

Offender health and social care: a review of the evidence on inter-agency collaboration

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Abstract

The involvement of health and social care agencies in crime reduction partnerships remains key to government strategy despite a growing awareness of the equivocal outcomes of inter-agency working in other settings. This paper reports findings from a literature review designed to assess the extent to which existing crime reduction partnerships have been able to overcome the barriers to joint working. The review focuses in particular on Drug (and Alcohol) Action Teams (D(A)ATs), Crime and Disorder Reduction Partnerships (CDRPs), Multi-Agency Public Protection-Arrangements (MAPPAs) and Youth Offending Teams (YOTs). A comprehensive review of published and unpublished literature suggests that these bodies have experienced similar difficulties to those highlighted in the broader partnership literature. The review further suggests that differences in ethical and professional outlook may be the most critical of these barriers as well as being the least explicitly addressed by recent government interventions. More work is required to build a consensus regarding the ethical underpinnings and fundamental objectives of partnerships across the care-control divide.

Keywords: health and social care, inter-agency relationships, offenders

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Introduction

For some time now, inter-agency collaboration has been an assumed prerequisite of effective crime reduction in England and Wales. Reforms have sought to instil a case-management approach to offender management, prioritising rehabilitation towards an overall goal of reduced re-offending. Indeed, the need for joined-up public services has been a signature theme of successive Labour administrations since 1997 and in the area of criminal justice, the Home Office recently proclaimed partnership working as 'one of the key successes of the past ten years' (Home Office, 2007, p. 46). This assertion comes at a time when the added value of formal joint working has been called into question as expected outcomes – such as improved service quality, greater innovation in approaches to delivery and more efficient use of resources – have proved difficult to demonstrate (Dickinson 2007). The investment in partnerships between agencies working with offenders thus takes

place within a context of uncertainty regarding how benefits should be measured. However, the pursuit of reduced re-offending is considered to depend on such partnerships (Social Exclusion Unit 2002; Home Office 2004a,b, 2005; Boyington 2005). This is despite the fact that working across the 'care-control' divide potentially involves a greater number of agencies with an even greater divergence of professional cultures than is the case for established health and social care partnerships (Minkes *et al.* 2005, Minogue 2005). It is important and timely therefore to examine this apparent success story more closely.

Strategies for addressing the treatment needs of mentally disordered offenders and offenders with substance misuse issues have been explored elsewhere (see, for example Minogue 2005). However, a number of partnership bodies with an offender management remit have been created in England in the last 5–10 years. These include Drug (and Alcohol) Action Teams (D(A)ATs), Crime and Disorder Reduction Partnerships

(CDRPs) (and Community Safety Partnerships in Scotland), Multi-Agency Public Protection Arrangements (MAPPA) and Youth Offending Teams (YOTs). As well as these initiatives, further bodies have been given formal responsibility for collaborative offender management [such as Local Criminal Justice Boards (LCJBs) and Supporting People Commissioning Bodies]. A number of other schemes – notably in areas of both substance misuse and mental health – also target offenders, although in some cases with less universality of coverage. The focus of this paper is on formally instituted partnership bodies in England with a clear criminal justice remit: D(A)ATs, CDRPs, MAPPA and YOTs. The aims are to draw on the existing literature to compare the experiences of these bodies and to assess the ongoing barriers to joined-up working that they face. There is a growing international recognition of the need for collaborative approaches to crime prevention and reduction and attempts to both reduce and prevent crime through inter-agency working in a number of policy settings (for example, Calhoun 1998, Goris & Walters 1999, Hicks *et al.* 2000). This paper offers a contribution to this broader debate.

Methods

A review was conducted in order to provide both a summary of literature relating to offender health and social care pathways, and an assessment of the performance of partnerships in overcoming barriers to joint working. This was intended to cover England but also has relevance for the broader UK inasmuch as the latter is covered by criminal justice policy as laid down by Westminster (Lewis 2008). Although the review focuses on arrangements for offenders in the community, prisons remain key partners in this area. The review thus complements similar work on health and social care provision as this links with prisons (see, for example McLeod 2006, Williams 2007).

From the outset, it was expected that relevant literature would be found in domains spanning health, the voluntary sector and criminal justice, and that this would draw on both quantitative and qualitative data as well as including a range of document types. As a result of the necessarily diffuse and heterogeneous nature both of the sources searched and the literature sought the review was conducted in an exploratory, iterative fashion. After initial database searching, a process of 'snowballing' enabled areas of interest to emerge which were then pursued in more detail until no more returns were forthcoming. In this way, the review was intended to be flexible, rigorous and comprehensive. The review was commissioned by the NHS Care Services Improvement Partnership (CSIP) and a more detailed account of

methods can be found in an earlier report of findings (Williams 2006).

Documents were deemed suitable for inclusion if they were relevant to the question of how well agencies were collaborating within the identified partnerships. These were expected to include:

- 1 formal research into criminal justice partnerships (using a variety of methods);
- 2 independent and/or governmental evaluations of partnership implementation and performance;
- 3 formal reviews of literature on topics relating to criminal justice partnerships;
- 4 policy and guidance relating to crime reduction partnerships and
- 5 selected commentary and theory offering insight into the topic of criminal justice partnerships.

A search of bibliographic databases was undertaken in health, health-related, criminal justice and other fields (including ASSIA, IBSS, LEXIS NEXIS, Social Care Online, Social Science Citation Index, CSA, Westlaw, HMIC). Initial searches covered literature published or bound between 1997 and 2006. These have been updated to 2008 for the purposes of this paper. Search terms were selected to gather a broad range of literature related to partnerships. These were later augmented with searches on specific partnership arrangements currently in place. Listed research hits were read by the author who then identified relevant documents for further scrutiny. Once copies of these were obtained, a further process of sifting was undertaken to establish those with direct relevance to the review's objectives. Searches of online resources were also undertaken. These included search engine trawls and targeting of relevant agency and government websites. The author also carried out hand searches of texts and bibliographies where these were unavailable in an electronic format. These were particularly useful in identifying unpublished documents. Finally, the catalogues of two specialist library services were searched. These were the Library and Information Service at the Health Service Management Centre (University of Birmingham) and the West Midlands Probation Service Information Service. Data, evidence and opinion deriving from each of these sources were synthesised on an ongoing basis with a full and detailed analysis conducted prior to write up of findings.

Results

Reflections on the literature

The review suggests that this is an area marked by a relative absence of directly relevant independent research. Such empirical studies as were identified tended to be

small-scale qualitative and/or case study based, notably relating to partnership working with and within YOTs (for example, Callaghan *et al.* 2003, Burnett & Appleton 2004). By contrast, a number of larger scale, independent evaluations were identified which typically took overall implementation and performance of new criminal partnerships justice as their focus. These included evaluations of YOTs (Audit Commission 2004a; Minkes *et al.* 2005), MAPPAS (Kemshall *et al.* 2005), CDRPs (House of Commons, Committee of Public Accounts 2006) and other partnerships (Audit Commission 2004a,b, Hammersley *et al.* 2004, Home Office 2004c). In most cases, these evaluations deployed multiple data collection methods in combination, and all included local implementers as case studies. Evaluation methodologies were generally more robust in measuring respondent perceptions and partnership implementation processes than they were in identifying outcomes. This was primarily due to the reliance for the latter on variable and patchy local data recording and collection. The evaluations typically combined summative (i.e. assessment of how well partnerships were performing) with formative (development of recommendations for more effective joint working) elements.

The review also identified previous reviews with a bearing on the topic of criminal justice partnerships. In general, these were conceptual or narrative in approach, rather than systematic, and involved either review or critique of recent crime reduction policy (Fionda 1999, Hughes 2002, Kemshall 2003, Maguire 2004, Leeson & Crighton 2005, Smith 2005, Hume & Wright 2006, Lewis 2008) or application of lessons from previous research to current criminal justice partnerships (Gibbs 2001). By far the most common form of literature was policy and policy-related documents produced by national agencies. These included official dissemination of national policy (Home Office 1997, 2003, 2004a,b, 2007; Department of Health 2006; NOMS 2006) as well as guidelines for implementers, summaries of good practice, and strategy documents (Phillips *et al.* 2000, 2002, Department of Health/Home Office 2004; Boyington 2005; NACRO 2005). Finally, selected conceptual and discursive material was identified as relevant to the review. This includes literature with a specific relevance to the topic of criminal justice (Cruser & Diamond 1996, Crawford 1998, Hughes 2004) or partnership (Hardy *et al.* 2003, Dickinson 2007, Parrott 2008) or both (Gibbs 1997, Dow 2004, Minogue 2005, Galloway & Seupersad 2008).

In summary then, it is clear that although the subject area is marked by a breadth of literature in the form of opinion, policy (and attendant literature) and national evaluations, there is much less by way of independent research and systematic review. This means that although there are frequent claims made for partnership

working, the assumed benefits of this go relatively unexamined in the literature. The impetus behind joint working has led to a phenomenal volume of government interventions and reforms in recent years (Williams 2001, Schofield 2004, Dickinson 2007). This is reflected in the complexity of the current legislative environment leading to overlapping responsibilities between sectors. As a result, a broad range of agencies have a responsibility for, or interest in, the health and social care of offenders in the community. At first glance, these include the various departments of the local authority, healthcare commissioners and providers, the court and judicial system, the probation service, employment services, housing providers, voluntary treatment agencies and the police. The dangers of each of these agencies working in isolation of the others are constantly reiterated in the literature (Home Office 1997; National Institute for Mental Health in England (NIMHE) 2004; Minogue 2005, NOMS 2006). A further complicating factor is the resultant multiplicity of stages in the pathway of care for offenders – for example, arrest, charge, appearance in court, remand and prison release. Each of the aforementioned agencies could potentially be required to collaborate at each stage of the criminal justice system and beyond into the community. The need to make appropriate interventions at each stage is a recurring theme in the literature on joint working (for example, Effective Interventions Unit, 2002).

The following sections reprise the role and status of the newly formed partnership bodies and summarise the barriers they have experienced in drawing together this range of services. This review of the evidence is then discussed in order to address the central question of how, and to what extent, barriers to partnership working have been overcome.

Drug Action Teams

Drug (and Alcohol) Action Teams – DATs in England and D(A)ATS in Scotland – were established in 1995 and re-organised in 2001 from health to local authority boundaries and are a key component of the government's tackling of drug use and offending (Audit Commission 2004a,b). They are inter-agency partnerships involving police, probation, treatment and rehabilitation services, and are directed and monitored by the national treatment agency, regional government office and the Home Office. DATs are now required to merge – or in two-tier authority areas to work closely – with CDRPs.

An evaluation of these partnerships found evidence of collaboration but also variation in levels of co-operation and some perceived barriers to partnership with 50% of managers seeing the different 'attitudes' of agencies as a barrier to success (Audit Commission 2004a,b).

It was found that unresolved differences of perspective – for example, between health and criminal justice – cause tension between partnership agencies, and that there is an ongoing need to build community participation. Hammersley *et al.* (2004, p. 26) notes that, when compared with criminal justice agencies: ‘Substance misuse agencies are more overtly client-centred, aiming to promote changes in attitude, health awareness and harm reduction’ and that ‘these differences in values are likely to persist’. Despite evidence of successful joint working, D(A)ATs therefore remain hindered by the professional values and objectives informing their constituent agencies.

Crime and disorder reduction partnerships

The Crime and Disorder Act 1998 mobilised much of the focus on reducing crime and disorder through multi-agency working. It established the Youth Justice Board (YJB) and YOTs as well as CDRPs. The latter are strategic partnerships which all 376 district-level and unitary authorities were required to put in place and operate. These were to be set up by local authorities and the police and would involve Health, Probation and independent sector agencies. The Act imposed a duty on the NHS to work with the police, and reintroduced Drug Testing and Treatment Orders (DTTOs) – a community sentence for drug mis-users. Overall, the Act was a significant step in establishing collaboration as an *expectation of*, rather than an *option for*, the aforementioned agencies.

Crime and Disorder Reduction Partnerships have been a key vehicle for local planning under the leadership of ‘responsible authorities’ since their inception. CDRPs were encouraged to retain an emphasis on local responsibility and priorities (Department of Health/Home Office 2004). Audit and evaluations have, however, pointed to areas of weakness in the partnerships forged between agencies. Maguire (2004, p. 223) noted the ‘cultural’ problems experienced in the early days of these partnerships and difficulties in the flow of information from ‘agencies for whom crime was not a focus of their mainstream activities’. This may partly reflect an early lack of clarity about what CDRPs should be aiming to achieve and what the underlying principles and concepts are (Gibbs 2001). The issue of information sharing was identified elsewhere: the initial audits and crime reduction strategies carried out by CDRPs suggested room for improvement, with information sharing between the agencies a common problem (Phillips *et al.* 2000, 2002).

There have been long-standing difficulties in involving healthcare commissioners in CDRPs (Leeson & Crighton 2005). The decision to make PCTs responsible authorities partly reflects concerns that health involve-

ment at an operational level was modest and that at strategic level health organisations were reluctant partners (Phillips *et al.* 2002). This decision is consistent with a broader shift from encouraging inter-agency working to making such arrangements mandatory.

More recently, House of Commons, Committee of Public Accounts (2006) expressed concern at the lack of evidence that CDRPs are directly reducing crime, and recommended better analysis, alignment of national and local targets and sharing of good practice – for example, local initiatives which led to national work on prolific offenders. Overall, CDRPs are seen as having been over-burdened with performance and monitoring requirements leading to ‘paper tales of achievement’ rather than real integration and delivery (Hughes 2004). There are also ongoing questions about the relationships between CDRPs and other partnership bodies. As part of one evaluation, CDRPs were asked which strategic agencies or groups had a high level of involvement in their work. D(A)ATs (30%), local strategic partnerships (29%) and Area Child Protection Committees (ACPCs) (26%) were identified as being the three most highly involved strategic agencies or groups (MORI, 2004).

Multi-Agency Public Protection Arrangements (MAPPAs)

Multi-Agency Public Protection Arrangements (MAPPAs) came into force in 2001 following the Criminal Justice and Court Services Act 2000 which placed a duty on police and probation service to assess and manage risk of offenders and to do this in partnership with other agencies, including health and social care. MAPPAs should provide a strategic framework to manage high-risk offenders, enabling a focus on the small group of offenders responsible for a high proportion of crime (Kemshall 2003). The Criminal Justice Act 2003 imposed a duty to co-operate with MAPPAs on health and social service agencies (along with other partners including YOTs). Co-operating agencies are expected to be involved at an operational, rather than strategic, level. This should involve attending case conferences, sharing information about offenders and broader issues, and providing advice on cases in which they are not involved, as well as broader issues (Dow 2004).

Although guidance indicates that MAPPA arrangements are not intended to require non-criminal justice agencies to perform a quasi-criminal justice role, there remain tensions between care and public protection agendas and difficulties, particularly regarding information sharing, with health and care agencies reluctant to pass on client information to police. These issues persist despite improvements (Kemshall *et al.* 2005).

Youth Offending Teams

Youth offending teams have been in existence since April 2000 and are performance managed by the Youth Justice Board. They combine workers from youth justice, probation, police, social work, education, mental health and other health backgrounds and are responsible for 'developing their own local partnerships and practices to address youth offending' (Minkes *et al.* 2005, p. 255). In this way, they aim to provide an integrated response to youth offending and thereby to facilitate effective delivery of youth justice services and, ultimately, reduce youth crime (Home Office, 2000). YOTs are responsible for assessing the risks, needs and circumstance of young people in the justice system, producing reports for courts and delivering community programmes. Although they are criminal justice agencies, YOTs combine elements of both care and control in the pursuit of crime reduction. As with CDRPs, YOTs have been granted freedom to prescribe the details of partnerships at a local level. So, for example, some have adopted co-location and others have not (Minkes *et al.* 2005).

Information sharing between agencies is highlighted as a problem in the early research into YOTs with agencies wary of breaching data protection and the claim that 'the assumption that confidential information would be routinely shared offended the professional ethics of (for example) many health workers and youth workers' (Williams 2001, p. 191). Similarly, the 'extent of congruence' between YOTs and governing body objectives showed considerable variation – with health, housing and social services staff experiencing conflict.

A number of the challenges and difficulties faced by YOTs have reduced as teams have evolved and become more established which is indicative of the bedding-in period which new ways of working usually require. In response to audit and evaluation there have been changes to performance monitoring and management (Hume & Wright 2006) and new legislation has ensured a greater strategic and operational involvement from healthcare organisations. Since 2002, all YOTs have a named drug worker to ensure that young people are screened for substance misuse needs. The benefits are demonstrable but there are ongoing difficulties associated with integration and joint working (Audit Commission, 2004a).

The relationship between YOTs and other services appears to be an issue that still needs attention particularly in the light of Children's Act. Commentators have questioned the compatibility of the dual objectives of crime reduction and preserving children's welfare (Home Office 2003; Smith 2005). In the opinion of civil rights group 'JUSTICE' policy makers 'regard child offenders as offenders first and children (often

with serious welfare problems) second' (cited in Smith 2005, p. 9).

The experience of these newly formed criminal justice agencies is echoed by two other partnership initiatives with responsibilities in the area of criminal justice. These are Supporting People and Local Strategic Partnerships. The Supporting People programme was launched on 1 April 2003 and aims to improve quality of life for vulnerable people, enabling them to live independently and maintain their tenancies. This is achieved through housing related support in order to ward off attendant dangers of hospitalisation, institutional care and homelessness and to support those leaving institutions. One of the programme's primary objectives is to achieve 'a working partnership of local government, probation, health, voluntary sector organisations, housing associations, support agencies and service users' (Office of the Deputy Prime Minister 2004, p. 1) and targets, among other vulnerable groups, ex-offenders and people at risk of offending and imprisonment. 'Administering Authorities' are responsible for implementing the programme within their local area and contracting with provider agencies of Supporting People services. A Commissioning Body made up of housing, social care, health and probation plays a strategic role in advising the Administering Authority and plays a key role in advising and approving a Supporting People strategy.

An independent evaluation of Supporting People reported positive progress in establishing relationships and decision making but identified areas of variation and potential improvement. These included the perceived lack of senior representation on Commissioning Bodies, and, in particular, poor attendance from health and probation partners. Information sharing between agencies was again highlighted as an area of concern (Sullivan 2004).

Local Strategic Partnerships are led by local government and situated at local authority level. They bring together different parts of the public, private, community and voluntary sectors and, alongside their other duties, contribute to reducing crime and anti-social behaviour. Local Strategic Partnerships will take on the strategic role for other joint-working arrangements, providing the strategic co-ordination within the area and linking with other plans and bodies established at the regional, sub-regional and local levels (Office of the Deputy Prime Minister, 2005). In the Local Area Assessment rounds to date, evidence of joint working to reduce reoffending has reportedly been low. This is attributed to a lack of awareness and/or engagement in some areas and also unwillingness of partners to engage in the reducing re-offending agenda (NOMS, 2006). Summative evaluation of impacts and effectiveness was not available at the time of writing. However, the formative evidence

suggests that LSPs are subject to difficulties including problems with information sharing, the need for shared vision and understanding between agencies, financial, structural and performance barriers and the variability in leadership and senior involvement (Office of the Deputy Prime Minister 2006).

Discussion

Evidence from the broader partnerships literature suggests that structural, procedural, financial and professional barriers can all be significant impediments to collaboration and that having a shared vision is an important component of strategies to overcome these (Hardy *et al.* 2003). The review confirms the presence of each of these tiers of barriers. For example, structural incompatibility is reflected in the consistent demonstration of suboptimal or 'reluctant' health and social care involvement in all of the partnerships described (with the possible exception of D(A)ATs for which little direct evidence or commentary was obtained relating to this issue). Procedural differences can also be seen to be at play, most notably in the ways in which agencies engage offenders and the requirements made of offenders in this process. Problems with the transfer of information between agencies were also prevalent.

The most commonly cited barriers relate to professional values and their underpinning philosophies. These barriers are particularly challenging in joint working with offenders as the agencies required to work together differ significantly in ethos, philosophy and in some cases the definition of 'partnership' to which they subscribe (Gibbs 1997). For example, criminal justice agencies will have more experience of conspiratorial partnerships, whereas partnerships between health, social care and treatment agencies are more likely to be informed by a client-centred approach. Indeed, the underlying ideological tension between 'care and control' agencies can be seen to inform each of the aforementioned structural and procedural impediments. For example, the need for criminal justice agencies to meet court timescales runs contrary to the more protracted and client-centred approach of treatment agencies and social care services. This is also reflected in the division between those imposing compulsory attendance for service users and those encouraging voluntary service access. Treatment services – such as drug workers – report practical difficulties in accessing clients in custody suites due to security issues, and also in finding adequate accommodation in custody suites and courts. Professional values can also be seen to underpin problems relating to information sharing. The difficulties in sharing information across agency boundaries were a consistently cited and highly debilitating feature of

current partnerships. This was due to technical concerns but also reflected deeper value conflict and resulting distrust between agencies. To some extent, problems of pooling resources can also be seen to stem from value-based considerations with agencies concerned that fundamental service objectives would not be served by collaboration with ethically incompatible partners.

Despite the apparent centrality of professional and ideological barriers to the problems experienced by the partnership bodies under review, these are apparently the least explicitly addressed in government responses to date. For example, the lack of strategic commitment from health and social care has led to imposition of compulsory 'responsibility' for some partnerships, and a 'duty' to co-operate with others, as well as legislative statement of synergy between health and criminal justice objectives (Department of Health, 2006). Similarly, the design and implementation of joint-working protocols (including for the full sharing of information) is clearly designed to alleviate procedural problems. However, the retreat from an initial expectation that agencies will voluntarily engage throws the assertion that public sector partnerships are of benefit to each collaborating agency into doubt. In this context, the scope for improvement through development and implementation of joint-working protocols is limited and punitive policy implementation tools are unlikely to be sufficient to overcome the 'failure to mesh' between health and criminal justice agencies (Minkes *et al.* 2005, p. 264, Nacro 2005).

Conclusions

The review demonstrates that inter-agency criminal justice partnerships are prey to many of the pitfalls and obstacles experienced by conventional partnerships across the health and social care divide. However, disjuncture between underpinning values and objectives appears to be particularly pronounced in a criminal justice context. Whilst divergent professional values are a hurdle which all partnerships need to negotiate, this review suggests that they may be the key difficulty faced by partnerships across the care control divide. This is unsurprising as there are well documented tensions between such agencies which cannot easily be reconciled. As Maguire (2004, p. 223) concludes, it is 'unwise to assume that co-operation with crime reduction projects could readily be obtained from agencies for whom crime was not a focus of their mainstream activities'. The disjuncture between welfare and justice in the provision of services to offenders has been noted elsewhere (Smith 2005, Downes & Hansen 2006, Fergusson 2007). Whilst reducing reoffending is ostensibly the unifying goal of these initiatives, the strategies for achieving this reflect incommensurate value systems and indeed key policies

such as the Crime and Disorder Act 1998 appeared to contain mixed messages about the thrust and direction of government thinking, seeming to promote both the punishment and welfare of offenders (Fionda 1999). There is a need for greater explication and integration of the terms and objectives of partnerships for offenders. To date, divergent value systems have not been satisfactorily aligned and little 'consensus building' work has been undertaken (Parrott 2008). Further research is required into the ways in which key differences – for example between social and individual theories of crime and subsequent attribution of responsibility – are negotiated by the agencies involved (Cruser & Diamond 1996). It seems likely that, to the extent that current partnerships are working, this is a result of national imposition of joint-working arrangements and the 'pragmatism and commonsense of practitioners' (Minkes *et al.* 2005, p. 3). However, for the success story of integration to be fully realised more needs to be done so that practitioners – not to mention service users – can better understand the basic ethical terms within which partnerships operate.

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