

## Overcoming Conflicting Logics of Care and Justice: Collaborative Innovation in Dealing with Habitual Offenders in the Netherlands

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**Abstract:** Dutch cities suffer from the behaviour of a small group of treatment-resistant serious habitual offenders. This situation challenges service coordination between municipal authorities, and representatives from care and criminal justice systems. Dutch government introduced the *Veiligheidshuis* (Safety House) in the last decade as a platform for managing the above safety issues; a network environment for coordinating social care and criminal justice interventions in the realm of crime and security. This study aims to analyse the nature of the problem of persistent lack of service coordination and the value of the introduction the *Veiligheidshuis*. The collaboration in the *Veiligheidshuis* in two cities was studied and the service career of six of the most persistent habitual offenders was followed and discussed with the concerned professionals and teams. In this action research grounded theory was used to analyse data from interviews and observations. This study demonstrates how the practical work of dealing with habitual offenders is afflicted by conflicting logics of care and criminal justice. Conflicting cultures, diametrically opposed organizational structures and poorly connecting professional domains result in fragmented and often ineffective interventions towards habitual offenders. This study also demonstrates that cross-sector collaboration in a dense network of agencies to help bridge the gap between divergent professional sectors is possible. The innovation of the *Veiligheidshuis* leads to the development of a collaborative framework for action and the creation of various coordination mechanisms. These in turn stimulated the timely sharing of information, and the development of mutual trust and support. As a practical result from this study case management meetings were redesigned in a recursive way. Thus the effectiveness of these meetings as a management tool was greatly enhanced.

**Keywords:** Conflicting logics, organisational innovation, coordination, collaboration, habitual offenders, criminal justice sector, care sector, *Veiligheidshuizen*.

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## INTRODUCTION

High expectations about the benefits of government inevitably lead to a gap between ambition and outcome and thus to a powerful call to action (Sørensen & Torfing, 2013, 847; Vos & Wagenaar, 2012). As it is in the nature of public services to fall short of their own elevated moral aspirations, innovation is a continuous desire. In today's service landscape the call for innovation is couched in the language of markets and collaboration (Hartley, 2005). This is particularly the case in innovation of service delivery across sectors.

This chapter focuses on process innovation and organizational innovation, prompted by the need of service innovation in a cross-sector collaborative setting. We build on our earlier work on the so-called Münchhausen Movement in Rotterdam, where we demonstrate that a social movement could improve collaboration by articulating norms and values in a cross sector collaborative setting (Vos & Wagenaar, 2012). We showed how a large number of organisations in the city of Rotterdam significantly enhanced collaboration by organising practice-oriented meetings between representatives of the organisations. We described how social movements in the context of social services as a collective venture were based on opposition and protest against failing practices and forged a collective orientation towards a new, morally grounded, order. Participants in social movements share ideas, identities, ideals and emotions in search for a system of care (and justice) that is better attuned both to the needs of the most vulnerable citizens and their own service ethos. They create a relatively durable community that is action oriented and that is in sustained interaction with opponents. However, although it managed to establish genuine collaborative attitude amongst partners, the Münchhausen Movement failed to create mechanisms for coordination of repetitive cases.

The subject of our study is the network of agencies that deal with habitual offenders. The extreme service resistance of a small group of habitual offenders seriously challenges the Dutch social service and criminal justice system. The Dutch government has diagnosed the problem as one of failing service coordination of agencies and organisations that deal with crime and public nuisance, in particular the bridging of activities between the care and the criminal justice sector. As an answer to this problem the government has created, in the last decade, a particular innovation, the *Veiligheidshuis* (literally, Safety House). We will show how this innovation helps to bridge the gap between the care sector and the criminal justice sector and creates new practices and new ways of organizing and managing the collaboration and coordination between agencies.

In this chapter we will analyse the nature of the problem of persistent lack of service coordination in the case of habitual offenders, introduce the *Veiligheidshuis* and show the challenges that it faces by introducing the case of Mirella. Then we give the methods section and thereafter present our findings. We demonstrate how the practical work of dealing with habitual offenders is afflicted by conflicting logics. These consist of conflicting cultures, diametrically opposed structures and poorly connecting domains. We show that the innovation of the *Veiligheidshuizen* leads to the development of a collaborative framework for action and the creation of various coordination mechanisms. In our discussion we reflect on our findings and demonstrate the value and limits of this innovation in dealing with cross sector collaboration.

### THE CALL FOR INNOVATIVE SOCIAL SERVICE PROVISION

It is easy to understand how lack of coordination has become a dominant problem in social service delivery in the Netherlands. Since the early 1980s, neoliberal public administration ideology has resulted in an effective overhaul of the financial regime of social service delivery. Most service agencies now operate under new rules of financial accountability, in which they have to demonstrate the effectiveness of their interventions for the continuation of financial resources. One of the unintended consequences has been an exacerbation of fragmentation. Public agencies now operate with more autonomy, at *arms-length* from state bureaucracies. Many services are contracted out to the non- or for-profit sector. In addition the remuneration system is structured in such a way that agencies no longer have time for *non-service* activities such as consulting with colleagues, making telephone calls or attending meetings that are not remunerated under the agreed payment schedule. Yet, effective service delivery in a fragmented and discontinuous service landscape requires collaboration between multiple agencies each with their own values, practices, professional socialization and organizational loyalties.

Habitual offenders impose serious costs on society; dealing with their problems requires intensive interventions of both the criminal justice sector and the care sector. According to the definition of the Dutch Ministry of Safety and Justice habitual offenders are persons who have been convicted of a crime or misdemeanour more than ten times in their life, one time of which in the past year. Very active habitual offenders are habitual offenders with more than ten convictions in the last five years, one of which in the past year. Habitual offenders thus are a significant source of individual and family trouble and of public nuisance. The social costs of their crimes, including emotional costs and costs of

the use of the criminal system are calculated to be over € 15.000 per month per person, twice the monthly costs of incapacitation and treatment within the framework of the habitual offenders law (Vollaard, 2010). Society benefits socially and economically from an effective approach to the problem of habitual offenders.

Habitual offenders are disadvantaged people with service needs that transcend professional disciplines and with an often poignant life history. Many of them are addicted to drugs or alcohol (70%), have considerable psychological problems and/or problems with work, housing and relationships (WODC, 2010). Ganpat *et al.* (2009) show that 50% of the habitual offenders have mild intellectual disability (MID). Their IQ score is in the 70 – 75 range. Several studies show that people that suffer of MID as well as people that suffer from psychiatric disorders may easily perceive situations as stressful. They show aggressive behaviour that results from an inability to grasp their own motives and behaviour. They have a restricted capacity for impulse control and social adjustment. Although they often try to create a friendly impression, under pressure an unfriendly and nasty attitude arises, caused by feelings of inferiority and fear (Kaal *et al.* 2011; Ganpat, 2009: 27-29).

*The Veiligheidshuis* is aimed at counteracting the fragmentation of social services. Persistent failure of multi-agency collaboration has led to numerous suggested solutions. In the archipelago of quasi-autonomous agencies that is the contemporary Dutch social service system, hierarchical control while effective as an intra-agency coordinating mechanism is seen as ineffective, if not counter-productive, in organizing multiple-agency service sectors. More corporate management techniques and marketization are not an option either, as these have contributed to the problem of fragmentation. This made collaboration the only possibility for overcoming the persistent lack of coordination.

Solutions such as the *Veiligheidshuis* and other such alliances have in common that they try to change social service landscape by binding agencies into formal or more informal relationships. However, the incentive structure of a non cooperative agencies is not altered by *architectural* models, as Martin Rein already observed (Rein, 1983). The effectiveness of such solutions can further be questioned since changing the architecture of the service landscape will inevitably create new organizational structures that also need to be coordinated with the existing structure (Juil, 2008). These observations support Selsky and Parker's finding that architectural solutions alone hardly serve as a remedy for the

ambiguity that is caused by the complex mixture of collaborative, organisational and personal interests of the actors involved (2005).

To elaborate the particular value of the *Veiligheidshuis* as a collaborative solution that is oriented to creating new means of coordination, it is useful to further elaborate the conceptual distinction between collaboration and coordination. Collaboration refers to the *process* of finding common ground for multi-party problems. Through this process, “parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible” (Gray, 1989,5). Coordination refers to the *means* through which collaboration takes place in practice. It encompasses both the formal structure and the performative process of working together productively. It also refers to the desired outcome of collaboration/cooperation. Stein (1982), says for example: “*Coordination is self-enforcing and can be reached through the use of conventions.*”

The argument we develop in this paper is that collaboration across sectors is hampered by conflicting logics and that coordination in such a fragmented, complex and dynamic environment not only calls for proper organizational routines but also for a setting that facilitates face-to-face collaborative process. This is what the *Veiligheidshuis* is all about.

### **THE VEILIGHEIDSHUIS AND THE CASE OF MIRELLA**

On its national website the Veiligheidshuizen depicts itself as a collaborative innovation: a network of *key partners*: police, municipality, district attorney, youth services, social psychiatry, and criminal justice. Occasional partners such as housing corporations or social work may join them. The network approach allows the partners to address multi-problem issues, such as youth crime, domestic violence, multi-problem families and habitual offenders; problems that combine elements of mental health, social pathology (addiction and child rearing) and criminal justice. However, in its design and aims the *Veiligheidshuis* clearly seeks to facilitate coordination. It is a space where: “*criminal justice, care and government come together to address complex problems*”. (ibid., translated by authors). The partners are expected to join up in a “*person-oriented approach*” to reduce crime in and increase the safety of Dutch cities. (<http://www.veiligheidshuizen.nl>). The core of the innovation is the collaboration of the social service and the criminal justice system through every day mechanisms for coordination. But, in practice, this also turns out to be its Achilles heel. When professionals from the domains of care and justice collaborate they

have to bridge two distinct professional worlds. The term care is used here to address the broad field of social services and health care. This is about services for accommodation, personal finance, occupation therapy, work and psychosocial health. The term criminal justice refers to the chain of investigation and enforcement such as the work of the police, the criminal justice sector and prison sector. Probation agencies occupy an intermediate position. Their work combines elements of judicial supervision and socialisation.

Mirella is a typical habitual offender who has a history of homelessness and self-neglect. She is drug user who lives in the street and who creates nuisance by public drunkenness. She disturbs people by accosting passers-by in an aggressive tone, although she is never physically aggressive. She has a long list of offences, among which shoplifting and public drunkenness are the most frequent. She also has a long history of treatment in centers for drug abuse and psychiatric clinics. She has been imprisoned frequently. Some years ago, as an *ultimum remedium*, she did time in a specialized long stay facility for habitual offenders who are resistant to any type of treatment or punishment. That stabilized her life, but after she was discharged her condition deteriorated quickly again. She consistently evades probation.

The case team of the *Veiligheidshuis* has often discussed her situation. All participants are familiar with history of the case. The escalation of the current situation makes clear that something needs to be done. The district attorney, an experienced, driven professional, brings up Mirella's case in the multi-disciplinary case management meeting. These meetings form a central element in the coordination process in the *Veiligheidshuis*. Several options pass review: admission to a clinic based on a judicial authorization; readmission to the long stay facility; withdrawal of the probation and thus putting her back in a regular prison; or just acceptance of the fact that she lives on the street and supporting her with more intensive outreach care. The team exchanges arguments for and against each option but is unable to agree. Some team members argue that admission to a psychiatric institution would be best suited, but the psychiatrist of the probation service is not willing to advise admission. He argues that her condition does not fit the legal requirements for the judicial authorization of involuntary psychiatric commitment. None of the options seems to be feasible and/or acceptable. Participants become irritable and tensions flare. The discussion goes in circles; the same options and arguments are repeated over and over again. Representatives of the two organizational domains attempt to frame the problem as the other domain's issue and thus shift responsibility away from themselves. At the end of

the meeting the chair cuts the knot and decides that Mirella should stand trial and be put back in prison. But that option is hardly satisfying for the team members. Many participants consider the position of the psychiatrist as rigid and are annoyed with him. They don't consider him a team player. But in the one instance in which the psychiatrist, in a similar case, let himself be persuaded to issue a judicial authorization for clinical admission, the judge denied the claim, thus affirming the psychiatrist in his original assessment of the situation. The rules of the judicial care system constrain the moral ambitions of the group. The case team meeting continues and one of the options gets discussed for the third time. Why is it so difficult to connect these organizational routines? How can we break the spell and design meaningful action? How can collaboration between the domains of care and justice be made more effective?

## METHODS

The *Veiligheidshuizen* of two municipalities formed the site of our study; reducing the chronic recidivism of habitual offenders was its subject. The objective is to unravel obstacles and opportunities that emerged in implementing and effectuating this innovation. In this study, we focus on a small number of multi-problem habitual offenders who put an inordinate amount of pressure on the social service system, health care, housing as well as the criminal justice system.

In this study, we have followed a strategy of action research to obtain an understanding of the daily practices of the professionals, process coordinators and managers in the *Veiligheidshuis*. We selected two cities. City A, a large urban area, is a leader in public innovation and was the first in the Netherlands to develop and introduce a results-oriented approach for the collaborative action towards habitual offenders. City B is a medium size city with relatively low level of public safety issues. It was one of the last to open its *Veiligheidshuis*. By selecting these cities we intended to unravel patterns of cooperation and fragmentation that are independent of size of the city and the severity of the problems.

Data collection consisted of a 2-year longitudinal study of the intervention trajectory of six of the most persistent habitual offenders. In addition, we interviewed over 30 professionals, process coordinators and superiors about their interactions in these 6 cases and more generally about their experiences with coordination of services for this class of clients. We also observed numerous meetings of the case management teams and of the boards of the *Veiligheidshuis*. We recorded the initial set of interviews and we documented the events and the

stories that were exchanged in the meetings and informal contacts. We used grounded theory (Glaser & Strauss, 1967, Stauss & Corbin, 1997; Charmaz, 2006) to code the data of our initial observations and interviews and to develop explanatory concepts. We communicated our observations and our emerging concepts (Charmaz, 2006) to the participants in workshops. We allowed them to reflect on our findings and collaboratively learn about the meaning a case has for the service providers and the values that are at stake. In this way, we created checks on the rightness and workability of the developing insights by directly feeding them back to the field and test whether they contributed to solving practical challenges (Greenwood & Levin, 1998, 75). We created cycles of presupposition – action – effect that Greenwood and Levin (1998, 65) consider being the epistemological and research heart of action research. Grounded theory supports the search for explanatory concepts and action research allows testing the value of our insights for practice and for deepening the insight and creating credibility. Findings that were accepted by the respondents as workable were elaborated in more detail. Findings that were challenged were further investigated and reframed. Findings were considered valid when they were internally consistent and when they proved to deliver valuable insights for the practitioners. The combined use of these methods serves to construe a systematic empirical analysis of credible significance that is embedded in a relevant body of knowledge, and that contributes to develop professional practice (Wagenaar, 2011).

The study confirmed our opinion that concepts that emerged in the course of our work were helpful for understanding collaboration in the *Veiligheidshuis*, and that narratives were helpful to illustrate the functioning of these concepts *in practice*.

## CONFLICTING LOGICS

As Mirella's story illustrates, characteristically the habitual offender's life is in a chronic state of turbulence and disorder. The habitual offenders in our study lived from one crisis to another. The most that service providers could do was to attenuate the situation, and even that usually required the sustained efforts of a number of different agencies from the social care and criminal justice sector. Although professionals from both domains were available in the *Veiligheidshuis*, in many cases effective interventions were not easily arrived at. Instead, as we often observed, despite the fact that collaboration structures were in place, complex cases could frequently led to tensions among the participating professionals. What explains these difficulties in working together effectively?



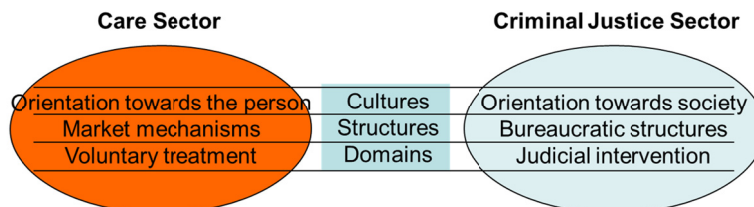
To answer this question we focus on the conflicting service logics of the sectors of social care and criminal justice. A sector consists of a coherent set of social services or interventions that is delivered by clusters of institutions and organisations that together create a certain societal value. “These sectors are multiply embedded within the others. Their boundaries cannot be clearly drawn, as they are intertwined with one another” (O’Riain, 2000, 191). Following Glynos and Howarth we can say that a sector consists of:

*“a particular set of subject positions [e.g. psychiatrist, district attorney], objects [e.g. the client’s problems; agency budgets] and a system of relations and meanings connecting subjects and objects [e.g. professional values, institutional hierarchies], as well as certain sorts of institutional parameters [e.g. laws, work routines]”* (adapted from Glynos and Howarth, 2007, 136).

The practical coherence and interpretive integrity of sectors thus form formidable barriers to the kind of cooperation that is required to make collaborative innovation work. In the language of Glynos and Howarth (2007, 136), we define a logic as comprising:

*“the rules or grammar of a practice as well as the conditions which make the practice both possible and vulnerable.”* Transposed to the work of public services “a logic is a set of assumptions, about the scope, method, and purpose of a particular service domain, which determines its questions, its practices, the nature of its evidence, and its principles of interpretation.”

We distinguish three elements in particular that stand in the way of the cooperative process: conflicting cultures, diametrically opposed structures and poorly interlocking domains (Fig. 1). In the next sections we will further elaborate these elements. In each section we demonstrate the different characteristics of the sectors and then discuss the effects of these differences.



**Figure 1:** conflicting logic’s between the sectors of care and criminal justice.

## **Conflicting Cultures**

The concept of culture is a notoriously slippery. Hofstede (1991) describes culture broadly as a set of values and practices. Concrete manifestations of organizational cultures are symbols, heroes, narratives of origin, and rituals. Schein (1999) adds to this that culture is grounded in shared implicit presumptions that drive values, norms and practices. In this article we build on Schein's work by typifying the cultures by their implicit presumptions and showing how these presumptions work out in practice.

### ***The Care Sector: Orientation towards the Person***

The core, guiding value of the care sector is commitment to the client. The care logic is about collaboration with the client, facilitating the client's motivation for change, and creating and sustaining continuity in the care relationship. In the care logic the professional is the client's advocate. The professional is not seen, and does not see herself, as someone who just earns a living or, ultimately, acts as an extension of the law but as someone who can make a difference for the client.

Building trust is central to this orientation. A social worker from a care institution told us how he encountered one of his clients. During a social skills training the client engaged in behaviour that was destructive to himself and his environment. The social worker tried to contain this behaviour and from there built up a treatment relationship. His account has a mild, accepting tone. Despite his robust interventions, his language reveals that he is involved in his client's development:

*"He came into the group being rude to everyone, using street language, so then I said 'Get out of here, I can't deal with you in the group, I'll come and see you again in two or three weeks.' ... I went to see him again after two or three weeks. ...In the meantime, he has come to see me as a leader and that is what he needs... It's about limits, this is the world we live in and each time I try to give it some structure for him... and also about valuing him, giving compliments, that's how he grows."*

Within the care logic the boundaries between the formal professional care relationship and ordinary human compassion is continuous. It is not uncommon in the case of some morally worthy clients (Maynard-Moody and Musheno, 2003) for professionals to commit themselves beyond their formal role and powers. Another social worker about one of his clients:

*"At a certain point in time I was no longer allowed to supervise him, his process was finished. However I prolonged my supervision with three more months. Why did I do it? Er... [silence] er... because the fact that the boy was motivated and... er... was kind of appealing for help and then I tried to do something. I freewheeled a little and luckily after six months, with very good arguments, I was able to get some hours compensated in retrospect."*

### ***The Criminal Justice Sector: Orientation Towards a Just Society***

For criminal care professionals the challenge is to maintain a requisite distance between themselves and the client, rather than a client orientation and personal trust. When we observe a habitual offender hearing, distance is immediately visible. The formal manner of address during the greeting ritual, the distance in the courtroom between the suspect and the judge, the official robes, the language of the lawyers all contribute towards a distant and ceremonial stance. The implicit message is that a larger social ritual is enacted in which all participants play their carefully prescribed role. However, just as in the care logic, the boundaries between professional attitude and ordinary commitment are permeable. We observed how at certain moments the judge chooses a tone of involvement when handling a habitual offender case. He seeks to get closer towards both the victim and the suspect. He shows his human face. He inquires whether those involved understand what is going on shows compassion for the victim and asks the suspect open questions about his motivation for proposed treatment. The case then continues in the same formal tone. Justice has to be done and this requires an unflinching commitment to the demands of the law.

The prevailing tone of the criminal justice sector is characterised by an orientation towards maintaining a safe and fair society, and of the integrity of the criminal justice system. Upholding the law requires an impersonal approach. The norms and values of the criminal justice sector serve a quest for an objective and equitable application of the law. Justice is not blindfolded without reason. This means that it may be expected of professionals in the criminal justice domain that they weigh the personal circumstances of the client against the rule of law.

### **Conflicting Structures**

The structure of organisations consists of the way organisations divide the tasks and the way in which the performance of these tasks is coordinated (Mintzberg, 1983). Coordination requires mechanisms for exchange of information and dealing with transaction cost. Two typical coordination structures are markets and

hierarchies. Hierarchies structure coordination through bureaucratic mechanisms for task deployment and financial control. Markets structure coordination through direct mediation of economic transactions (Ouchi, 1980). The criminal justice sector is typically coordinated through hierarchy. The care sector is structured as a (quasi-) market. Our observations show that the differences in shortcomings of the two systems create a lack of understanding between professionals who have learned to navigate their own system and who project expectations that are reasonable in their own field to professionals that function within the constraints of a differently structured domain. Beyond that, both market and hierarchy have their shortcomings in allocating attention towards difficult, undesirable clients such as habitual offenders.

### ***Quasi-Markets as the Basic Structure of Care***

The contemporary care sector system is organised as a quasi-market. Care organisations have to break even or create a financial surplus; they carry responsibility for the organization's financial viability. They have to tender for contracts with state agencies. In return, they are (somewhat) autonomous in wage setting and in how they organize their care operations. However, contrary to a real market, the care sector is strongly regulated by hierarchical controls that emanate from the Ministry of Social Policy. Social care is not coordinated through the price mechanism (Dericks, 2006). On the contrary, the increased fragmentation that is the result of the greater autonomy of the individual organizations has exacerbated the coordination problem. How does this work?

In a general context of budgetary constraints, there is a reduced supply of care and this supply follows the money. In order to enhance their effectiveness, care institutions aim at 'easy' clients; clients who are expected to benefit from the treatment and who do not disrupt the treatment climate in the agency. Habitual offenders are generally regarded as difficult clients, so in practice, we see for example that they are rejected to a place in a sheltered accommodation project because they are drug users and that on the other hand are not considered for a drug rehabilitation programme because they don't have a stable accommodation situation. The example points towards a wider system of mutual deferral of responsibility. The economic logic of individual care agencies has perverse consequences in the aggregate.

### ***Hierarchy as the Basic Structure of Justice***

The judicial chain is organised as a bureaucracy. In a bureaucratic system, higher management distributes the work and the resources amongst institutions and units.

For coordination of the work they create systems and procedures. Information from lower units flows back to the command structures to allow them to assess performance and spending. The combined vertical control and horizontal structuring are supposed to allow for tight control on effectiveness and efficiency. However, as it is well known, between units it also evokes a diffuse battle about priorities and a strong inclination to value procedures higher than practical solutions. (Ouchi, 1980) Units filter the information that they allow to flow upwards in the hierarchy. Agencies jostle to obtain the most favourable position in the perennial conflicts over influence in the zero-sum bureaucratic environment (Allison & Zelikow, 1999). Hierarchy invites defensive behaviour and symbolic policy. Our study indeed illustrates the battle of priorities and the formal orientation with partners that are in the criminal justice system. Illustrative for the classical inertia of poorly functioning bureaucratic structures is the case of a member of the *Veiligheidshuis* who contacted the nearest police station. When she called she was referred to another station. At that station, she was told that she could only make an appointment in the afternoon. When she returned to the station that afternoon the official in question was off for the rest of that day. Upon discussing this case with representatives of the *Veiligheidshuis*, we concluded that the inward-looking perspective of the criminal justice bureaucracy acts as a disincentive for client-orientation.

### **Conflicting Domains**

The sectors of social care and justice both deliver a set of interventions, but operate according to different operating procedures. These interventions and organizational routines reflect the mission and goals of the organizational domain. As the preceding characterizations make clear, these are in many instances at loggerheads with each other. As this group of clients is not motivated for voluntary treatment and often do not engage in the types of crimes that warrant long sentences, many standard interventions do not apply and desired interventions are not legal or legitimate. The clients fall between the cracks in the system. Nevertheless they, may pose threats to the safety of individuals, impose high societal costs, and create moral unease with professionals. The net effect is that they are impervious to interventions by the criminal law and care sector. A psychiatrist from our research project summarised it as follows.

*“We have instruments for people who cross the line. We have instruments for people who have a treatable disorder but for people with a bad character who are seriously threatening society we are left powerless.”* (van Hemert, personal communication).

### ***Improving Personal Health as the Operationalization of the Care Mission***

The care system is oriented towards diagnosing and treating those who are afflicted with illness or disorder. We illustrate the limitations of care for habitual offenders with the case of *Frank*, a man who is diagnosed with an antisocial personality disorder. He is hardly capable of recognising his own feelings, he is easily annoyed, he has a fear of intimacy and he defends himself by expressing negative feelings. He is someone who projects blame onto others and who has an insufficiently developed moral sense. He is intellectually challenged with an IQ around 70. He has a history of cocaine and alcohol abuse and experiences little pressure of suffering. He expresses himself verbally and physically to others in a seriously threatening manner. A psychiatrist who saw him as part of a behavioural expert's assessment was of the opinion that if the client continued to use cocaine and remained in contact with other drug abusers, there was a high chance that this would lead to escalation. Other workers in the field considered the client a "walking time bomb". Frank has shown over the years that he is not motivated for treatment. He does not collaborate with psychiatric investigation and he leaves each of the programs that were offered to him. A compulsory admission to a psychiatric hospital ended in an early release since there was no progress during his treatment. The case shows that the interventions for diagnosis and treatment in the care sector fall short in the case of habitual offenders, due to their limited inclination to collaborate.

### ***Creating Safety and Justice as the Operationalization of Criminal Justice Mission***

The criminal justice system is designed as the *ultimum remedium* for dealing with unlawful behaviour. Only if it has been found that no other intervention is suitable, the application of criminal law is warranted. (Crijns, J. 2012). In the application of criminal law, the measure should be proportional to the offence; people cannot be punished for their intention to commit a crime. For the situation of habitual offenders, a specific intervention was introduced in Dutch law in 2004. This so called ISD intervention is a combination of confinement and treatment. By the terms of this intervention anyone with a series of convictions for small misdemeanours and crimes who reoffends can be incarcerated for two years without additional sentencing. It is used as an ultimate measure when all other options have been tried. The ISD intervention calls for a gradual transfer from inpatient to outpatient treatment during the two-year term. In the case of Frank the use of the ISD measure turned out to be unsuccessful. He was frequently aggressive (with repeated placement in isolation) and barely cooperated with

treatment. The outpatient stage that constitutes the final stage of the measure was terminated due to threats of aggression. After the measure had ended and Frank was released, violent threats occurred almost immediately. He was once more put in prison. Although Frank threatened to seriously hurt his ex-partner, the judicial system could not do more than react to the offences that were actually committed by Frank. The case shows that the interventions for prevention, investigation and punishment of crime of the criminal justice sector fall short in the case of habitual offenders, due to the small size of the offences and the repetitive character. Dealing with habitual offenders requires for the combined use of interventions of care and justice.

## **A COLLABORATIVE APPROACH OF HABITUAL OFFENDERS**

In this section we discuss the immediate positive effect of the *Veiligheidshuizen* as an organizational innovation, in terms of bridging the two domains. Then we highlight the different barriers to collaboration that practitioners experience during their work in the *Veiligheidshuizen*. Finally we describe how recognition of these barriers in the setting of the *Veiligheidshuizen*, that created growing mutual trust, could lead to further process innovation.

Our study shows that the chances for successful treatment of habitual offenders from the separate perspectives of care and justice are limited. Over and over again our observations made it painfully visible that the social service and criminal justice domain do not connect well in the care for habitual offenders. Collaboration between these two sectors is a logical and promising perspective. Logical since habitual offenders are frequent lawbreakers and, almost without exception, suffer from personality disorders and drug or alcohol addiction. Promising since the early signs are that collaboration between care and justice can lead to a reduction of recidivism (WODC, 2012). Collaboration thus needs to be strengthened in a way that makes it possible to accommodate the different logics that define the two sectors. Formal mechanisms for collaboration are inadequate, as they tend to displace the collaborative challenge (Juil, 2008). An innovative solution is collaborative governance (Ansell & Gash, 2007). Asymmetries in information, knowledge and resources in a situation of mutually recognized interdependence, offers a promising starting point for a design that puts face-to-face collaborative process at the centre (ibid.). The *Veiligheidshuizen* are such an innovation. These collaborative designs offer the professionals a chance to jointly work on shared problems, experience their mutual dependency, build trust, and come up with creative ways of collaboration. The question is how and to what extent the new collaborative setting is able to overcome the interactive negative

effects of conflicting domain logics and the specific needs and characteristics of the habitual offender.

Our interviews with professionals in the *Veiligheidshuis* confirmed the importance of direct interaction in fostering more effective collaboration. It is almost as if face-to-face contact allows a range of insights and experiences to flourish that each by them self are not that impressive but that taken together create a rich environment of learning possibilities. This succession of small successes boosted confidence and opened up new spaces for creative solutions, often by stretching discretionary capacity. Participants also learned that the process could be improved by relatively simple design innovations.

For example, all participants to the *Veiligheidshuis* said that working with other professionals made it clear to them that in these complex cases almost every professional suffers from an information deficiency. Working together made it possible to transcend partial knowledge and, often for the first time, obtain a more complete overview of the client and the various interventions that have been attempted in the past. This not only prevented duplication of unsuccessful interventions but also made it possible to see patterns in the development of the case that were hidden until now. For example, habitual offenders suffer from the alteration of stable and unstable periods. Instead of engaging in heroic interventions when the situation escalated once again, professionals began to focus on helping the client through the troubled phase to help him regain confidence and control over his life. Some experienced practitioners became skilled in noticing when situations threatened to escalate and intervene in timely and adequate way. For example, one of the participating police officers uses outstanding fines to arrest habitual offenders who were observed to drink in public to prevent an escalation into unmanageable behaviour. By his preventive action the police officer avoids that he would have to engage in a much more difficult intervention later when the client is drunk and unmanageable and has created a serious public disturbance.

Professionals also experience that their interdependence offers them an opportunity learn to see the other's perspective on the case. As one professional said: "*We are much more aware of the fact that we need each other.*"

We see that professionals who meet each other in the safety centres actually learn to understand one another and to respect each other's position with all its constraints and affordances. The conflicting domain logics have not disappeared of course, but working alongside each other in the *Veiligheidshuis* the



professionals see their situation in a new light. They now regard their own situation as a collaborative venture in which the professional doesn't have to go it alone and finds support from her colleagues. The trust this generates creates space for more creative interventions, for considering a wider range of options that mix voluntary participation, coercion and punishment, often exercising administrative discretion, as the situation demands. A good example is the police officer who has tried many times to bring a deteriorating habitual offender to the attention of a judge. The judge shows himself insensitive to the argument and persists in penalizing each offense separately. Then the police officer decides to collect camera images of the violations. He shows them in court to present a compelling illustration of the street habitat of the client. With this unusual intervention the police officer manages to convince the judge to consider other interventions for this client. The case coordinators in the *Veiligheidshuis* tell us that the results ultimately come from professionals who go the extra mile. An experienced and respected professional tells us that his work sometimes feels like "*unpaid labour*". He said that it frequently happens that you have a difficult case that can only be resolved if you get together with a small group of people, outside of all structures, put your heads together and make a ground breaking plan. He outlines how solutions arise if you attempt to grasp the whole situation with each other, carefully weigh up the options and then make conscious choices about which interventions to use and which not to use. In both cities we observed teams that create arrangements to confront the habitual offender with various scenarios to induce him to cooperate with treatment in order to prevent a formal legal process. A cop is sent to the habitual offender, for example, to subtly inform him of the discussed scenarios and advise him to keep a low profile.

In this study we confirm the findings of Ansell & Gash (2007, 550) showing that collaborative practices allow for shared problem definitions and the identification of common values. As a result practitioners manage to come up with small but important design innovations that help to bridge the gap between sectors. A simple example is the discretionary budget. It is a small amount of money that is allocated to the group to pay for activities that are not formally indicated but that are considered useful for achieving treatment goals. For example, the money has been used to replace a lost identity card that is necessary to be eligible for housing. Or it is used to bridge a short period in which a client is waiting for his welfare cheque and the risk is assessed that this will lead to a relapse into undesirable behaviour.

The *active ingredient* element in this and similar innovations is their discretionary and recursive quality. The discretionary budget can be spent upon the judgement

of the group. Similarly extra professional autonomy is granted in the hierarchical institutions. The professionals of these organisations can get additional time allocated for actions that are considered urgent by the team of the *Veiligheidshuis* and that might not necessarily fit the priorities of their own organisation. In formal terms recursiveness refers to “*a continuous and interlocking cycle of perspectives*” (Ansell, 2011, 104). In organizational terms it refers to an inversion of hierarchy. As Ansell puts it:

*“When a level of organization shifts back and forth between being superordinate ... and subordinate ..., you have the possibility of a powerful form of recursiveness that possibly overcomes the tension between top-down and bottom-up organization.”* (Ansell, 2011,107).

The discretionary budget in the *Veiligheidshuizen* is a good example of such recursiveness. Control over the agency’s budget – albeit a small part of it – is handed over to practitioners who allocate it according to need.

Recursiveness also governs the organization of the case meetings. One of our first observations was that the case management platform in both cities did not function well. In one city we observed that that an average of 15 to 20 clients was discussed in a two hour meeting. Obviously there was little time for each case. We also observed that a lot of information was missing at the meeting and that many participants were unfamiliar with the case files. Often the discussion of the case had to be adjourned to obtain better and more complete information. There was no time for follow-up, so that decisions on cases were not checked off at the next meeting. No one was responsible for monitoring progress.

In our feedback sessions we addressed our concerns about the functioning of the case management platform. Case management is a costly and time-consuming form of coordination. Often more than ten representatives of different agencies attend and each one has to prepare for the meeting. Yet in situations of dynamic complexity this form of reciprocal coordination that allows for continuous and direct mutual adjustment is the only one that works (Thompson, 1967; Mintzberg, 1983; Snook, 2000, 153). Once the issue was addressed, discussions followed between the management of the *Veiligheidshuis*, practitioners and the research team. We agreed on a solution in which we differentiated between the functions of process and case manager. The process manager acts as the chair of the case management platform. Her task was to ensure the process of multi-disciplinary collaboration. She is responsible for the progress of the case through the chain and to solve problems of cooperation. The case manager is the responsible for

individual cases. She prepares and oversees individual cases and monitors their progress. Differentiation of these roles gave the process manager more freedom to develop her function as a gate keeper. She reduced the caseload in the case meetings by better distinguishing between complex cases, which were to be discussed in the case management platform and the simpler cases which should be solved in direct collaboration between two or three partners. Pressure on the case management platform was further reduced through the fact that the case manager could effectively inform the attending practitioners on the status and urgent questions of a case. The effect of this division in tasks was the reduction of the number of cases to be discussed on the case management platform and an increase of the efficiency of the meetings.

The example shows *recursiveness in action*. The process manager, usually one of the street-level practitioners, had the power to issue instructions to all the members of the case management platform. There are no clear, a priori characteristics of what counts as a complex case; moreover most cases evolve all the time and move in and out of the category of *complex* or *difficult*. Only very experienced street-level professionals were able to make this kind of assessment. By appointing one of them as gate keeper for the case meeting, effectively reduced the number of cases to be discussed. By doing so, more time was created to thoroughly prepare and discuss the cases. Various assessments show that the approach takes effect. A more systematic way of working emerged and a stricter discipline to act collaborately upon the individual cases is a result.

## CONCLUSION

In this chapter, we showed that the specific characteristics of a particular, extremely treatment-resistant group of habitual offenders led to a breakdown in the coordination of services in the Netherlands. The reaction of Dutch authorities was to create a platform in each major city for collaborative governance called the *Veiligheidshuis*. The overall picture is one of stubborn problems and hopeful signs. The literature shows that such collaboration is full of ambiguity. Our specific contribution is that we add to general knowledge about collaborative governance and collaborative innovation by identifying some issues that arise when collaboration between partners from the domains of care and criminal justice are at stake. The vital mechanism seems to be that the *Veiligheidshuis* creates a platform for collaborative process. This process was not created by the simple act of putting the different parties together in one space. It was due to the creation of teams with collaborative goals, norms and values. In working together *in practice* and reflecting on experiences, an atmosphere was created where

experiences could be transformed into opportunities and where on-going learning could take place in the interaction between management and practitioners of the different fields.

Once participants are willing to engage in collaborative process a succession of small innovative steps were taken that allowed them to work across boundaries. Participants begin to share information so that, often for the first time, everyone has a complete overview of the case. Mutual trust and support began to develop which allowed participants to *think outside of the box*. Perhaps most important through the process of recursiveness, street-level knowledge and experience superseded hierarchy and formal procedure to inform everyday case management. None of these solutions represent a silver bullet to overcoming the coordination problem in social services. They are also fragile and can easily be reversed by changes in funding or leadership. But our research shows that over time a culture of collaboration emerged in the *Veiligheidshuizen* that resulted in continuous improvement of collaborative practices, and thus in improved wellbeing of this treatment-resistant category of clients and increased safety on the streets of our cities.

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## CONFLICT OF INTEREST

The author(s) confirm that this chapter contents have no conflict of interest.

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