoretical framework of this study. As an analytical lens, explicit focus has been on a specific activity system and the components of the activity systems model (i.e. object, outcome, tools, subject, community, rules, and division of labour). The application and utility of CHAT assists in conceptualising a specific work activity to develop knowledge about practice (Virkkunen and Newnham 2013). The emerging collective activity systems are central to the discussion to theorise practice in this interprofessional setting, including at an integrative and collaborative level (Blackler et al. 2000; Hean et al. 2018). Therefore, CHAT serves as an analytical lens to extrapolate and discuss the key propositions of this study concerning ICP.

6.3 How are front-line professionals integrated at Norwegian transitional residences regarding their work with inmates' mental health needs?

To respond to the first research question, the following section will discuss how front-line professionals are integrated at the transitional residences in Norway regarding their work with inmates' mental health. Explicitly, the focus of integration is concerning the structural arrangements that prescribe the placement and conditions of services and the front-line personnel at the two case studies. By applying the theoretical framework of CHAT, the key arguments will explore and demonstrate at an integrative level the manner in which ICP is operationalised at the final phase of the Norwegian prison system (i.e. objective 1 of this study).

6.3.1 Segregated services and staff – progressive opportunities for inmates in society

The common themes of the *community* at both prison sites have demonstrated the external specialised front-line services and staff, with the inmates, also known as clients, accessing them when outside of the prison. The unintegrated external services across these prisons were of notable importance to endorse the professionals' *objects*. Collectively, this included working towards the socialisation of the clients for a future life outside of prison and to assist access to the community services to address their own needs. The *subjects* and their work at each prison, predominantly Contact Officers and Social Workers but also encompassing one Nurse at case study one, were found to be influenced by the externally located services. These services included the health and DPS (i.e. the specialised adult mental health service), NAV (i.e. the labour and welfare service) or even voluntary services. It was common for a client to have spent several years in a closed-institution and may lack the experience or awareness of accessing these services. These integrative structures therefore placed an increased reliance on the staff to support each client and connect them to the specialised services and staff in the community.

Accessing the external community services was an important procedure for the professionals to undertake as the inmates were encountering increased liberty at the transitional residence. The inmates had their own responsibility to access these services and retrieve adequate support for their wide range of needs including mental health. Therefore, the staff noted that several inmates were confident in self-

managing this access. Even so, the professionals' input was crucial for individuals who required more tailored support. Mutually, the increased liberty of the inmates and the tailored support from the professionals at both transitional residences facilitated access to the external services. Figure 6.2 illustrates simply this procedure and the structural arrangements across both prisons in which other specialised front-line services and personnel were externally located in the community.

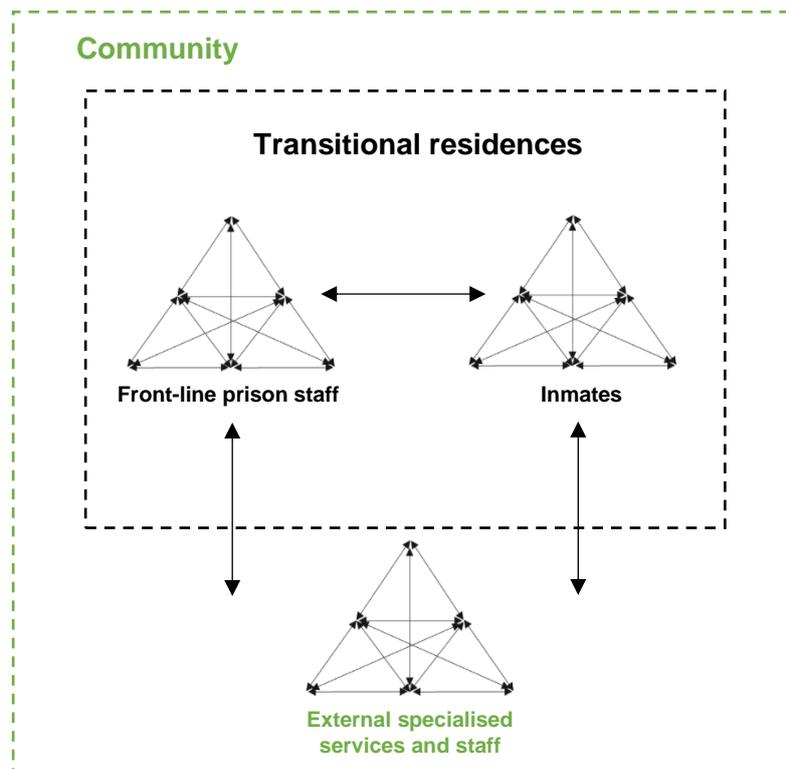


Figure 6.2 An illustration of the front-line prison staff at the transitional residences supporting the inmates to access the external specialised services and staff in the community.

Contrastingly, Figure 6.3 illustrates the typical arrangement of services through the Import Model at a closed prison in Norway (Bjørngaard, et al. 2009). Services such as healthcare, welfare, education, and religion are therefore imported into prisons to provide the care received by citizens in society. Contrasting between these two illustrations (see Figures 6.2 and 6.3), demonstrated the “unintegrated” and external composition of organisations including mental health services at the final phase of the Norwegian prison system. Despite the Nurse being responsible for managing the medication at case study one, the segregated services are considered important at the transitional residences to permit the inmates to have progressive opportunities in the community.

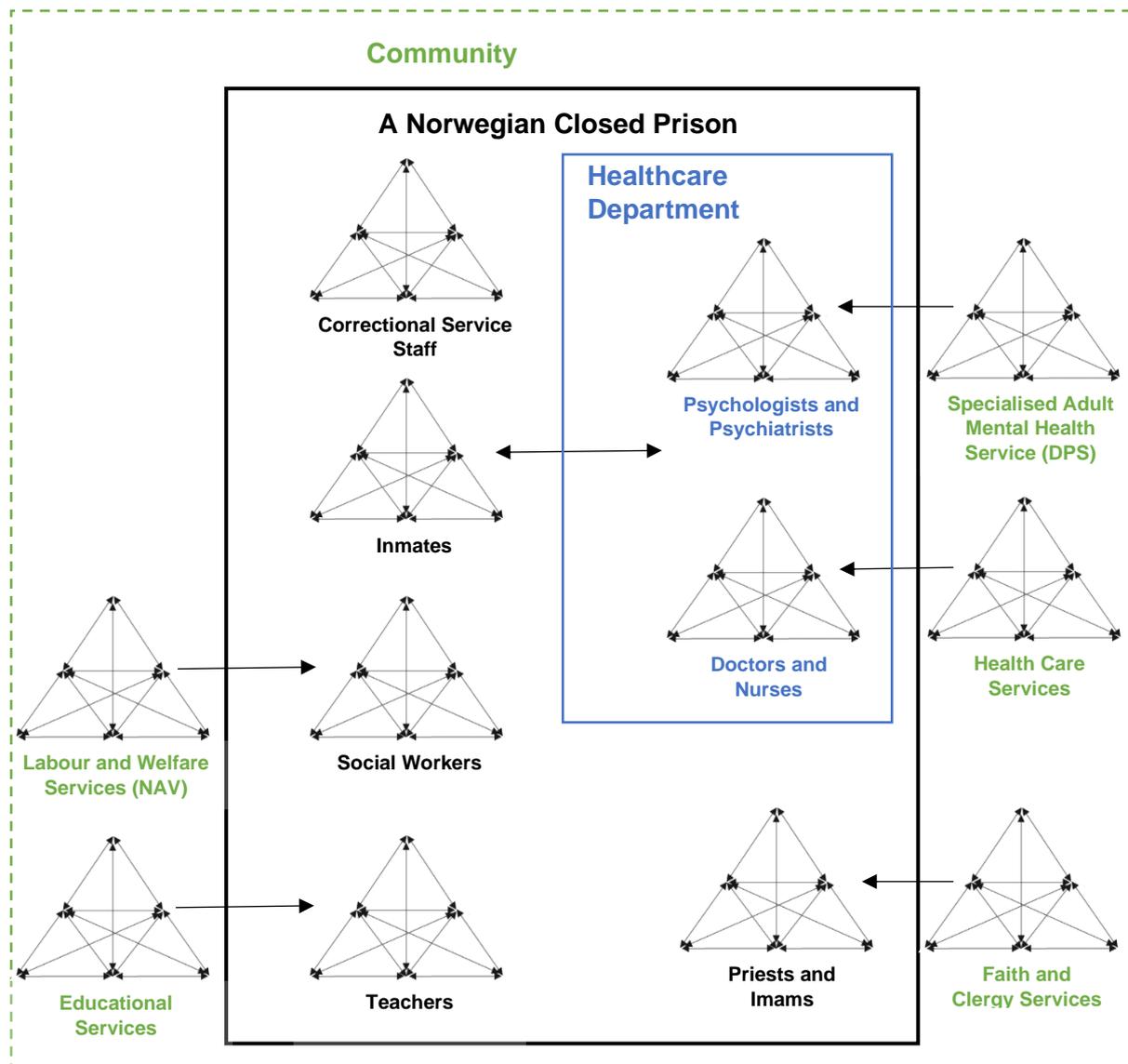


Figure 6.3 An illustration of the Import Model and its utilisation in the Norwegian prison system at a closed prison.

With integrated working listed as a key concept for prison-based approaches attempting to address inmates' mental health (WHO 2007), it is important to understand and learn from variations in local practice to consider the effect on professionals' novel tasks and routines in prisons (Slade and Forrester 2015). The rigid frame of a prison organisation is said to impact the aims and intentions of staff to provide welfare and health services to inmates (Henriette and Helgesen 2019). The integration of services into prison systems, particularly primary or secondary mental or healthcare has long been outlined to help address mental illness within prison establishments. The justification for this has been to deliver the equivalent care into prisons as is received in the community, by improving staff clarity regarding their working priorities in complex prison settings (Towl and Forbes 2002; Wolff et al. 2013). Even so, integration is said to facilitate or constrain the behaviour of professionals, as they are the ones who deliver within and between sectors (Kodner and Spreuwenberg 2002; Hean 2015a). Additionally,

organisational challenges can still be encountered by promoting integration due to having complex internal and external services operating in prisons. With limited time and space to deliver services such as mental health support to inmates, the integration of multiple services into prisons can impede the working aims and tasks of professionals (Samele et al. 2016). The argument reaffirms that different forms of integration may be required between different services and professionals depending on the tasks and priorities of staff (Ahgren and Axelsson 2005). In this case, these organisations being segregated was critical at both transitional residences to facilitate the professionals' primary aims and for the inmates to have opportunities to access these community-based services.

The segregation between these services and the transitional residences draws attention to the Import Model and the contrasting models of service integration in the Norwegian prison system. In Norway, prisoners' individual rights should not be removed by serving a prison sentence and they are entitled to an equal quality of welfare as other citizens (Ugelvik 2017). The Import Model was employed in the prison system to help give outside services responsibility for an inmate by "*opening the prison walls towards society*" to reduce the isolation of people in prison that aids their release and returns them to society (Langelid 1999, p.60). Norway has utilised the Import Model since the 1970s in which health and welfare provision in prisons is based on integrated service provision in the Norwegian prison system. Health services and other agencies from the community typically enter prisons and provide the services to prisoners. Therefore, health care including mental health care is the responsibility of local community services and for them to enter prisons. The Import Model is aimed at ensuring that prisoners receive the equivalent care and services provided to the general population. Health workers from the community can be based part or full time in the prison and it is common for prisons to have their own health departments (Bjørngaard et al. 2009). The discussion reaffirms the argument that service integration between prisons and other organisations including mental health services in Norwegian prisons varies (Hean et al. 2017b). Hence, this study suggests that the integrated provision of services is not necessarily required at the transitional residence.

To elaborate, the relevance of this finding has demonstrated the full segregation of services at the transitional residences (see Ahgren and Axelsson 2005). Notably, professionals are entitled to aid an inmate's rehabilitation and reintegration throughout their sentence. Staff should therefore match inmates with appropriate services in order to work with them and ensure their needs are being addressed (Bazemore and Erbe 2004). As part of the reintegration process when inmates are approaching release, preparation is said to be greatly facilitated by inmates being in institutions in which they have opportunities to rehearse behaviour in a realistic community setting. The inmates can therefore prepare for their role in the community with access or treatment via services for their basic needs (Taxman et al. 2004). Similarly, the period of release from prison is suggested to be one of the most challenging for inmates (Langelid 1999). Therefore, this finding revealed that the front-line staff at the residences supported inmates to have the opportunities to treat their wide range of needs, including mental health, in the community and rehearse this behaviour before being released.

As a reintegrative guarantee in Norway, the pledge obliges the Correctional Service to provide tailored assistance during imprisonment and on release to ensure inmates receive adequate support for their

needs (Fridhov and Langelid 2017). The reintegrative approach in the Norwegian prison system is therefore employed through an inmate's phased release. An inmate begins their sentence in a closed high-security facility, transitioning to lower security prisons and possibly ending with home supervision (Bjørkly 2004). As many inmates are said to struggle when attempting to return to society, the reintegrative procedure is of considerable importance to transition an inmate from prison back into the community and for professionals to support an inmate's impending release (Larsen et al. 2019). The key finding from this study suggests that the reduced levels of integration at these prisons was suitable based on the demands of the inmates. Therefore, the staff at these residences were able to encourage inmates to have progressive opportunities in the community and rehearsing behaviour to live as independently as possible before being released.

In summary, this discussion has argued that the specialised health, welfare and mental health services and staff were located in the community and not integrated into these transitional residences. Suggestions are that the segregation of these services reinforced the supportive work of the front-line prison staff to ensure that inmates had progressive opportunities to rehearse behaviour for a future life in society.

6.3.2 A closely integrated interprofessional and collective team

The common themes of the *division of labour* at both case studies have demonstrated that the professionals functioned collectively within both transitional residences. For example, the *subjects* at the first case incorporated Social Workers, Contact Officers and a Nurse, while the second case encompassed Social Workers and Contact Officers. The front-liners defined their specific job titles but were all employed by the Correctional Service rather than as independent services (see Figure 6.4). The communal *division of labour* at both case studies personified the unified positions of these professionals to prevent them from having a divided or separated workforce. Collectively, the staff focused on their mutual *objects* with the inmates including socialisation and accessing external services. Hence, this key argument identifies the importance of having integrative structures that encompass multiple service personnel to work with inmates' needs at the final phase of the Norwegian prison system, particularly as the professionals were able to function as a interprofessional and collective team at each transitional residence.

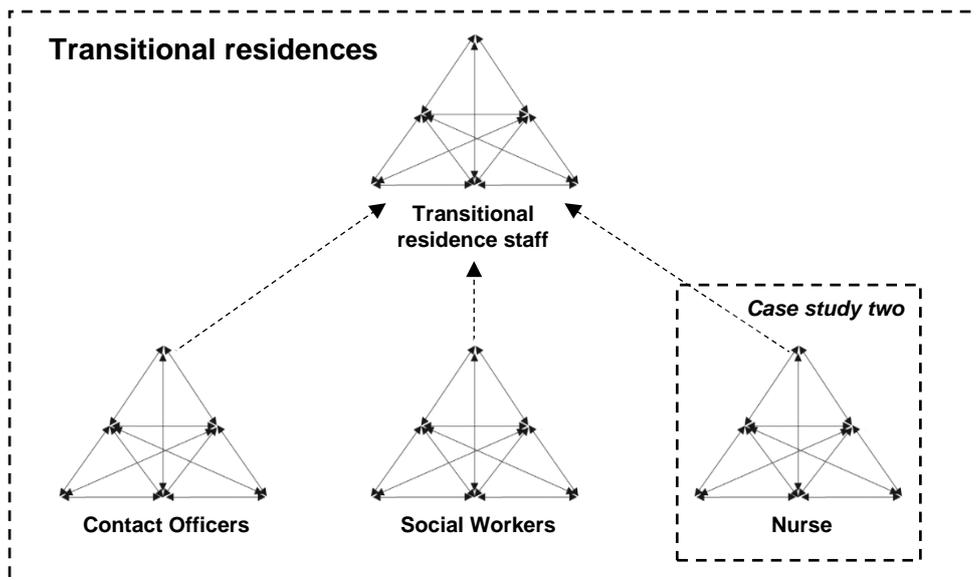


Figure 6.4 The closely integrated front-line professionals at the two transitional residences.

Discussing the models of integration assists in demonstrating the structures in place and the delivery of front-line working within these two prisons. According to Willumsen et al. (2012), integration encompasses the interprofessional working among organisations or systems including agencies or services. The integration of services is said to manifest at the level of delivery through formal arrangements between two or more services serving a common user, commonly through structural integration (Packard et al. 2013). As seen in this study, the front-line staff were demonstrated to be part of a fully integrated organisation in which personnel link with one another through the merging of resources into a single established organisation (Ahgren and Axelsson 2005). Attention is therefore drawn to these professionals who were fully and structurally integrated as a type of team into the Correctional Service and at each transitional residence.

Different models of interprofessional working have been employed across the world including interprofessional teams encompassing different actors (Schrijvers and Goodwin 2010). The definition of a team is regarding individuals who hold certain expertise, share work activities to achieve a common goal and resembles the work undertaken within an organisation (West et al. 2003). Being able to work in interprofessional teams or groups helps to promote consistent, collective and reliable care as a workforce (Bainbridge et al. 2010; Gilbert et al. 2010). Similarly, Tomlinson (2003) outlines the commitment to have integrated team strategies that encourage focus beyond the personal interests of key individuals. As a form of working, a team is defined as a group of individuals working together to achieve a common purpose for which they hold themselves mutually accountable (Scholtes et al. 2003). The key elements of a team include individuals having a shared work product, inter-reliant tasks, commitment to a common approach and collective ownership (Franklin et al. 2015). As seen at these transitional residences, previous research emphasises the importance of integration to reinforce a collective and common approach among a team of professionals.

To achieve the organisational goals and improve outcomes for inmates with complex needs, the integration of services is often noted as essential (Fletcher et al. 2009; Bjerkan et al. 2011). Considering the impact on service delivery within an open-prison, Moore and Hamilton (2016) suggest the need for an integrated organisational framework. The delivery and configuration of a prison would therefore demonstrate organisational coherence to effectively meet the needs of inmates for their transition and reintegration into the wider community. Having an integrated approach can also prevent personnel carrying out their own separate and distinct positions by joining staff closer together. As a “*joined-up*” strategy among service personnel, the integration of multiple service personnel is considered to create coherence, preventing the prospect of encountering internal fracture and the loss of direction or resource divergence among staff (Moore and Hamilton 2016). To promote an effective interprofessional team, Tomlinson (2003) discussed key areas including having a complete strategic and operational commitment to work together. Contrastingly, factors have been shown to impede the effectiveness of interprofessional working such as organisational differences, staffing time and arrangements (Atkinson et al. 2002). To overcome these organisational differences, Ahgren (2008) suggests eliminating professional boundaries by developing integrated interprofessional teams. Thus, by integrating the front-line staff as a type of team at the two transitional residences, this study revealed that the boundaries between the professionals were eliminated to have organisational coherence at these prisons.

Hean et al. (2017a) indicated that promoting different integrative models of working is beneficial to facilitate collective interprofessional working. The boundaries between staff should not be blurred, with personnel having the resources to examine the risks and positive possibilities for each detainee (see van Marle 2007). Mental health and reoffending outcomes can therefore have the potential to improve when the integration of services promotes close working between different professionals (Kodner and Sprenuwenberg 2002). Many forms of teams represent this form of working as individuals are connected in various ways, but the importance of this is the degree of integration in which teams are positioned. These teams are placed on a continuum starting from a loosely knit team, a network characterised by fluctuating membership and voluntary contributions, and a closely integrated team categorised by collective accountability (see Ovretveit et al. 1997). In summary, the staff were closely integrated to function as a type of team while working with inmates’ needs. Therefore, the staff had a lack of differentiation amongst the working tasks and a collective accountability.

The main discussion point has indicated that the closely integrated front-line staff were sanctioned to function as an interprofessional and collective team at each prison. Therefore, eliminating the boundaries between the various professional disciplines established organisational coherence, shared tasks and a collective accountability for their work with inmates’ needs prior to release.

6.3.3 Systems integration – information sharing

An examination of the *tools* and *rules* within each prison demonstrated that there was insufficient integration of systems across the prison system, which had implications for information sharing. These

systems were KOMPIS and the confidentiality procedures. KOMPIS is a computer database system that holds key inmate information, which should follow them as they transitioned through the prison system. Notes composed by prison staff were uploaded across the prison system during an inmate's time at a previous institution. Even so, KOMPIS was an insufficiently integrated system between the prison and health services as other personnel including health or mental health staff were unable to upload relevant information to this tool. These details were important for both transitional residences to understand the potential risks or needs relating to an inmate's mental health. Similarly, the staff noted the regular use of confidentiality at each case site and across the prison system. Despite this, confidentiality and specifically consent was used inconsistently, which impeded the sharing of important inmate information with the *community* such as NAV, DPS, health and other prison staff. The study has demonstrated the importance of having integrated systems to share crucial inmate information between front-line staff, particularly when these systems cross organisational boundaries.

The sharing of inmate information within and between services in prisons has previously been shown to be impeded by incompatible computer database systems and restrictions due to confidentiality requirements. The mismatch and disparity between health and criminal justice services can increase risks in the continuity of care and requires guidance to encourage personnel to share information (Lennox et al. 2012). Disparity between services can take place such as the flow of information across health and criminal justice sectors through a lack of clear and shared protocols (Hean et al. 2009). Continuity between health and criminal justice services including mental health is therefore considered essential. The reason is that the flow of information between health and criminal justice systems is crucial throughout a sentence, and particularly as an inmate approaches release to ensure critical information is exchanged between services (Veysey et al. 1997). Hean et al. (2018) also suggested that the current integration of tools failed to effectively manage challenges such as information sharing between services in the Norwegian prison system. The policies imposed from the top-down do not correspond to the specific client or work circumstance that staff are encountering. Subsequently, this argument personifies the importance of having integrated systems to efficiently share inmate information across different organisations in the prison system.

Contrastingly, front-line professionals in public services are said to function with high levels of discretion with staff developing mechanisms which adapt or ignore the policy structures imposed. These adaptations are to prevent impeding the flow of information and avert away from creating disparity in the day-to-day work (Lipsky 2010; Hean et al. 2018). For example, the *Målkart tool* has been considered an innovative measure developed to aid the flow of information at the transitional residence. The *Målkart* was developed and customised to the needs of the professionals and clients at both case studies. Adapting the *Målkart* was to have an alternative tool in place for other allegedly highly integrated systems such as the individual plan or BRIK tools. Both the individual plan and BRIK are in-depth assessment procedures typically undertaken with an inmate earlier on in a prison sentence to map the wide range of needs that require attention. As a key tool, the *Målkart* was important to share concise information with colleagues or other professionals (see Figure 6.5 for a replication of the *Målkart* tool). Explicitly, the front-line staff were able to utilise the *Målkart* instead of other tools which were considered

overly complex and possibly irrelevant considering inmates were soon to be released. These residences therefore resorted to internally developed tools to manage information sharing within the organisation.

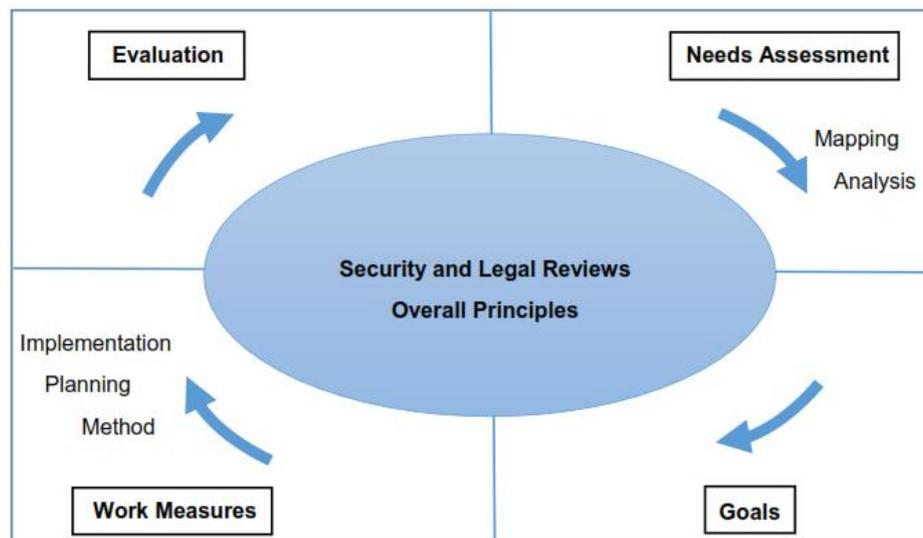


Figure 6.5 A replication of the Målkart tool utilised at the two transitional residences.

Sharing information effectively between services in the prison system has been considered essential, but problems still exist due to the confidentiality laws that govern this process (Weisman et al. 2004; Samele et al. 2017). Information gathering from services within and across prison settings can therefore be time consuming and problematic. There is a need for effective methods of sharing essential information such as informal knowledge and formal information without breaching confidentiality arrangements. Inconsistencies in transferring information such as mental health data have led to critical risks of individuals being missed in prisons. Improving the transfer of information among services in the criminal justice pathway can help to maximise the continuity of care. The integration of unified systems for services in the prison system is considered crucial without compromising confidentiality procedures and can help to achieve shared access to relevant information and databases (Weisman et al. 2004; Samele et al. 2017). In this case, the inconsistent use of confidentiality between the staff at the transitional residences and other personnel suggests that the integration of this procedure may require reforming to improve the sharing of information.

Furthermore, having sufficiently integrated systems for prison and healthcare staff can be challenging due to numerous internal and external services operating across the system or within a prison (Samele et al. 2016). The challenges in prisons relate to the communication activities of staff and issues of disagreement regarding the rules which govern confidentiality (Hean et al. 2018). Overcoming the barriers to confidentiality is complex as greater clarity of these protocols is required for staff. The reasons for this are that these professionals are seeking reasonable justification to disclose sensitive information between other professional bodies. Continual dialogue on confidentiality and information sharing is therefore required to ensure staff have a unified understanding and that there are structures in place which support their decisions (Janes 2006). For the wide range of services to be effective, it is

essential that systems are in place which are seamless and bespoke to the clients' individual health, welfare and criminogenic needs. The integration of existing systems across health and criminal justice services may provide an opportunity for feasible improvements to occur. Systems can therefore be developed for service personnel which are fit for purpose, responsive and ethical (de Viggiani 2012). Having integrated and holistic systems is considered essential when criminal justice and other organisations are working together. Thus, this discussion pinpoints the need for integrating overlapping health and criminal justice systems to share the most appropriate client data among the different organisations working with inmates and their needs as they conclude a prison sentence.

The key point discussed is that the sharing of crucial inmate information was compromised as systems including KOMPIS and confidentiality procedures were insufficiently integrated. Suggestions are that these systems require a higher degree of integration to improve the sharing of information across different services that are working with inmates prior to release. However, the staff at these residences resorted to internally developed tools to manage information sharing within the organisation.

6.3.4 Key arguments

The key arguments of this discussion have responded to the first research question that considered how front-line professionals are integrated at the Norwegian transitional residence regarding their work with inmates' mental health needs. By applying the theoretical framework of CHAT, the discussion has explored and demonstrated at an integrative level the manner in which ICP is operationalised at the final phase of the Norwegian prison system. There are three key points this study has demonstrated pertaining to the integrative structures within the two transitional residences and across the prison system:

- Firstly, the study has demonstrated that the specialised health, welfare and mental health services and staff were located in the community and not integrated into these transitional residences. Suggestions are that the segregated services and personnel reinforced the supportive work of the front-line prison staff to ensure that inmates had progressive opportunities to rehearse behaviour for a future life in society.
- Secondly, the closely integrated front-line staff at each prison were sanctioned to function as an interprofessional and collective team with inmates' needs prior to release. The boundaries between the various professional disciplines were eliminated which established organisational coherence, shared tasks and a collective accountability for their work at each transitional residence.
- The third key argument demonstrated that the sharing of crucial inmate information was compromised as systems including the digital tool KOMPIS and confidentiality procedures were insufficiently integrated. A higher degree of integration was required for these systems to improve the sharing of information across different services and front-line staff that are working with inmates prior to release. However, the staff at these residences resorted to internally developed tools to manage information sharing within the organisation.

6.4 How do front-line professionals collaborate at Norwegian transitional residences regarding their work with inmates' mental health needs?

To respond to the second research question, a discussion is presented to explain how front-line professionals collaborate at Norwegian transitional residences regarding their work with inmates' mental health needs. To clarify, the collaborative processes are considered to be the interactions and relations among the staff at the two case study sites. By applying the theoretical framework of CHAT, the key arguments explore and demonstrate at a collaborative level the manner in which ICP is operationalised at the final phase of the Norwegian prison system (i.e. objective 1 of this study).

6.4.1 Low levels of collaboration with community services – an inmate's responsibility

The front-line professionals described the low levels of collaboration with the community services. The focus was therefore for a client to be responsible for managing their own networks with the wide range of services they required. Collaborative relations of the front-line staff were therefore typically informal via email or the telephone with their *community* including the Doctor and the specialised adult mental health service (DPS), the labour and welfare service (NAV), third sector voluntary organisations and other criminal justice services such as probation or other prisons. For example, there was limited collaboration with the health and DPS services as the focus was for a client having this responsibility to collaborate and attend appointments for their specific mental health needs. Similarly, interactions with voluntary services ensured social opportunities were available for the clients to attend, and collaboration with criminal justice services such as probation were for organising an inmate's post-release arrangements. Collaboration varied between the transitional residences and other prisons with problems occurring that impeded the communication when an inmate was transferring or had transferred to the residence. Additionally, collaborating with NAV was important for the front-line staff but communication was problematic as interactions were also typically informal and unpredictable.

The subsequent discussion demonstrates the low level of collaboration between the front-line staff at the transitional residence and other services. Therefore, the inmates held the prime responsibility to collaborate with the services in the community including the social, health, mental health, welfare services and employment or education (see Figure 6.6).

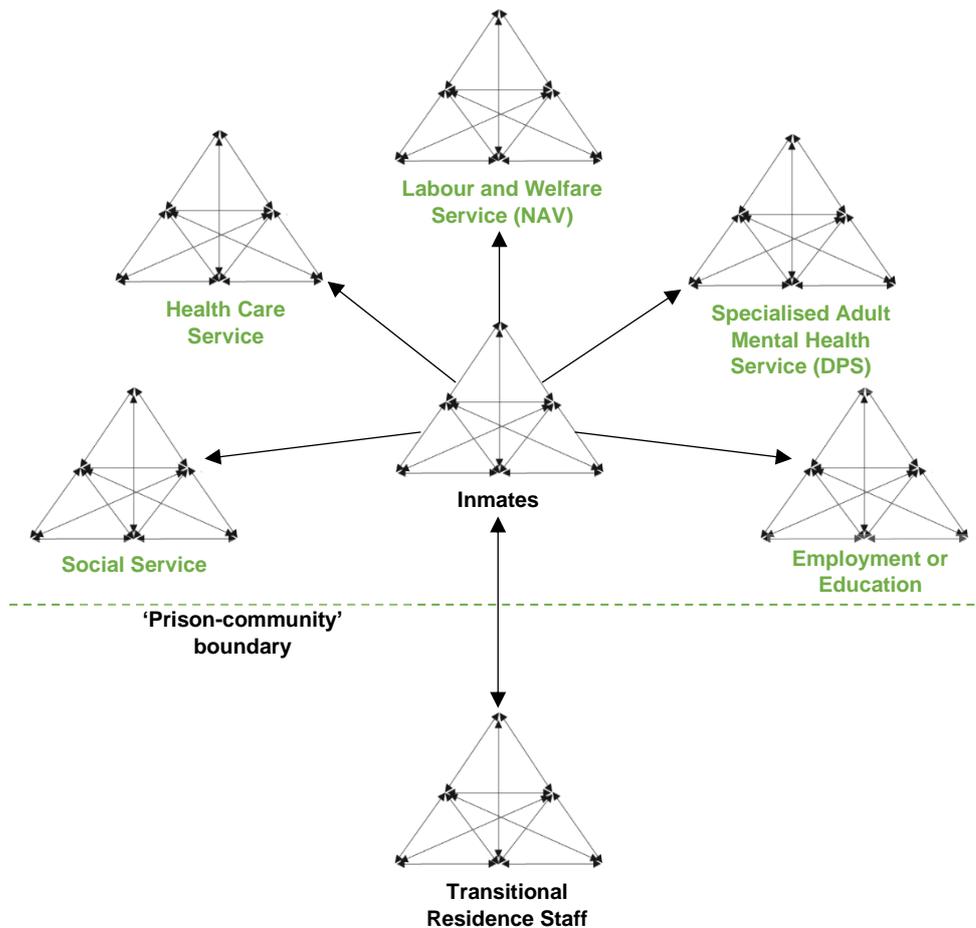


Figure 6.6 An illustration of the collaborative process between the transitional residence staff, the inmates and the community-based services.

To promote successful reintegration, adequate levels of collaboration are essential before an inmate is released (WHO 1998). Collaboration has therefore been noted as a crucial process for arranging support as part of reintegrating inmates (Santora et al. 2014). Notably, collaboration between services for a prisoner's re-entry to the community has been shown to be determined by the degree of initiatives and multisystem involvement being in place. Therefore, service collaboration among personnel can vary based on whether initiatives and programmes are set up across systems and services (Wilson et al. 2006). Additionally, collaboration in the prison environment is about bringing people together but has also been shown to be varied and even categorised by informal contact (Wright et al. 2014). The collaborative activity of services should therefore meet the needs of the inmates along with health and welfare strategies that are accommodated to the prison setting and organisational conditions (Santora et al. 2014). The main discussion suggests that the low levels of collaboration between the front-line staff and other services were considered necessary due to the fact that the inmates were soon to be released from these transitional residences. Thus, promoting an inmate's responsibility for this collaborative process was considered important to ensure they receive adequate support for their diverse needs including mental health prior to release.

High levels of collaboration between services has been shown to be essential in complex prison environments with highly transient population and limited time and space to deliver services for inmates (Sasmele et al. 2016). Similarly, it has also been suggested that collaboration across services is most required in times of crisis (Bond and Gittel 2010). Although there are calls for improved collaboration between prison and mental health services in Norwegian prisons (Hean et al. 2017a, 2017b), suggestions are that these transitional residences generally did not require heightened collaboration as inmates must maintain this responsibility themselves. To elaborate, these two case studies did not have a highly transient population and there was increased time to spend with the inmates as well as these individuals encountering increased stability. Henriette and Helgesen (2019) argue that life in prison and the community should have as little difference as possible to ease a person's transition, to give prisoners greater input, and for them to live as normally as possible. Therefore, this discussion recognises the importance of the front-line staff promoting the collaborative involvement of an inmate with other services. Upon release these inmates would have an increased obligation to receive relevant support for their ongoing needs including mental health. These circumstances may include attending social service appointments, going to the Doctor or seeing a Psychiatrist at DPS. Hence, the low levels of collaboration were necessary to encourage an inmate to upkeep this collaborative responsibility themselves, as they will shortly be living independently in the community.

Acknowledging the collaborative challenges experienced with other prisons and NAV, Lamberti and Weisman (2004) suggested that barriers to communication and collaboration can occur across various phases of a criminal justice systems such as entry, processing, corrections and release. These challenges can have implications for collaboration to occur across criminal justice, healthcare, and other community support services. In this case, the phase of release is critical to plan the reintegration of persons encountering complex challenges such as mental health. Effective collaboration is important to ensure inmates have access to services such as housing, financial support, medical care and mental health services. Furthermore, Norway introduced the reintegration guarantee which pledged that many prisons had firm contact with NAV via designated counsellors in all prisons. Intentions were set out for these counsellors to provide direct assistance in relation to housing, education, employment and economy (Santora et al. 2014). At the "*back-end*" of the criminal justice system, there is a need to encourage better collaboration across and between disparate systems. New initiatives can help to improve collaboration in this area such as a professional advocate in the prison who can provide a direct link between services and ensure personal identification and the transition of paperwork for an inmate are in place before release. Furthermore, implementing new initiatives or models can help to facilitate collaboration, reinforce a shared vision and ensure a decision making process is in place between services prior to an inmate's release (Roman 2004). Enhancing current levels of collaboration has been considered important to overcome communication challenges with NAV and other prisons. These improved frameworks can therefore support the work with inmates as they transition through the prison system and before release.

In brief, the low levels of collaboration between front-line staff and other services were necessary to encourage an inmate's own responsibility to maintain collaboration, particularly as they will shortly be

living independently in society. The staff requested new initiatives or models in relation to NAV and other prisons to improve collaboration and overcome communication challenges prior to an inmate's release and as they transition through the prison system.

6.4.2 Qualified and competent staff to collaborate in prison

The subsequent discussion pinpoints the collaborative relations occurring among the front-line staff at both transitional residences. As Leathard (2003) indicates, these relations draw attention to the importance of collaboration within organisations to ensure that staff work closely together to achieve their goals, notably the mutual *objects* of socialisation. Personified by the *division of labour*, the staff had equal roles and responsibilities, a close-knit working approach and utilised the skills and knowledge of each professional. Similarly, the supple *rules* or norms allowed for the staff at both prisons to develop collaborative relations by encouraging them to use one another's expertise and to balance the measures of rehabilitation and control. Notably, case study two had an increased focus on control possibly due to the type of offences and sentencing requirements of the clients (e.g. a proportion being sex offenders). Furthermore, the staff made use of their environmental skills as *tools* including social observations to bolster the collaboration and dissemination of information amongst the staff. Therefore, the following discussion recognises the importance of having sufficiently qualified and competent staff to develop collaborative relations in the prison environment and working toward an inmate's impending release.

As Bruhn and Nylander (2013) discuss, the balancing of measures that are primarily focused on security, rehabilitation and motivational practice with inmates influenced the occupational role and competencies of Prison Officers in Norway. The priorities of these different measures are central to societal debates on how to balance rehabilitation and security in Norway. To achieve this, the education and training of new Prison Officers is organised by KRUS, an institute known as the University College of the Norwegian Correctional Service. Since the 1980s the education for Norwegian Prison Officers has been two years and since 2012 it has become accredited as a university education. The aim of KRUS is to ensure teaching and research staff are at the same level of professional education as other comparable institutions. An important characteristic of the education and training in Norway is the competency development of Prison Officers. Similarly, the long-term strategy of these programmes is to develop the occupational professionalism of prison staff. Focus has therefore been on humanistic prison policy and changing a Prison Officers role from simply a guard role to one which encompasses the motivation and rehabilitation of prisoners (Bruhn and Nylander 2013; Bruhn et al. 2017). As the staff at each transitional residence were predominantly from a prison or social work background, this study acknowledges the importance of their education or training and balancing the central measures of the prison system.

Through undertaking a two-year course, Bruhn et al. (2017) suggests that trainee Prison Officers in Norway should be qualified and competent to work with all types of prisoners and staff within the Correctional Service. Prison staff should therefore attain knowledge of the norms and mechanisms of

the system. The purpose of this education is that the curriculum is structured around different interprofessional fields such as security and safety, social work and reintegration rather than merely traditional security disciplines. The on-going occupational development and professionalisation of Prison Officers is said to run consistent with the central aims of Norwegian prison policy, with focus on openness, respect, professionalism and commitment. The political support for this goal outlines that developing the competence and knowledge of these professionals' aims to improve the work undertaken in prisons. The significance of social work, rehabilitation and reintegration in the educational curriculum outlines the goal of a having well-developed collaborative relationship between Prison Officers, other staff and with prisoners to support and motivate them to desist from crime (Bruhn et al. 2017). Thus, the education and training in Norway is indicated to be critical to develop the qualifications and competencies of prison-based staff to collaborate across interprofessional fields.

Education programmes in prison systems are considered to be crucial as a poor quality and inexperienced workforce with problematic training undermines the safety and well-being of prisoners and staff (Crewe et al. 2011). Prison Officers at the front-line in Norway are expected to guard, help, care for and motivate those sent to prison, a fact that promotes a need for close collaboration to work with other professional colleagues (Smith and Ugelvik 2017). The Norwegian "*Occupational Ethics Guidelines for the Correctional Care*" published by the Kriminalomsorgen (2005) highlights the importance of professionals' daily work to focus on the support, motivation, rehabilitation and reintegration of inmates. Listed within the occupational guidelines for staff is the importance of engagement between correctional professionals and those working for other occupational groups. Respect must be shown from correctional staff to other professional groups regarding their work and competencies. Establishing collaboration should also be sought with all bodies considered appropriate in the rehabilitative process of an inmate (Kriminalomsorgen 2005). Critically, the Social Workers and Nurse may have undertaken different education or training, but this study suggests that the educational programmes and occupational guidelines in Norway reinforced the development of these collaborative relations at both case studies. Similarly, irrespective of their different disciplines the staff collectively noted the importance of balancing the central measures of the prison system such as rehabilitation and security. Consequently, this discussion personifies the education or training in Norway to ensure the prison-based staff were qualified and competent to develop collaborative relations among different interprofessional fields, and to balance the differing measures of the prison system.

Contrastingly, the mental health involvement and capabilities of the staff were generally limited. The Nurse was responsible for managing and distributing medication at case study one, but the front-liners were generally unable to manage or work with individuals encountering these difficulties. Recognising these concerns, prison staff are without doubt the significant staff members who have the most amount of daily contact with inmates (Dvoskin and Spiers 2004). Suggestions are that depending on the severity of the condition, an inmate's communication link with the Prison Officer may outweigh the higher skill capacity of the specialised services when it comes to taking responsibility for supporting an inmate. Even so, a Prison Officer may have less capacity to work with the mental health of an inmate in terms of experience or training compared to other specialised psychiatric personnel (Hean et al. 2017a). The

use of special treatment programmes carried out by qualified and usually external staff such as Psychologists and Therapists are not very common in Norwegian prisons. Thus, the lack of specialised treatment in prison environments is likely to cause further demands on the competence of prison staff and in particular Prison Officers (Bruhn and Nylander 2013). Considerations are that the staff at these transitional residences required increased knowledge or the development of their competencies to work with inmates' encountering mental health challenges.

In prison environments where prison-based staff have been shown to have concerns or limitations when it comes to mental health, increased education or training is recommended to develop their competencies and overcome these initial challenges (Foster et al. 2012). Interprofessional education and training between criminal justice and mental health services is said to be lacking, but it is feasible with training delivered in partnerships between educational institutions and practice. Educators and professionals from both services should therefore have close partnerships to organise training curriculums and ensure professionals have adequate mental health knowledge when professionals are collaborating with one another (Hean et al. 2015). Indications are that front-line prison staff should have further education and training to ensure that they are fully capable and competent to work with inmates' mental health challenges, particularly as convicted persons are transitioning from prison to the community (Franklin et al. 2015). Additionally, it is necessary to differentiate between training in which mental health care is taught to Prison Officers by mental health specialists, and training which teaches professionals to work together to create joint solutions. Training for prison staff is therefore required to prepare them for observation, monitoring and support when it comes to mental health as different professional groups can learn from one another (Hean et al. 2017b). For professionals to work collaboratively with inmates' mental health needs before being released, this study recommends that the staff at these two case studies would benefit from further education or training to develop their mental health knowledge and capabilities.

To summarise this key argument, having qualified and competent staff to work in prisons has been indicated to be essential for these professionals to develop collaborative relations between different interprofessional disciplines, and to balance the differing measures of the prison system.

6.4.3 Autonomous relationships – collaborative involvement between staff and inmates

The staff at both transitional residences emphasised the reoccurring supportive relationships with the clients. Labelled by the *object* of socialisation, this communal theme at both case studies indicated that the staff worked closely with the clients to empower them, maintain a close bond and maximise the supportive role with each person. The professionals would also utilise their environmental *tools* such as regular conversations and organising activities to stimulate a close relationship with each client. Similarly, the *rules* enabled staff to build stronger relations as they had an increased flexibility and adaptability to their daily work. Thus, the staff were able to make their own decisions rather than having rigid routines to follow. Furthermore, a client also had a participatory role by having opportunities to make their own decisions and having an increased freedom of choice to manage their lifestyles and

work on their needs. As a key feature of the relationships between the staff and inmates, the following discussion indicates that both groups utilised their increased autonomy at the transitional residence to cultivate collaborative involvement with inmates and their needs.

The concept of staff-prisoner relationships has long been acknowledged to be at the heart of a prison system and a stable prison life depends largely upon it. To understand how these relationships are manifested requires a firm and grounded appreciation of the broader tasks undertaken by prison staff (Liebling 1999). In delivering effective services in prison environments and to generate results, professionals should adhere in a sensitive manner to the uniqueness of each inmate in prison, which includes ensuring there are collaborative working relationships (Andrews and Bonta 2010). Professionals are said to determine the procedures used with inmates in relational terms such as the use of authority implemented and the degree to which they respect inmates' dignity, rights and feelings (Crewe 2011). Liebling (2011) discussed relationships with inmates in day-to-day prison life being about the use of authority by staff. As a distinction of a Prison Officers' work, the centrality of this often entails relationships with inmates and the harmonisation of welfare and discipline, or care and power. Better uses of authority are argued to be responsive rather than dominant in order to fuse both welfare and discipline. Legitimising the use of authority means using it rightfully by exercising power in accordance with established values. The use of rightful legitimacy is seen as a continual dialogue between the powerholder and the recipients which required appropriate conduct on behalf of those holding the power (Liebling 2011). The study therefore argues that these professionals utilised their authority legitimately to prioritise the relationships with their clients.

The legitimate use of authority in prisons has a moral value, which indicates the importance of supportive limit setting by Prison Officers and with them being prepared to use authority, but they are good at using it. The role of "*talk*", time and the relational work in making authority legitimate has also been under conceptualised (Liebling 2011). Liebling (1999) suggests that the activities of prison life are said to go primarily through relationships and are transmitted through trust and respect. Relationships in these settings hold importance as they influence action by framing, informing, facilitating and constraining staff and prisoner behaviour. Getting relationships right is said to be dependent not only on consistency but also inconsistency with staff recognising a need for flexibility, as there are real differences between individuals, situations and changes over time. Understanding the line drawing and rule-enforcing aspect of Prison Officers' work with prisoners is under-valued, under-theorised and under-estimated. Through the dynamics of staff-prisoner relationships, we do not know enough about what constitutes Prison Officers' central tasks, especially in terms of considering their nature of authority such as decision making and use of discretion with inmates (Liebling 1999). Therefore, having positive staff-prisoner relationships can promote greater collaborative involvement, participation and communication for a rehabilitation-focused environment (Liebling et al. 2011). Through the legitimate use of authority, this discussion suggests that the staff also had the time and conditions to concentrate on this relational work and to nurture collaborative involvement with each inmate at the transitional residences.

Moreover, to be a good Prison Officer means being capable of being “*legitimate*” and in control based on the delicate use of authority. The work of prison staff therefore requires expertise in the use of authority often through the subtle use of power. Previous research has therefore indicated that this is important to have an increased emphasis on enduring and responsive relationships with inmates (Liebling 2011). Front-line staff in prisons ought to support, equip and encourage the collaborative work with inmates. To do so, staff must be prepared to relinquish traditional autocratic views on authority to recognise the rights and relational work with a prisoner (Bennett and Shaker 2010). Thus, this discussion argues that the front-line staff were able to legitimately and partially relinquish their own authority to collaborate with and encourage the increased decision making of inmates at the transitional residences.

Bennett and Shaker (2010) suggested that prison staff should take into account a prisoner’s decision making and have a readiness to take measured risks which allowed prisoners to have opportunities for meaningful participation. Front-line staff should conduct themselves in a way which is explicitly designed to promote collaborative involvement with the inmates. To achieve this, a flexible and common approach was required with openness, as it was important to invest responsibility and decision-making opportunities in prisoners. Having a supportive environment is also demonstrably part of these relationships by the use of first names, open communication between staff and prisoners, a higher degree of concern for the prisoners’ welfare and a less hierarchical approach to authority (Bennett and Shaker 2010). The creation of relationships is suggested to incorporate key features such as personal autonomy and choice on behalf of the prisoners (Liebling et al. 2011). The relations with each inmate in this study have been considered essential to empower and motivate them to take control of their lives at both transitional residences. For example, the staff encouraged a client to have a job or education and to work with their wide range of needs including mental health. Similarly, completing domestic tasks such as cooking and cleaning within the prison was also important. The notion of autonomy is therefore considered to be a key feature of these relationships to encourage collaborative involvement with an inmate.

To elaborate, criminal justice settings such as prisons are said to constrain and severely limit an inmate’s ability to achieve person-centred goals such as their autonomy of choice (Glaser et al. 2004; Dvoskin and Spiers 2004). Previous research has suggested that there should be shared focus among the variety of professional disciplines in prison which respects and certifies the autonomy of prisoners (Vandeveldt et al. 2017). Despite this, the certification of autonomy has been called into question due to increasing pressures encountered by organisations in prison, and staff being overly powerful in their actions to control inmates (Le Bianic 2011). Ward (2012) describes the centrality of an inmate’s autonomy for their successful reintegration and to reduce reoffending. Autonomy is not considered to be natural to a person, but it takes form relative to their relations with other people and particularly with the staff in prison. Both professional and prisoner autonomy in prison settings is crucial to provide support which is in the long-term best interests of inmates (WHO 2010). The key findings from this study indicate that the autonomy of the staff allowed them to independently manage their own work and to endorse an inmate’s own autonomy, as well as allowing the two groups to collaborate closely with one

another. Furthermore, the clients increased autonomy encouraged them to partake in their own decision making while residing at the transitional residence. Attention has therefore been drawn to staff collaborating not just with other professionals, but also to encourage collaboration and participation with inmates before they are released from prison.

To conclude, the key argument indicates that autonomy was a crucial aspect of the relationships between staff and inmates at the transitional residences. These autonomous relationships were valued by the professionals to cultivate collaborative and participatory involvement with an inmate in preparation for a life back in society.

6.4.4 Shared humane ideals and the collaborative outlooks of front-line staff

The themes of the *subject* at both cases demonstrated the normalised and reparative values held by the Contact Officers, Social Workers and Nurse. The application of these shared and compassionate ideals encouraged equality, impartiality and the supportive treatment with inmates. The *division of labour* also reinforced these beliefs as the leader of the transitional residences bolstered the supportive focus through the reduced hierarchy, proactive approach and to refrain from micro-managing the staff. The subsequent discussion argues that the humane values that underpin the Norwegian prison system were critical in the application of the professionals' shared ideals. Moreover, these shared ideals are considered crucial to conduce collaborative outlooks regarding the work with inmates' needs at both transitional residences.

Traditionally, prison systems and their administrations are said to have a strong focus on the principles of punishment to ensure prisoners are held accountable for their actions. More recently, a focus on punishment is balanced with a belief that prisons can serve as a site for rehabilitation (Maruna and Immarigeon 2004). Rehabilitation is said to be a substantial focus of the Norwegian prison system and characterised generally by low rates of imprisonment and humane prison conditions (Pratt 2008a, 2008b). In Norway, the underpinning emphasis of penal policies has aimed to uphold traditions that promote redemption, learning, training, healing and the commitment to normalisation. Similarly, replicating the conditions of the outside world seeks to minimise deprivation, fear and suffering encountered by inmates (Pratt and Eriksson 2011). Although Norwegian prisons such as the well-known Halden and Bastøy are said to refrain from inflicting further punishment upon prisoners, Jewkes (2020) suggests that research must still subject prisons in Norway to rigorous empirical scrutiny. The key finding from this study indicated the importance of the underpinning values of the Norwegian prison. These values are suggested to be critical toward the application of the front-line professionals' shared ideals and their work with inmates before they are released from prison.

The work in Norwegian prisons has a tradition of developing the humanistic side of the prison establishment and to find a balance between security, rehabilitation and motivation when working with inmates (Bruhn et al. 2017). The Norwegian Ministry of Justice and the Police (2008) released the White Paper "*Punishment that works – Less crime – Safer society*" which outlined the key standards of security, rehabilitation and reintegration. The document explicitly spells out that professionals in prisons

should be founded on a humanistic view of prisoners deserving equal treatment to that of the general population, and that convicted persons have made up for the penalty of a crime once the sentence is completed. Additionally, reoffending rates should be reduced through the rehabilitation work of the Correctional Service and that life within prison and out in community should have as little difference as possible to ease reintegration. The rehabilitative and reintegrative emphasis are therefore central components of the prison sentence. If the sentence is to work, the reintegration of an inmate must be planned, and they must be cared for in a good way to ensure that the goal of successful reintegration into society is achieved. Suggestions from this study are that these humane values are enshrined into penal policies and underpin the Norwegian prison system. Thus, this discussion argues that these humane values are embedded into the prison system.

The humane values of the Norwegian prison system are outlined in the Norwegian Ministry of Justice and the Police (2014) White Paper "*Development plan for capacity in the correctional care*". Recognition from this policy document is that prisoners should be seen as equal, have self-worth and creativity. A convicted person must have a responsibility in their own life, both during and after completion of a sentence. The underpinning policies of the Norwegian prison system recognise that individuals have the right to make their own choices and take responsibility for the consequences of the actions taken during their prison sentence. Restricting the size of prisons as well as maintaining relatively humane and reintegrative prison conditions are also central features of this policy. These values underpin penal policy to limit the harmful effects of prison such as institutionalisation, which cause problems in returning to society and increase the risk of reoffending. Similarly, the four principles encapsulated into penal policy also demonstrate the humane values which direct professionals in such a way to reduce the negative influences of a prison sentence and to facilitate rehabilitation and reintegration (i.e. principle of justice, principle of normality, principle of progression, and principle of proximity). Broadly, instead of having disparity between their working attitudes, this discussion indicates the humane values that underpin the Norwegian prison system moulded the professionals' shared ideals at the transitional residences.

Suggestions are that the work undertaken in prisons is based on the conflicting ideals to punish convicted persons, protect citizens from criminals and to rehabilitate prisoners to ensure that they desist from committing further crime upon release from prison (Griffin 2002). The effectiveness of prisons is said to be inhibited by administrations that overtly focus on other punitive measures such as control. It is argued that the punitive philosophy of prison work has a detrimental effect on the performance of the organisational goals of staff within prisons. Management strategies that are heavily autocratic can also undermine the social cohesion and rehabilitative work undertaken by staff in prisons (Craig 2004). Empirical studies in criminology and sociology have increasingly supported the philosophy of rehabilitating inmates rather than merely punishing them to reduce reoffending. As seen in this study, the prison management and the underpinning policies of a system can therefore play an important part in facilitating and supporting front-line staff to manifest key outlooks (Ward and Maruna 2007). The discussion outlines the importance of staff in prisons having mutual ideals to reinforce a collaborative approach. The underpinning humane values of the Norwegian prison system have therefore been

indicated to inform the application of the professionals' shared ideals. Indications are that these communal attitudes were important to stimulate collaborative outlooks among the front-line staff.

Prisons in Norway are also said to belong to a humane tradition and culture with an underpinning value of penal welfare. Norway has therefore indicated a long reputation and tradition for pursuing humanistic prison policies that embrace rehabilitation within prisons (Pratt and Eriksson 2013). Crucially, front-line professionals in Norway are the key individuals who transform the aims and policies of the government and the prison system into practice (Bruhn et al. 2017). Greater demands have therefore been placed on the Correctional Service and the ideals of front-line personnel in prisons to work collaboratively. The position reflects the traditions in the Norwegian penal code to implement agreements and joint instructions to contribute toward co-creating effective positive solutions for inmates before, during and after a sentence. These traditions illuminate the fundamental values of the prison system and the growth of collaboration between prison staff to refrain from merely punishing inmates (Execution of Sentences Act 2002; Kriminalomsorgen 2005). Suggestions from this study are that the underpinning humane values took precedence over other principles such as punishment at the transitional residences. Thus, these values were important to reinforce the shared ideals of these professionals and to conduce collaborative outlooks regarding the daily work with inmates' needs.

In summary, indications are that there is compatibility between the humane values that underpin the prison system and the shared ideals applied by the front-line professionals. The shared humane ideals were found to stimulate collaborative outlooks amongst the staff while working with inmates' needs before they were released from the transitional residences.

6.4.5 Key arguments

The study has addressed the second research question concerning how front-line professionals collaborate at the Norwegian transitional residence regarding their work with inmates' mental health needs. Explicit focus has acknowledged front-line professionals' organisational work at the final phase of the Norwegian prison system. By applying the theoretical framework of CHAT, the discussion has explored and demonstrated the manner in which ICP is operationalised at a collaborative level. Therefore, four key points have been demonstrated pertaining to the collaborative processes within the two transitional residences and broadly across the prison system:

- Firstly, the low levels of collaboration between front-line staff and other services encouraged an inmate's own responsibility to maintain collaboration, particularly as they will shortly be living independently in society. The staff required new initiatives or models with NAV and other prisons to improve collaboration and overcome communication challenges prior to an inmate's release and as they transition through the prison system.
- Secondly, having qualified and competent staff to work in prisons was demonstrated to be essential to develop collaborative relations between different interprofessional disciplines and to balance the differing measures of the prison system.

- The third key argument suggested that autonomy was a crucial aspect of the relationships between the professionals and inmates at the transitional residences. These autonomous relationships were valued by the staff to cultivate collaborative and participatory involvement with an inmate in preparation for a life back in society.
- The fourth key argument indicated that there is compatibility between the humane values that underpin the prison system and the application of the professionals' shared ideals. These shared humane ideals stimulated collaborative outlooks amongst the staff at these prisons while working with inmates' needs before they were released.

6.5 How and why is interprofessional collaborative practice implemented by front-line professionals at transitional residences in Norway?

In response to the third research question, this study addresses how and why ICP is implemented by front-line professionals at the two transitional residences in Norway. By utilising the theoretical framework of CHAT, the subsequent discussion critically evaluates the implementation of ICP at the final phase of the Norwegian prison system to illustrate the impact on the professionals' organisational work (i.e. objective 2 of this study).

6.5.1 How is interprofessional collaborative practice implemented?

Firstly, the discussion conceptualises how ICP is implemented at the two case studies. By discussing the themes of the collective activity systems at each case study, attention was drawn to the importance of integration and collaboration in the implementation of ICP. To elaborate, responding to the first and second research questions has exemplified the concepts of integration and collaboration. Furthermore, the organisational culture resonates throughout both case studies and is also considered to reinforce the implementation of ICP. Therefore, the following discussion critically evaluates the implementation of ICP by recognising *how* it is implemented at these transitional residences through the integrative structures, collaborative processes and organisational culture.

6.5.1.1 Integrative structures and collaborative processes

Indications from this study pinpoint the dual importance of the integrative structures and collaborative processes toward the implementation of ICP. Stones (2005) suggested that the external integrative structures are said to influence the individual narrative to a professional and their perceptions of collaboration. Thus, having service personnel who collaborate regularly has been sought for by initiating the integration of services. Integrative initiatives are said to help address the structural challenges posed by staff to promote collaborative processes and deliver services in an interprofessional setting (Sowa 2008). Therefore, this study suggests that integration has been shown to reinforce or inform the collaborative processes which occurred within these prisons and across the prison system. For

example, the staff noted the segregated community services and experienced low levels of collaboration with these services. Additionally, the professionals were found to be a closely interprofessional and collective team within each prison, and hence developed collaborative relations among their contrasting disciplines and balanced the different measures of the prison system.

In settings such as prisons, the circumstances in which ICP occurs and the relationship between integration and collaboration needs to be further conceptualised (Lehman et al. 2009). Critically, tracking local service integration within and across other services can help to pinpoint the collaborative relations taking place (Browne et al. 2004). Furthermore, there are calls to develop knowledge regarding the affiliation between the integrative and collaborative arrangements with common service users (Willumsen et al. 2012). In circumstances where organisational integration procedures are rare, there are also seldom conditions for professionals to collaborate. Hence, these integrative structures can influence the ensuing collaborative processes (Willumsen 2008). Indications from this study are that the integrative structures are said to have a major influence on the collaborative processes within an organisation. Suggestions are that it can be assumed that the structures were generally either loosely or highly integrated which reinforced or informed the resulting collaboration.

To clarify, due to a lack of integration, it is considered common for services to be linked or networked with varying collaborative processes taking place (Ahgren and Axelsson 2005). Moreover, the collaborative processes have been shown to fundamentally alter among personnel, professions and organisations based on the proposed integration of services. The integration of services is said to reinforce collaboration by shaping of roles, rules, responsibilities and accountabilities, boundaries and jurisdictions, language, and power relations of service personnel (Claiborne and Lawson 2005). While both the integrative structures and collaborative processes have been found to be key mechanisms of ICP at the two transitional residences, this discussion seeks to critique *how* these practices were implemented by the front-line staff and pinpoints the importance of the organisational culture.

6.5.1.2 Organisational culture

Interprofessional groups are said to comprise professionals that are strongly influenced by the organisational culture they belong to and the organisational desire for them to work interprofessionally. Ødegård and Strype (2009) argued that organisational culture is typically unaccounted but an important aspect of ICP. The culture of an organisation can therefore influence the participation and priorities of the professionals while impacting the implementation and quality of the unfolding collaboration. Similarly, an organisational culture can have a positive impact on the motivation of professionals through holding these “*pro-ICP cultures*”, the characterisation of the profession and its values, compassion and solidarity. It is of interest to consider the importance of organisational culture and its influences toward collaboration as this knowledge can inform the quality of services and outcomes for clients in the future (Ødegård and Strype 2009). Therefore, the key findings from this study indicate that the organisational culture can also reinforce collaboration amongst the staff and inmates at these prisons through having opportunities for shared decision-making. Additionally, the culture of the

workforce was important to enable workers to decide on common goals, patient plans, balance their individual and shared tasks and to negotiate shared resources. Having regular dialogue among staff along with effective communication play an important role in establishing a good working culture, which fosters collaborative behaviour (WHO 2010). The organisational culture is therefore considered to be an important and influential aspect of ICP in this study.

Defining organisational culture is complex with no one definition doing it justice. There is deemed to be a wide array of factors that encompass it such as behaviours, values and perceptions (Pettigrew 1990). Many scholars see culture as a continuously moving target, as they may uncover a piece of the target but rarely the whole. Nevertheless, an organisational culture is concerned with the nuances and complexities that come to life actively through both internal and external influences (Rudes and Magnuson 2019). As Schein (1991) argues, organisational culture entails a pattern of shared basic assumptions, which are invented, discovered or developed by a particular group to cope with its problems of practice. In working well enough to be considered valid, these behaviours become the focal point of the group and are taught and passed on to others in the organisation as the appropriate way to perceive, think and feel (Schein 1991).

The organisational culture in prisons is seen to emerge under the diverse and confined internal and external environment as a means to cope with the difficulties in penal institutions (Rudes and Magnuson 2019). Similarly, organisational culture has also been noted to be a key mechanism to have mutually supportive service personnel in interprofessional prison settings (Hayes 2012). In the implementation of ICP, having a culture that demonstrates the collaborative and supportive approaches of staff is suggested to be crucial. Therefore, the idea that the organisational culture in prisons can play a pivotal role in the work undertaken in these settings has gained momentum (Slade and Forrester 2015). The organisational culture at both case studies is therefore considered crucial toward the implementation of ICP by the front-line staff. Conceptually, this study has begun to critically evaluate *how* ICP is implemented at these transitional residences through the integration structures, collaborative processes and organisational culture.

6.5.1.3 A conceptual model of practice – Structure, process and culture

By utilising the theoretical framework of CHAT, indications from this study are that the structures, processes and culture are all key mechanisms of ICP. Through the utility of a theory, models of practice can prove useful as a guide to conceptualise the organisational work of professionals. While developing a holistic view of complex systems, employing a theory is said to enhance understanding of the interactions of an organisation by explaining the interrelated mechanisms and their affiliation (Turner 2006). Displayed by Figure 6.7, a conceptual model theorises *how* ICP was implemented by the structure, process and culture at the two transitional residences.

Culture

Values, norms and beliefs:

- Education/training
- Policies and legislation
- 'Codes' of practice

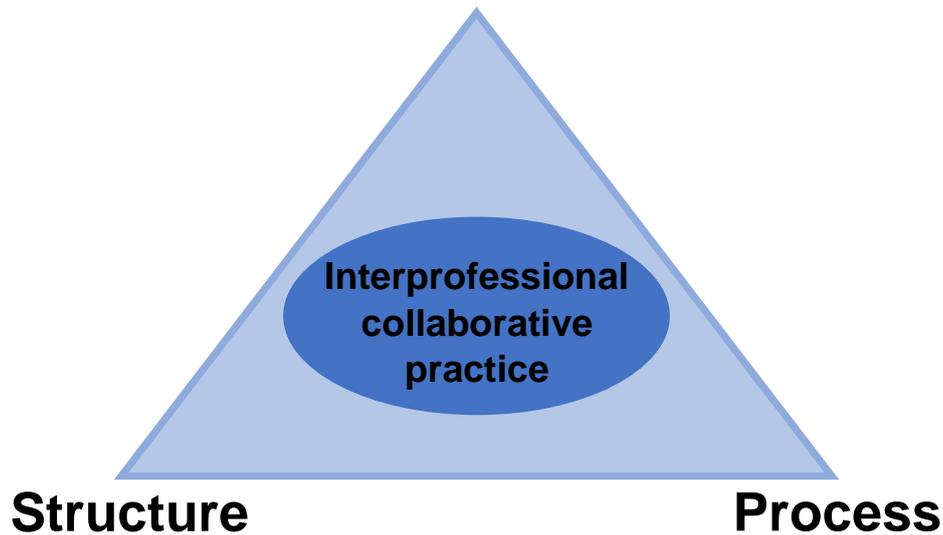


Figure 6.7 A conceptual model theorising how interprofessional collaborative practice was implemented at two Norwegian transitional residences.

Critically, this discussion theorises the affiliation between the integrative structures, collaborative processes and underpinning organisational culture. In brief, integration refers to the formal structures of the specific work activity, the collaboration refers to the relational processes, and the organisational culture articulated the core premise of the work undertaken. To elaborate, the peoples' actions, namely the front-line professionals, were emergent through these three interrelated mechanisms which reinforced the central focus of their work. Notably, culture here is seen as a crucial aspect of these practices that captures the values, norms, and beliefs of the daily work with prisoners. Contributions from this study emphasise the central importance of culture to make these prisons a better place to work for the staff and to live in for the prisoners. The organisational culture therefore determined how the prison is run and managed, and how prisoners are ultimately treated. Although integration and collaboration are shown to be important aspects that support the implementation of these practices, having a culture which upholds strong principles of prisoner rehabilitation/reintegration is critical. Thus, without this embedded culture no amount of new integration systems or collaborative initiatives will work effectively otherwise. Therefore, the culture in these settings is seen as influential to ensure that staff possess (or have the ability to change) their mind set to what is accepted as the norm in the prison environment. For example, the education/training of the staff, policies and legislation, and general unwritten 'codes' of practice in Norway fostered a culture that reinforced common habits and ensuring everyone adhered to the same expectations. Instead of undermining the integrative structures and

collaborative processes, the culture in these contexts was a key feature that fostered meaningful and effective interprofessional collaboration between different professional disciplines as well as prisoners to support their transition back into the community.

To elaborate, it is recognised that the structures, processes and culture of organisations are all important aspects in the development and implementation of practice (Lægaard and Bindselev 2006; Newsome 2014). Broadly, these mechanisms are explained below:

Structure is a key organisational characteristic which can enable organisations to be arranged without unnecessary interdependence, creating an uncompromising composition and power concentrations. For example, the integrative structures play an important role in the locality and positioning of different services which can inform the desired (or undesired) ways that they work together. Structurally the focus is on the organisation relative to other organisational entities in society. Formalised top-down structure is said to prescribe the behaviour amongst staff and their working processes.

Processes are said to be influenced by the structural conditions present. These conditions inform the collective decision-making processes and have a direct influence on the behaviour undertaken. The processes are context specific and dependent on who is involved. Attention is therefore drawn to the collective behaviour, interactions and relations between the individual members of an organisation. These processes can be viewed from different angles such as the relations with other organisations and the relations between the organisation's own individuals.

Culture is also considered integral to organise an efficient and meaningful organisation and hold it together. The core convictions of a culture ought to be shared by the members of an organisation and define its self-image. The common values, language and opinions define what the organisation considers right or wrong and constitutes the culture. The visible and tangible symbols can also reinforce the core premise of an organisational culture.

Explicitly, this conceptual model theorises the localised integrative structures, collaborative processes and organisational culture at the two transitional residences. The study indicates that the structures, processes and culture accentuated *how ICP* was implemented by reinforcing the pivotal roles, proactive attitudes and collaborative behaviour among the front-line staff, across other service personnel and with the inmates. To critically evaluate these findings further, the subsequent section recognises *why ICP* has been implemented and to illustrate the impact on the front-line professionals' organisational work.

6.5.2 Why is interprofessional collaborative practice implemented?

To acknowledge *why ICP* has been implemented, this study utilises the underpinning framework of CHAT. In the utility of CHAT, this theoretical framework has gained increasing popularity and relevance among researchers in the study of organisations (Adler 2005; Blackler 2009). Similarly, the justified use of CHAT has been shown to analyse and articulate the complex interactions of ICP (Engeström et al. 2015; Kajamaa and Lahtinen 2016; Hean et al. 2018; Kajamaa et al. 2019). The object of the activity is therefore regarded as the key to understanding and learning about a specific activity system (Leont'ev

1978). Blackler (2009) suggests the need to conceptualise the “*object of activity*”, as central to these objects are the insights of the individuals that experience the systems of activity. To theorise *why* the implementation of practice occurs, the object is crucial to determine the horizon of possible goals and actions by revealing the complexity of an activity system and its prime strategy and mission (Blackler 2009). Conceptually, Figure 6.8 broadly represents the key premise of the front-line professionals’ organisational work at the two transitional residences. Furthermore, this illustrates both case studies in parallel as a dynamic model of interlinking activity systems through the shared objects of socialisation and accessing external services.



Figure 6.8 The front-line professionals organisational work at the two case studies as a model of interlinking activity systems with shared objects.

To elaborate, the two prison sites were independent from one another and worked in parallel, but the key findings have indicated a shared emphasis of the objects at each transitional residence. Studies of ICP that encompass CHAT have suggested that activity systems, and particularly the objects of the activity, are open, socially constructed and take shape over lengthy periods of time (Warmington et al. 2005; Blackler 2009). As Engeström (2004) describes, the interconnecting activity systems can be represented by different traditions, domains of expertise and social languages. With centred focus on the “*object of activity*”, the objects are determined to be shaped over time through the interlinking of multiple situations and actors. Critically evaluating the objects is said to be the key to understand the long-term *why* of actions, and in this case *why* the implementation of ICP took place by the staff at these transitional residences.

The utility of CHAT in this study assists in extrapolating the actions and interactions between individuals, collective activities, language and objects. The goal-directed actions and automatic work are determined to be key in interpreting the object of these collective activity systems and to account for the anatomy of the professionals’ actions (Engeström 1987, 2000). In this context, understanding the *why* of the generalised objects entails shared reflection of its emergence. The multiplicity of an object

is said to lie in the fact that it is composed of the people that are embedded in the activity. Conceptualising the collective activity systems relies on considering the anatomy of everyday work. The object of an activity is something that is deemed to be in constant mediation and transition. Nevertheless, the object can be characterised by the subjects at a given moment in time. The mediation can include the subjects' motivation that may have evolved and is a directed action toward an emerging object. Mediation can therefore play an important role in shaping the activity based on the origin of a subject's social needs (Miettinen 2005). To understand the broader purpose of these collective activity systems, this discussion draws attention toward the construction of the shared object(s) of activity at both case studies.

Blackler (2009) discusses the importance of directing attention toward the mediated activity systems and constructed objects through the series of actions. Activities are envisaged as systemic formations of relatively long-term collective behaviour that often take the shape of an institution. Activity systems evolve historically and reproduce themselves constantly through the actions, automatic operations and routines. The action can be a relatively discrete segment of behaviour, which is directed towards a goal. Goals do not necessarily determine actions, but the goals and aims emerge and shape into action and the emerging objects of an activity. Thus, central to the CHAT framework is the concept of the mediating activity systems and the construction of the object (Engeström 1987). Theoretical conceptions should therefore not just become situated on *how* practices occur, but to elaborate with theoretical models as to *why* they emerge (Engeström 1995). To illuminate *why* ICP has been implemented, attention is now drawn to the shared objects as they are said to evolve and emerge through the mediating collective activity systems (Engeström 1987, 1995; Miettinen 2005; Blackler 2009).

6.5.2.1 Mediating collective activity systems and shared objects

Since all activity is deemed to be mediated (Blackler 2009), indications from this study are that the integrative structures, collaborative processes and organisational culture informed the shared object(s) of activity and mediating collective activity systems at the two transitional residences (see Figure 6.9). The key mechanisms of ICP have therefore been considered influential to inform the action, work and behaviour of the objects at both case studies.

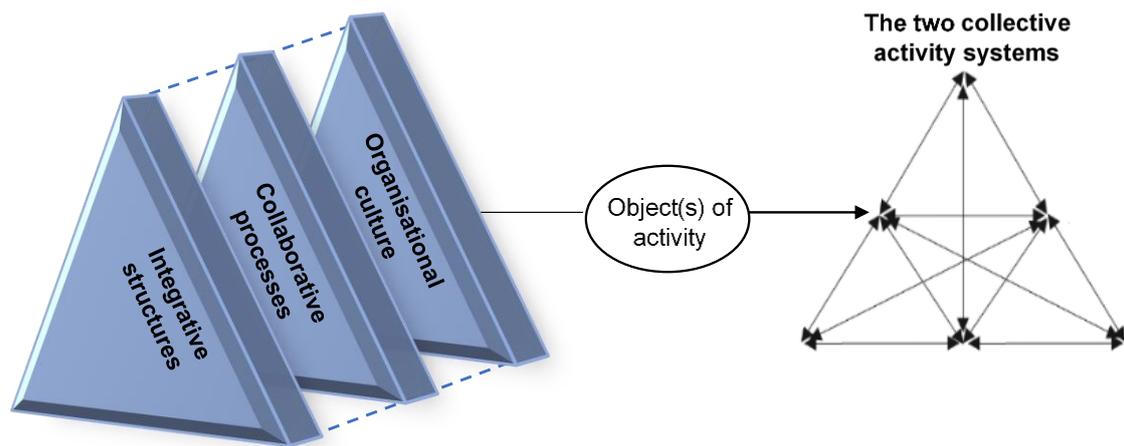


Figure 6.9 A theoretical illustration of the key mechanisms of interprofessional collaborative practice, which informed the object(s) of activity and mediated collective activity systems at both transitional residences.

The “*object of activity*” has been repeatedly determined to be fundamental in theoretically conceptualising practice as objects are intimately related to the mediating activity to which they are constructed (Blackler et al. 2000). An activity should be considered to be dynamic rather than static as it is specific to the human beings of an amendable context through mediation (Foot 2001). Studies of interprofessional collaboration have also discussed the notion of mediation in which individuals adopt activities to regulate their own and others’ social activities. In doing so, the prime individuals transform and gain voluntary control over these activities (Moore et al. 2015). Mediated action is seen as the centrality of the activity system model and is said to feature procedures which shape or inform the interaction between a worker and their activity in order to mobilise, stimulate, develop and apply its distinctive nature (Blackler et al. 1999; Sannino and Engeström 2018). Therefore, the main discussion posits that the structure, process and culture shaped the professionals’ shared objects and mediated the other components of this specific activity system.

The notion of mediation draws attention to the centrality of linking individuals’ thoughts and actions to the broader context of an activity. Suggestions are that material factors are inevitably involved and imposed in the enactment of practice. Emphasis is therefore placed on the locality of the activity system to theorise and understand why practices operate (Blackler and Regan 2009). Discussed by Engeström (1995), the resulting action, objects and collectively activity systems cannot be fully understood or accounted for without examining them against its broader background. To elaborate, an increased focus is placed on understanding the institutional background of the activity systems and in particular these front-line professionals. To determine *why* ICP has been implemented at these transitional residences, this study positions the collective activity systems and shared objects in the wider context of the prison system. Fundamentally, the primary consideration is to interpret these key findings in conjunction with the broader reintegrative strategy of the Norwegian prison system.

6.5.2.2 An organisational commitment to reintegrate inmates back into society

While the socially mediated activity is taken as the prime area of analysis, the broader background of the activity system is a fundamental consideration. A crucial link is therefore between the specific societal and cultural history and its centrality in the activity. The specific actions of the activity in question should therefore be interpreted against these broader dynamics of an organisation (Blackler 2009). The institutional background of the activity system is relevant to consider *why* features of an organisation exist and are implemented into practice (Blackler et al. 1999; Miettinen 2005). As Warmington et al. (2005) suggest, interpreting the broader context of an activity such as the social, cultural or political background is key to understand *why* ICP was implemented. Thus, this discussion considers the premise of reintegration and its key influence toward the implementation of ICP at the transitional residences in Norway, and to illustrate the impact on the organisational work at the final phase of the prison system.

Scholars worldwide have raised questions regarding the implementation of practice at the final phase of an inmate's prison sentence as they transition from prison to life in society. Reintegration has gained major importance in criminal justice policy in many European countries, as release preparation is considered crucial with the social aim to decrease the negative effects of imprisonment and to reduce reoffending. The reintegrative strategies of prisons therefore hold crucial importance to achieve the broader institutional goals of prisons and their front-line staff (Dunkel et al. 2018). With reintegration considered a major aim of prison systems, the reintegrative work of staff is crucial to help inmates construct a life plan to ensure that they have the basic primary goods and ways of effectively securing them without harming others (Ward and Maruna 2007). The reintegration of inmates has become among the most important issues in criminology and related disciplines. Understanding professionally driven reintegration is crucial to help in the voyage of an inmate from prison to life in the community. Reintegration is said to operate in a theoretical vacuum requiring clearer explanations of these procedures and presenting new understandings (Maruna and Immarigeon 2004). Moreover, reintegration is considered to hold a key position in the Norwegian prison system.

Politically, the Norwegian government's philosophy is that by having a positive start at release increases the likelihood an inmate will succeed in life after prison. The goal of a prison sentence in Norway posits that after completion of a sentence a person desists from committing further crime by ensuring that an inmate has a purpose to strive upon release and is reintegrated back into society. Through the work of the Correctional Service, the goal should be to reduce the relapse of a sentenced person to a new crime. There are greater demands in facilitating reintegration due to the deprivation imposed during incarceration, but the difference between life in prison and out in community should have as little difference as possible to ease this transition. Similarly, the emphasis in Norway is on giving prisoners greater influence over important decisions in their lives. Reinforced by the findings of this study, convicted individuals must be given the opportunity to live as real-life as possible through training, guidance and control, labour training in a socially realistic routine, normal salary for work undertaken, pay bills and purchase food, training in life skills, participate in meetings and conflicts (Norwegian Ministry of Justice and the Police 2008).

The broader background of the Norwegian prison system is said to be anchored in recidivism and insolubly connected with welfare. The Correctional Service must have the measures in place that transform a convicted person to limit reoffending and ensure they are ready for life outside of prison. Front-line professionals in Norwegian prisons are therefore positioned to not merely deprive convicted persons of their liberty, but to support and motivate prisoners to lay the foundation for their rehabilitation and eventual reintegration (Fredwall 2017). Positioning the key findings of this study in conjunction with the broader background of the Norwegian prison system, indications are that the front-line staff at the two transitional residences had an organisational commitment to reintegrate inmates back into society.

Reintegration is a key pillar of the prison system in Norway and the emphasis of this strategy being concerned with what is occurring at and after release. The first hours and days after release are described as the most crucial. If the penalty is to be effective, the work with an inmate must be planned and cared for in a good way prior to release. Without this social planning, the work undertaken by the Correctional Service is undermined and places an inmate at a higher risk of returning to prison in the future (Execution of Sentences Act 2002). The professionals in Norway are crucial to facilitate the re-entry process of prisoners and to effectively reintegrate them back into society. The work undertaken by front-line staff in Norway may indicate the welfare distributiveness of the prison system and its staff to have central focus on individual treatment, rehabilitation and ultimately reintegration (Lundeberg 2017). Smith and Ugelvik (2017) discuss welfare embracing penal systems such as Norway that have progressively prioritised a humane focus within the penal history, culture and practice. Greater acknowledgement has been called for regarding the practices undertaken in prisons and the association between the fundamental welfare approach of the system. Termed as a “*welfare state*”, the association between welfare and these practices in the Norwegian prison system is of considerable importance for this study. To elaborate, suggestions from this study are that the welfare-orientated and socially supportive approach of the prison system maintains a high-priority and commitment to reintegrate inmates from prison back into the community.

To determine *why* ICP was implemented at the transitional residences, the key findings of this study have therefore been positioned with this broader background of the Norwegian prison system. Indications are that the integrative structures, collaborative processes and organisational culture of ICP accentuated this reintegrative strategy of the prison system. The staff were able to prioritise the inclusive and positive development of an inmate to prepare them for release and for a life outside of prison by reintegrating them back into society. Consequently, the mediating collective activity systems and shared objects at both case studies possessed an organisational commitment to reintegrate inmates back into society. While the study does not categorically suggest that successful reintegration is achieved, the key argument suggests that reintegration is deeply embedded at the two transitional residences and illustrates the impact on the organisational work undertaken by the front-line staff at the final phase of the prison system.

To summarise, the welfare-orientated and socially supportive approach of the Norwegian prison system underlined *why* ICP was implemented with a reintegrative strategy at the two transitional residences. To reintegrate inmates back into society, the front-line professionals at these prisons were committed

toward the inclusive treatment and positive development of an inmates' various needs, including mental health, to prepare them for release and for a life outside of prison.

6.5.3 Key arguments

The final research question has recognised *how* and *why* ICP was implemented by front-line professionals at the transitional residences in Norway. By utilising the theoretical framework of CHAT, this discussion has critically evaluated the implementation of ICP at the final phase of the Norwegian prison system to illustrate the impact on the professionals' organisational work.

To summarise the key argument, a conceptual model theorised the localised integrative structures, collaborative processes and organisational culture at the two transitional residences. Indications are that the structures, processes and culture informed *how* ICP was implemented by reinforcing the pivotal roles, proactive attitudes and collaborative behaviour among the front-line staff, across other service personnel and with the inmates. Moreover, the welfare-orientated and socially supportive approach of the Norwegian prison system underlined *why* ICP was implemented with a reintegrative strategy at each prison. To reintegrate inmates back into society, the front-line professionals held a commitment toward the inclusive treatment and positive development of inmates' needs including mental health. Therefore, the staff prepared these individuals for release at the conclusion of their prison sentence and for a life back in the community.

6.6 Conclusion

In conclusion, this chapter has discussed the main findings from the two case studies to expand knowledge of ICP at the final phase of the Norwegian prison system. Explicitly, attention has been focussed on the insights and experiences of front-line staff and their organisational work with inmates' mental health needs at two transitional residences. The main propositions from this study have therefore captured ICP at an integrative and collaborative level.

At an integrative level, three key arguments identified the structural arrangements of integration within the two transitional residences and across the prison system:

- 1) The specialised health, welfare and mental health services and staff were located in the community and not integrated into these transitional residences. The segregated services and personnel reinforced the supportive work of the front-line prison staff to ensure that inmates had progressive opportunities to rehearse behaviour for a future life in society.
- 2) The two residences hosted closely integrated front-line staff that were sanctioned to function as an interprofessional and collective team with an inmate's needs prior to release. The boundaries between the various professional disciplines were eliminated which established organisational coherence, shared tasks and a collective accountability for their work at each transitional residence.

- 3) The sharing of crucial inmate information was compromised as systems including the digital tool KOMPIS and confidentiality procedures were insufficiently integrated. A higher degree of integration was required to improve the sharing of information across different services and front-line staff that are working with inmates prior to release. However, the front-line staff at these residences resorted to internally developed tools to manage information sharing within the organisation.

At a collaborative level, four key discussion points accounted for the collaborative processes that pinpointed the purposeful relations within the two transitional residences and broadly across the prison system:

- 1) The staff had low levels of collaboration with other services to encourage an inmate's own responsibility to maintain collaboration as they will soon be living independently in society. The staff requested new collaborative initiatives or models with NAV and other prisons to overcome communication challenges prior to an inmate's release and as they transition through the prison system.
- 2) Having qualified and competent staff to work in prisons was essential for these professionals to develop collaborative relations between different interprofessional disciplines and to balance the differing measures of the prison system.
- 3) The autonomous relationships were valued by the staff to cultivate collaborative and participatory involvement with an inmate in preparation for a life back in society.
- 4) Compatibility was found between the humane values that underpin the Norwegian prison system and the shared ideals applied by the front-line staff. The shared humane ideals of the professionals stimulated collaborative outlooks amongst them at the transitional residences while working with inmates' needs before they were released.

To conclude, this study has recognised how and why ICP was implemented by the front-line professionals at the two transitional residences. A conceptual model demonstrated the localised integrative structures, collaborative processes and organisational culture at these prisons. The structures, processes and culture were found to inform how ICP was implemented by the front-line professionals to reinforce the pivotal roles, proactive attitudes and collaborative behaviour among the staff, across other service personnel and the inmates. Furthermore, the welfare-orientated and socially supportive approach of the Norwegian prison system emphasised why ICP was implemented with a reintegrative strategy at these residences. To reintegrate inmates back into society, the staff were committed toward the inclusive treatment and positive development of the various needs that inmates were encountering, including mental health, to prepare them for release and a life back in the community.

The subsequent chapter returns to the research questions to reiterate the key findings from this study, the original contribution to knowledge, the implications from policy to practice, recommendations, limitations of the study, reflexivity in relation to the research content and process, and considerations for future research.

CHAPTER 7 CONCLUSION

7.1 A return to the research questions

To achieve the primary aim of this study, an in-depth exploration of interprofessional collaborative practice (ICP) has been undertaken at the final phase of the Norwegian prison system. To achieve this aim, explicit focus of the research has considered the organisational work of front-line professionals with inmates, also known as clients, and their mental health needs. As the concluding chapter, the subsequent section returns to the three research questions to reiterate the key findings from this study.

Through three key findings, this study has noted the structural arrangements of integration concerning the front-line staff at the two transitional residences and broadly across the Norwegian prison system.

(1) The specialised health, welfare and mental health services and staff were demonstrated to be segregated from these residences which reinforced the supportive work of the front-line professionals, ensuring that the inmates had progressive opportunities to rehearse behaviour for a future life in society. (2) Contrastingly, this study demonstrated that having closely integrated staff at the residences was critical to eliminate professional boundaries and to certify an interprofessional and collective team at each transitional residence. Thus, the closely integrated staff worked efficiently as a team with inmates' needs prior to release by establishing organisational coherence, shared tasks and a collective accountability. (3) The sharing of crucial inmate information was impeded as systems including the digital tool KOMPIS and confidentiality procedures were insufficiently integrated. Although the staff at these residences resorted to internally developed tools to manage information sharing within the organisation, these listed systems required a higher degree of integration to improve the sharing of information across different services and front-line staff that are working with inmates prior to release.

Pertaining to the collaborative processes, this study has identified four key findings revealing the purposeful relations of these professionals at the two transitional residences and across the prison system. (1) The low levels of collaboration these professionals had with other services encouraged an inmate's own responsibility to maintain collaboration themselves due to their impending independence. However, new collaborative initiatives or models were requested by the staff with NAV (the labour and welfare service) and other prisons to overcome communication challenges prior to an inmate's release, and as they transition through the prison system. (2) Having qualified and competent staff to work in prisons has been determined essential for these professionals to develop collaborative relations between different interprofessional disciplines, and to balance the different measures of the prison system. (3) The autonomous relationships were valued by the staff to cultivate collaborative and participatory involvement with an inmate in preparation for a life back in society. (4) A compatibility was found between the humane values that underpin the Norwegian prison system and the shared ideals applied by the front-line staff. The shared humane ideals of the professionals have been considered significant to stimulate collaborative outlooks amongst them at the transitional residences while working with inmates' needs before they were released from prison.

In combination, the findings of this study have recognised the integrative structures, collaborative processes and organisational culture that informed the implementation of ICP at the transitional residences. Indications are that these key features reinforced the pivotal roles, proactive attitudes and collaborative behaviour among the staff, across other service personnel and the inmates residing at these prisons. Furthermore, the welfare-orientated and socially supportive approach of the Norwegian prison system sustained a reintegrative strategy of ICP at these residences. To reintegrate inmates back into society, this study has demonstrated that the front-line professionals held an organisational commitment toward the inclusive treatment and positive development of the inmates' wide range of needs, including mental health, to prepare them for release and a life outside of prison.

By addressing the three primary research questions of this study, the original contribution to knowledge now considers the importance of these findings to the current body of literature.

7.2 Originality

As the original contribution of this study, the immersive exploration of both case studies has conceptualised and expanded knowledge of ICP at two Norwegian prisons, known as the transitional residences. Explicitly, these findings are from the perspective of front-line professionals working with inmates' mental health needs at the final phase of the Norwegian prison system. The identified research gap of this study was concerning a lack of knowledge of ICP specifically from the perspective of front-line professionals. Further qualitative research was required to develop knowledge of ICP from this perspective. Similarly, calls for further research outlined the need to analyse front-line staff working with other services working with inmates' mental health needs (Hean et al. 2017a, 2017b; Hean et al. 2018). The demand for further research considered this important to understand the front-line roles, the ways of working and the competencies among professions. Moreover, further research was determined essential to describe the professional groups' implementing ICP, such as the integration and collaboration of these services in prison and the impact on the organisational work undertaken. Contributions from this study have therefore addressed these key areas.

Previous studies also indicated that there was limited examination regarding the extent to which front-line services in low-security or open prisons in Norway work with inmates' mental health difficulties. Key recommendations called for improved and flexible interprofessional collaboration between professionals to manage and treat prisoners encountering these challenges (Stang et al. 2003; Langeveld and Melhus 2004). These studies showed that ICP was an important concept to consider for multiple service personnel working in Norwegian prisons and the work undertaken with inmates' mental health. Even so, there was also a lack of exploration specifically from front-line professionals' insights and experiences of these practices. The original contribution from this study has therefore expanded knowledge of these practices from the front-line perspective, specifically at the transitional residence and the final phase of the Norwegian prison system. Additionally, this study has found a notable difference between the perspectives of leaders demonstrated by Hean et al. (2017a, 2018) and front-

line staff in this research. For example, these previous studies found that professional interactions between mental health and criminal justice services were found to be most salient when engaging in an inmate's rehabilitation and reintegration. Contrastingly, contributions from this study suggest that interactions were diminished between the community-based mental health services and prison staff at the transitional residences in Norway in order to fortify the reintegration of inmates and ease their transition to the community.

A strong hierarchical regime in prisons has been suggested to be an obstacle to the humane conditions and professional treatment in medium and large prisons (Mathiesen 2008). Contributions from this study indicate that smaller prisons are considered to have a decentralised and less hierarchical structure. Empirical evidence from this study demonstrates that these prisons represent places with transparency and entail informal and less strained day-to-day contact between the parties involved in the criminal justice system (see Johnsen et al. 2011). Similarly, these findings also contribute toward the idea that smaller prisons in Norway appear to prioritise achieving close relationships between staff and inmates, particularly due to the fewer hierarchical layers of management and a smaller number of prisoners to manage (see Hammerlin and Mathiassen 2006).

To demonstrate the original contribution to knowledge, the insights and experiences of the key staff working with inmates as they conclude a prison sentence have been exposed. These prisons have been found to represent institutions that ensure front-line staff work in harmony with inmates. Similarly, the distinctive value of these harmonistic relations evoked peaceful coexistence between staff and inmates, mutual respect, human dignity, sharing of resources, and the development of individual potential (see Crewe and Liebling 2012). To work towards effectively reintegrating them back into society, the findings of this study indicate that inmates should have opportunities to live as normally as possible at the final phase of the prison system in Norway. Thus, this study illustrates the importance of the inclusive role of an inmate during their prison sentence and particularly before being released back into the community. As Johnsen and Granheim (2012) suggest, smaller prisons in Norway demonstrate that collaboration between prisoners and staff is pivotal for prison life to run smoothly and to focus on having a positive impact with inmates. With indications that "*Who do you want to be your future neighbour?*" is a central consideration for professionals attempting rehabilitation and reintegration in Norway (see Johnson and Fridhov 2018), this study also emphasises the essence of positive relationships and humane prison conditions within smaller prison societies in Norway (see Christie 1982). Consequently, contributions from this research suggest that ICP is required to complement the demands of both front-line staff and inmates at the final phase of a prison system to endorse reintegration.

7.3 Implications from policy to practice

To facilitate interprofessional collaborative approaches in the future, the implications from policy to practice are crucial to benefit institutions, professionals and service users in the future. Policies can

therefore represent the starting point from which interprofessional collaborative developments can occur (Leathard 2003). Prison systems, institutions and front-line staff are renowned for having long-standing frameworks, traditions and imposed philosophies (Pratt 2008a, 2008b; Pratt and Eriksson 2011; Bennett and Shuker 2017). Relinquishing current agendas and for constructive developments to occur in these contexts may therefore be a long-term process. Intentions are to not overstate the research, but this study acknowledges the essence of top-down policies to help guide professionals in these complex settings. Policies can therefore promote interprofessional collaboration in similar institutions to steer front-line staff working with inmates' complex needs, and also for convicted persons to have an inclusive participation in prisons for their successful reintegration and a future life in society.

Prison systems may amalgamate interprofessional working and cultures into their penal policies, but local variations in the interpretation and implementation of practice are still said to occur. Policies have also been found to take precedence or constrain practice and staff behaviour in prisons (Rudes and Magnuson 2019). Thus, this research stresses the importance of interprofessional collaborative measures within policy to inform practice and direct staff rather than constraining their day-to-day work in prisons, particularly as they are the individuals implementing the work of the criminal justice system (Bruhn and Nylander 2013).

Policies can also help to strengthen and bolster ICP with new initiatives driving for improvements in complex health and social care environments (Interprofessional Education Collaborative Expert Panel 2011). Additionally, to further develop prison practices, learning from local establishments has been considered crucial to understand the best practices and to share the findings (Slade and Forrester 2015). The implications of these findings recognise the importance of policies at a national and localised prison level to inform or guide front-line practice. Similarly, these practices are required to be context specific based on the demands of both professionals and inmates throughout the different phases of the system (i.e. sentence progression). In the long-term, developing interprofessional collaborative approaches from policy to practice in prisons is considered essential, particularly if prison systems are to rehabilitate, reintegrate and reduce reoffending of people in prison.

7.4 Recommendations for future innovation

The recommendations of this study are now presented to inform future innovation. Future innovation is considered a process by firstly accessing the embedded knowledge of a diverse range of actors in a workplace (Landry et al. 2002). By utilising the new knowledge from this study, the premise of social innovation is to create new structures, relationships and collaborations. Innovation is considered a product of the synthesis and coproduction of new knowledge that interprofessional collaboration encourages. Considered to be the first aspect of social innovation, the identification of new, unmet or inadequately met needs is required to pursue the development of new solutions in response to these social needs (Hean 2015b). Although innovation is not actively considered a by-product of this study,

the following recommendations are presented to inform future innovation either at these transitional residences or other similar contexts.

Explicitly, the front-line perspective has been central to this study and the purpose has not been to make broad assumptions or to generalise these findings to other transitional residences. Additionally, it is not considered a key feature of qualitative studies to generalise what has been found to other contexts. The reason is that the research is focusing on an in-depth exploration of a particular context rather than seeking to generalise a finding to a set population (Bryman 2012). Transferability is therefore an important consideration here for the reader and the degree in which these findings can be transferred to other settings. For example, these settings may include the remaining transitional residences in Norway or low risk/open prisons in other prison systems that encompass front-line staff working with prisoners approaching release. In this instance, transferability is a process for applying the findings of this study to other similar contexts by considering how closely the participants are linked to the context being studied, and the contextual boundaries of the findings. It has therefore been the researcher's responsibility to paint a full and thick descriptive picture of the context in order to determine if the findings are transferable (Given 2008).

To establish the transferability of these findings, a notable consideration is that there are also several other transitional residences in the Norwegian prison system. Broadly, these residences are positioned to have a similar function and reintegrative focus which represents an opportunity to transfer these findings and recommendations to other sites. The primary reason is therefore to propose new measures or models of interprofessional collaboration at similar prisons that supports staff working in these complex environments, benefits prisoners transitioning from prison to the community, and also to overcome current challenges experienced at these specific case study sites. In doing so, the transferability of these findings and recommendations is important for the two residences and/or other similar sites that entail or require an improved reintegrative strategy. The CHAT framework is also seen as useful for transferring the findings to other prison contexts by contrasting between the practices, identifying possible challenges, and proposing new measures or models of ICP that support both staff and prisoners through the different phases of a prison system.

The key findings of this study have demonstrated the segregated external services and closely integrated staff within each transitional residence. Therefore, this research recommends the development and implementation of these integrative frameworks in other similar low-risk and open prison contexts where prisoners are soon to be released. These structures are considered important for front-line staff to prioritise an inmate's reintegration with the specialised services and staff located in the community. Furthermore, this study recommends having integrative structures that promote collaborative behaviour across different front-line disciplines in prisons. The reason for this is that integration can enhance the collaborative knowledge of staff working together (Oliver and Mooney 2010), particularly as professional groups within prisons can develop differences which impedes collaboration from occurring (Bruhn et al. 2012). Moreover, a higher degree of integration is recommended for systems such as the digital tool KOMPIS and the confidentiality procedures. Reiterated by Hean et al. (2018), further integration is required for the systems utilised by criminal justice

and mental health services as they fail to overcome complex interactions with mutual service users. Therefore, enhanced integration of these systems may lead to improving the sharing and dissemination of inmate information across organisational boundaries.

As low levels of collaboration are considered inadequate with NAV or other prisons, this study recommends improving collaboration across service boundaries to overcome communication challenges prior to an inmate's release and as they transition through the prison system. A designated counsellor is proposed as a useful initiative to work at the transitional residences in a limited capacity to improve collaboration with NAV, but not to undermine the reintegrative efforts with the inmates. Similarly, developing formalised communication with other prisons is recommended to ease the transfer process of an inmate.

Having qualified and competent staff has been determined important to maximise the collaborative effort between different interprofessional disciplines and to balance the differing measures of the prison system. Having rigorous education or training programmes is recommended to ensure staff can collaborate effectively with one another, particularly as it has been found to mitigate challenges, ensure consistent, continuous and reliable care within environments such as prisons to improve patient outcomes (Bainbridge et al. 2010; WHO 2010; Wolff et al. 2013). Nevertheless, further education or training is recommended to develop the knowledge and capabilities of staff to work collaboratively with inmates' mental health challenges before they are released from the transitional residences. Moreover, to develop effective collaboration between staff and prisoners, this study recommends that professionals promote the increased liberty, decision making and responsibilities of inmates that fortifies reintegration before release. Finally, as the organisational culture has also been considered a key aspect of ICP in Norway, recommendations are for culture to be an embedded feature of penal legislation, policies and education or training programmes to encourage the shared ideals of front-line staff and for collaborative outlooks to occur across various disciplines.

7.5 Limitations of the study

The key findings of this study have demonstrated the relatively similar collective activity systems at each prison site. As a limitation of this study, there has been a lack of discussion regarding the intricate differences at these prisons such as the Nurse managing medication at case study one and the heightened security procedures at case study two. The study has therefore focused on explaining the commonality between the two sites rather than exploring these discrepancies. Furthermore, this study must recognise that stringent focus has been concerned with inmates' mental health needs, but the professionals also underlined the importance of inmates' other wide range needs that they were encountering (e.g. accommodation, education, training, employment, substance abuse, and physical health). Considering this limitation, the research has prioritised mental health in a prison system due to its prevalence and the implications for an inmate's future rehabilitation, reintegration and reducing reoffending (Blaauw et al. 2000; Skeem and Peterson 2011). Critically, the key arguments from this

study are not to suggest that the sole emphasis has been with inmates' mental health needs, but recognition is that these findings will have also incorporated the various other needs encountered by the inmates that required attention by the staff.

Additionally, inmates' crucial voices and experiences were not included in this research due to the ethical constraints. Even so, it was not deemed appropriate to interfere or disrupt inmates' day-to-day lives shortly before release, particularly as traumatic life stories of their mental health may arise. Due to ethical limitations, the research was also unable to include participation from other services such as health, mental health or other welfare organisations and their front-line staff. Critically as Grix (2002) suggested, encompassing a wider range of experiences may have assisted in developing broader knowledge. Therefore, incorporating the different services and personnel working with inmates at the final phase of the prison system would have been beneficial for this research. The researcher's limited ability to speak Norwegian must also be recognised. Although observational research has long been conducted in societies which are foreign to the researcher, undertaking research in the local language is considered important to understand the context in detail, collect rich data and it is a determinant on accessibility to the field site (Winchitz 2006; Murchison 2010). Despite the researcher undertaking intensive Norwegian lessons, this study relied predominantly on the participants' proficiency of English. Consequently, the language constraints have limited the scope of the research to effectively represent the professionals' experiences and insights.

Moreover, the researcher recognises the limitation of employing a theoretical framework. Frameworks such as CHAT in organisational studies have been employed as an analytical lens to guide the research process and foster reflections from what has been learnt (Warmington et al. 2005; Pereira-Querol 2011; Seppänen 2017; Hean et al. 2018). In this case, this study recognises the limitation that a theoretical framework has on what is or is not learned through the research direction, fostering research bias and potentially impeding the conceptualisations made by the participants (Rubin and Rubin 2012). Critically, Thompson (2004) argues that CHAT has progressively failed to explain the human consciousness and subjective interactions. Thus, modern day CHAT research fails to explain the social condition of meaning within human beings rather than just focusing on groups. Considering this limitation, the research may well have analysed the narratives of each professional to balance the analysis between a higher-level perspective of the practices, and a low-level analysis of the consciousness, experience and materiality of language from each participant.

7.6 Reflexivity of the research content and process

It has been determined important to acknowledge the possible impact on the research content and process by considering reflexivity from my own perspective as the researcher (Berger 2015). Reflexivity is considered to be a two-way exchange of on-going mutual interaction between the researcher and the research. Simply, *prospective* reflexivity considers the effect of the whole-person-researcher on the research by "*stepping up*" to acknowledge my active role as part of the conceptualised action. Reflexivity

is also required to consider my knowledge, feelings, values that were brought to the research content and the purposeful decisions in this process, such as the analytical lens chosen to be employed. *Retrospective* reflexivity is also considered to be conscious reflection that is emphasised by “*stepping back*” from the research action. Reflexivity therefore considers what has taken place as part of the research content and the whole research process, to become a self-aware analyst of the research experience, establishing a sense of self-movement, internal growth, profile shaping, trajectory, and my own individual development experienced. The charted interacting cycle between prospective and retrospective reflexivity are suggested to shape my own experience as the researcher, and the consequent self-development and growth of the study (Attia and Edge 2017).

Firstly, I have reflexively considered the study’s focus on mental health. Prospectively, this focus has undoubtedly informed the research process. Critically, I struggled to “*get a grip*” of the topic of mental health in prisons as the research process began. Due to the complexity of mental health, I battled with selecting the precise research query such as the assessment procedures of people encountering psychological difficulties in prison, or the diversion of people between mental health and prison institutions. Thus, I contended with various ideas to strengthen the precise research direction taken. During the secondments to Norway, it also became apparent that inmates encountering serious mental health issues was a rare occurrence due to the type of prison being researched – the transitional residence. For this reason and as the research evolved, I attempted to gently distance the research from merely portraying mental health at the two prison sites. The reason for this was that the staff accounted for inmates’ diverse social and health needs rather than just focusing on mental health. Retrospectively, I also attempted to recognise the mutual work and presence of inmates’ multiple needs as they transition from prison to the community, but still cautiously emphasising the centrality of mental health in this study. Consciously, the concluding sections of the study have intended to represent the key conception of reintegration with inmates’ diverse needs, including mental health, which has been considered crucial to aid their return to society.

Reflexive considerations are also presented regarding my own research journey and evolution of the study. As the study commenced, the research has been part of the consortium entitled COLAB which is a Horizon 2020 funded MSCA RISE project which set out to improve collaborative working between criminal justice and mental health services. As a member of this wider project, one of the key aims has been to validate a Change Laboratory Model (CLM), a model of workplace transformation to promote interprofessional collaboration and innovation. As part of this validation, research was required to firstly describe practices across various prison settings in Europe. My inclusion in this project has been to exclusively investigate the Norwegian context. As a key consideration, the research direction has been guided by the wider COLAB project due to the utility of the theoretical framework of CHAT and also the focus on mental health. Through the evolution of this research and my involvement in COLAB, 5-months of secondments to Norway and the practice partner KRUS have been incorporated. Critically, managing the research process has been both stimulating and an apprehensive process. I therefore held the responsibility of implementing this research in a foreign and highly sensitive setting, and also to complete the progressive milestones of this study and the COLAB project. Conscious reflection has

therefore been required such as being able to manage the evolution of the individual research project, and my involvement as a member of COLAB to complete the various activities as part of this consortium.

Furthermore, employing the theoretical framework of CHAT has also entailed tentative reflection between the application of it in this study and its possible implications. The justification for employing this theory stemmed from my involvement in the COLAB consortium. Prospectively, the use of CHAT was intended to guide the research process and to effectively represent the researched content through the principles of this theory. Critically, I have recognised how employing a theoretical framework may restrict the extensivity of the research as it informed what data was collected. Even so, CHAT was perceived to aid the research process as an analytical lens. Particularly at the fieldwork and analytical stages of the research, the utility of CHAT assisted in sifting, organising and managing large amounts of textual data. Retrospectively, employing this theoretical framework was found to support the research process by "*bringing the data to life*". Through personal reflection of employing CHAT, this framework was found to aid interactions with participants by asking the key questions of the theory, collecting in-depth data and solidifying a useful structure early on in research process. The application and utility of CHAT has therefore been envisaged to build my own confidence and ability to manage the research process. Similarly, CHAT has enabled cross-evaluations to take place with other COLAB research for future publishable material.

To conclude, conscious reflection of my own journey has taken place by considering factors such as my background, language and nationality. Notably, my background includes having progressed from being a front-line professional to becoming a researcher in the prison environment. My adjusted role was useful to consciously empathise with staff through personal experiences and insights of prison life. Similarly, I have personally encountered the complexities and "*voiceless*" experience regarding front-line work in prisons. My active position in this study has therefore emphasised the central importance of conducting a first-hand exploration of prison life. Explicitly, capturing the perspectives of front-line staff (and other key individuals in the penal process) is seen as a building block to expand knowledge and pursue future impactful research in complex prison systems. Similarly, language and nationality were regularly considered as I am not a native Norwegian nor do I have the proficiency to speak the language fluently. I therefore intentionally set out to be immersed in the culture, traditions, heritage and ways of life in Norway to overcome these boundaries. The impact of this immersion has been to capture the nuances of the Norwegian prison system and ensuring the research accounts for intricacies of this system, rather than overtly forcing my own preconceived or irrational point of view onto this study.

7.7 Future research

Future research is suggested to consider expanding knowledge on ICP from the front-line in other prisons in Norway and through the progressive phases of the prison system. Exploring the narratives and agency of inmates is an important consideration for future research to investigate the impact on these individuals as they progress through a prison sentence. As agency is a construct that represents

an individual's ability to influence their future and the world around them (Byng et al. 2015), further research in this area must incorporate these individuals as an inmate's agency and narratives have been indicated to be central to their own rehabilitation, reintegration and to effectively reduce reoffending (Visher and Travis 2003; McMurrin and Ward 2004; Paternoster and Bushway 2009). Future research is also imperative to investigate current reintegration strategies with inmates to challenge and question current frameworks (Larsen et al. 2019). Similarly, to also consider research on other front-line staff from the health, mental health and other welfare services in the Norwegian prison system.

Education is considered essential to prepare a collaborative and practice-ready workforce to respond to local needs. Staff can therefore develop the competencies and be prepared to work in an interprofessional and collaborative team (WHO 2010). Notably, the Norwegian training of Prison Officers entails a unique 2-year programme and is organised by the University College of the Norwegian Correctional Service (KRUS) (Bruhn and Nylander 2013). To recognise the needs of front-line staff in other prison systems, future research ought to explore the interprofessional collaborative education of staff to evaluate current training, competency and skill frameworks. Identifying the current needs of staff can promote the development of educational or training programmes in prison systems to improve future interprofessional collaboration among front-line personnel. Furthermore, responding effectively to the needs of inmates, including mental health, requires in-depth knowledge of the multiple problems which can be encountered, understanding how these issues interact and expertise in how to respond to them (Blaauw and van Marle 2007; Wolff et al. 2013). Future research on the mental health competencies of the diverse staff in prisons is considered essential. Addressing gaps in current professional knowledge may improve outcomes for inmates encountering mental health challenges to promote their future rehabilitation and reintegration.

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Appendices

Appendix 1: Data extracted for the narrative review

Appendix 2: CHAT in organisational research to theorise professional practice and toward future formative interventions and expansive change

Appendix 3: Structured observation and shadowing instrument

Appendix 4: Semi-structured interview guide (English and Norwegian)

Appendix 5: Ethical approval

Appendix 6: Observation information sheet (English and Norwegian)

Appendix 7: Shadowing information and consent form (English and Norwegian)

Appendix 8: Interview information and consent form (English and Norwegian)

Appendix 9: Risk assessment form

Appendix 10: Case study summaries

Appendix 11: Shadowing, observation and interview data overview

Appendix 12: Detailed description of the Template Analysis procedure

Appendix 13: Template development for the two case studies

