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People in Contact with Criminal Justice Systems Participating in Service Redesign: Vulnerable Citizens or Democratic Partners?

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Introduction

In this chapter, we explore the contested concept of vulnerabilities in the context of criminal justice and mental health, ‘vulnerable’ being a category into which people in contact with criminal justice system (CJS) are usually placed without critique. Normative positions suggest

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vulnerability is possessed by ‘offenders’ themselves owing to certain characteristics they hold. This will be critiqued as limited and indicative of structural power relations. An alternative consideration is presented of vulnerability as a social construction. Drawing on an ‘etemic’ understanding of vulnerability (Heaslip et al., 2016), allowing integration of agentic and structural factors, we call for the inclusion of offenders in the design and conduct of services and models of organisational learning, innovation and collaboration that transform these practices.

We take a reflexive approach in our writing that requires us to be open about the positions we hold in personal, professional, disciplinary and theoretical terms underpinning the critical stances adopted. We comprise two British women, one Norwegian woman, one South African woman and one British male. Collectively we bear social work, nursing, inter professional practice and penology backgrounds and are versed in critical social science perspectives. This influences the standpoints taken here in our understandings of penal policy, ethnographic approaches and voice.

To commence, we will summarise some of the developments in service provision that includes the voice of those connected with services.

The Centrality of Voice and Inclusion

There is an ongoing debate concerning terminology used in referring to those who have contact with professional services. Within health and social care, terms such as ‘patient’, ‘service user’ or ‘client’ are common; however, these have been contested owing to the discourses underpinning them. We would choose to use the term ‘citizens’ when referring to individuals who are in contact with any professional service and this is subsequently used here in reference to people in contact with criminal justice and health services (including the incarcerated and subjected citizen together with the professional).

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Our professional backgrounds mean we favour a UK social work perspective but it is not just in social work that citizen involvement is increasing (Tew et al., 2012; Bowers et al., 2016; Austin & Isokuortti, 2016); and not just in the UK (Duygulu & Abaan, 2013). However, the evidence in UK social work provides a grounding from which to develop wider practices and to understand the ways in which greater inclusion can be developed in authentic ways across countries and cultures.

The perspective of citizens who use social work services has been a feature of social work in the UK since the development of generic education under the Central Council for Education and Training in Social Work (CCETSW), exemplified by Mayer and Timms' seminal work in 1970—*The Client Speaks*. The involvement of citizens in education and training has also been a requirement of social work qualifying courses in the UK following the introduction of minimum degree-level qualification in 2003. Within healthcare, the movement of involving citizens has grown across Europe over the last few decades (Dent & Pahor, 2015). Within the UK, it is an expectation that citizens will be involved in nursing courses since 2010 (Nursing Midwifery Council [NMC], 2010) and allied health professionals since 2018 (Health Care Professions Council, 2018) healthcare courses since 2010. The history of involvement in education and training is well-rehearsed in Molyneux and Irvine (2004), Beresford and Boxall (2012), and Irvine et al. (2015). Two recent works offer a more comprehensive overview of the history of citizen involvement in health and social care (see the editorials to special editions by McLaughlin et al., 2016; Duffy et al., 2017). Involving citizens in the education of future health and social care professionals, some of whom will work in the CJS, offers authentic insights into the lived experience of a service or experience (Scammell et al., 2015; Parker, 2021; Heaslip et al., 2018) providing a contrasting perspective to the professional discourse.

There are barriers to involving service users that include training and support needs (Moss et al., 2007), power issues (Anka & Taylor, 2016) and the need for meaningfulness in any inclusion that belies its mandatory status. What is clear is that there has been a growth in research undertaken and knowledge gained through the practice of inclusion (Gupta & Blewett, 2008; Hughes, 2017). We are still somewhat

unclear of the ways inclusion of citizens in health and social care assists the process or, if it does, how it then creates better practice. However, evidence from practice is growing.

Citizen experiences are fundamental in the development and review of health and social care services. Within England, there is a commitment towards strengthening 'patient and public involvement' in health (NHS England, 2017) and in Norway 'patients' are referred to as radical agents of change with the right to work alongside professionals in design and development of good healthcare services (Erlandsen, 2018). Despite the power- and discourse-laden language of 'patients' in health care, it is apparent there is a growing political and public acceptance of the importance of engaging with citizens using services in the design and redevelopment of health and social care services and research into them.

In this chapter we consider how the voice of those in contact with CJS might influence service development and ask why it might be important to include the voice of people who have those connections. The rise of populism and punitive methods in CJS are exemplified well by recent UK politicians (Gayle, 2019) and these views promote and fortify populist perspectives amongst the general public. So, we may ask why to include the voice of these people who are unpopular, excluded and subject to punishment (something which may include professionals working in these areas as well). In response we return to our codes of ethics and professional value bases that we as authors originate from, acknowledging the politically left-leaning aspects of most human service professions. But there are also pragmatic as well as moral and political justifications. These concern the economic costs of mental ill-health and the incarceration of those transgressing national laws. Regardless of penal systems and their philosophies—whether punitively inspired, paternalistically welfare based or rehabilitative in thrust—reducing future offending and integrating citizens into society in social and economically productive ways represents positive gains for those communities and for the mental health of those citizens. Thus finding ways of reducing recidivism that are acceptable and appropriate to those who have had contact with CJS and amplifying their voice is fundamental to future service development.

The Contested Concept of Vulnerabilities

Citizen involvement is predicated on a number of things including power relations but also on the basis that those citizens connected with services are inherently vulnerable. As human beings, we are all vulnerable to some extent and the term remains loaded and contested, in terms of associated power implications and who may apply to such, to whom and to what end (Penhale & Parker, 2008; Parker et al., 2012; Heaslip, 2013). For instance, those citizens who are subject to CJS interventions in the UK may be considered vulnerable because of the removal of freedoms and rights. When in contact with the CJS they may be exposed to ‘criminals’, drug use, violence and other brutalising behaviours often associated with CJS contexts to a lesser or greater degree. However, it may also be assumed that those subject to CJS interventions make the professionals dealing with them or, indeed, the general public, vulnerable because of their perceived ‘dangerousness’—a discourse developed through interventions and the power of common-sense assumptions that Foucault (1979) and Bourdieu (1977) expose so clearly—or through association with those people (Parker, 2007).

Thus, we must hold that vulnerability is an elusive as well as a contested concept. If we were to pursue definitions rigidly we run the risk of excluding subjectively or culturally legitimated understandings. Our working definition of vulnerability, for use in respect of citizen involvement, is *connotative*, associated with the underlying feelings and meanings of diverse professional and citizen group cultures; rather than being *denotative*, which, in its precision, may exclude or delegitimise others; recognising that, at times for research purposes, we may need to denote specifics, whilst acknowledging difference and breadth. We suggest that any person can be vulnerable but some are more susceptible than others because of contexts, positionings and responses to that person by others rather than because of their innate characteristics.

Examining anthropological features of vulnerability identifies that human beings are poorly equipped physically and are dependent on sociality; herein lies both their potential flourishing, but also their potential vulnerability (Kottow, 2004). Thus, vulnerability is a ‘condition

humana' which affects us all (Kottow, 2003, p. 461). Within this perspective it recognises that some groups may be more than vulnerable as a central feature of the human condition owing to external factors and sociopolitical norms, whilst acknowledging the individualistic nature of vulnerability. Such approaches carry advantages in avoiding assumptions that vulnerability is an inevitable consequence of gender, age and socio-economic status. Vulnerability, therefore, exists as a lived experience of the individual's perception of self and their resources to withstand such challenges. Vulnerability is contextual; based on the experience of exposure to harm through challenges to one's integrity. Kottow (2003, 2004) argues that a distinction needs to be made to identify individuals who are more than ordinarily vulnerable, which he refers to as 'vulnerated' or susceptible. In that these individuals suffer from double jeopardy; as they suffer from both an elevated risk of vulnerability as a greater likelihood of harm resulting from these problems. Kottow (2003, 2004) argues that this should be separated from vulnerability and should be referred to as susceptibility, as vulnerability is an essential attribute of humanity, whereas susceptibility is a specific accidental condition to be diagnosed and treated. Kottow's approach is contextual and can be applied to people in contact with the CJS.

Approaches to vulnerability within health and social care (HSC) settings have tended to focus on susceptibility and risk of disease, ill-health, disadvantage and misfortune and so on. This thinking is rooted in the power of the professional to subject the 'vulnerable person' to the gaze of concern and control. In the CJS the gaze may, on the other hand, also reflect the vulnerability to danger experienced by the gazer. These understandings are often considered to be denotative but we would argue for a fluid approach allowing for individual responses to context and a relational approach to vulnerability that sees it in interactions, socio-political, cultural and historical contexts. This allows multidisciplinary relationships to flourish in situ rather than being mandated by impersonal policy directives.

These emphases highlight the 'wounding' dimension of vulnerability which links to the etymological derivation of the term: from the Latin root *vuln*—and verb *vulnare* meaning 'to wound'. However, there is a stage prior to actual wounding—physical or emotional—which takes

place in the shadowy state of potentiality for ‘wounding’, ‘harm’ and ‘danger’. This preliminary state seems to underlie the susceptibility/risk hypothesis and links also to the concept of *liminality*. The risk of, or susceptibility to, wounding makes the person vulnerable but they are in a state between actual physical or psycho-social experience and the non-wounded state; they are betwixt and between, neither one nor the other (Parker et al., 2012). In this liminal world, professionals in CJS, HSC and those experiencing interventions from these services become vulnerable. People who have experienced incarceration or other interventions from CJS move from citizens to diminished persons. Those working in these systems who experience such liminal transitions oscillate between a degree of socially beneficial functioning and/or challenging personally diminishing policies and state practices that control and create vulnerability. In these ways professionals and those experiencing professional gaze and intervention become liable to risks, dangers, liabilities—vulnerability.

As we noted earlier, everyone is potentially vulnerable depending on the ways in which we define ‘the concept. Labelling theory helps us to problematise the concept further. To refer to someone as vulnerable is often taken automatically to assign them a label that would usually be seen in a negative light—it is assumed to be a pejorative term (Penhale & Parker, 2008). Labelling theory focuses not on acts in themselves but on the labelling of certain acts as being deviant, states of being or minority groups that do not represent cultural or majority norms (Becker, 1963). In itself, this exposes the taken-for-granted discourses that reflect socio-cultural power relations (Foucault, 1979; Gaventa, 2002). Being labelled as deviant creates a stigmatic role, and, taking Goffmann’s (1959, 1963) dramaturgical approach, is then performed socially by both the labeller and labelled and other social actors involved.

‘Vulnerability’ is a label. People subject to CJS interventions may be expected to assume the characteristics associated with this label (and almost performing a ‘sick role’, Parsons, 1975), and act accordingly’ (Becker, 1963; Lemert, 1951). It is easy to see how our actors within the CJS become stigmatised through their vulnerability, considered weakened and necessarily subject to certain disciplinary practices (Parker, 2007; Parker et al., 2012). The term ‘vulnerable people’ refers to people who, by virtue of their circumstances, by the way professional services are

organised/operated, and by the way that wider society treats adults with different needs, are then placed in a position that creates further need. For example, the mentally ill criminal is placed in prison and becomes more ill as a result. A moral imperative therefore arises in ensuring that the voice of these people is heard in planning and developing services that act as resistance against this stigmatisation and reduces current power imbalances.

Service Development Interventions and the Dialectic of Agent and Structure

We turn now to how citizens with vulnerabilities can be included in service development and innovation in practice. There a range of models of organisational learning, change and innovation that facilitate change but we choose by way of illustration one such model, the Change Laboratory (CLM) (see Chapter 8 of this volume). The detail of this model and its many applications, are detailed comprehensively elsewhere (Virkkunen & Newnham, 2013; Kerosuo et al., 2010; Engeström et al., 1996, 2014; Sannino et al., 2016b; Sannino & Engeström, 2017). Our intention is not to critique this model per se, or describe its application, but use it as an example of a well-tested model of service transformation that has application in the CJS context but which faces the challenges of including the voice of the vulnerable service user (see Chapter 8 and Engeström et al., 2014).

Briefly the model is a bottom-up and participatory model of organisational transformation with its theoretical origins in Cultural-Historical Activity Theory (CHAT) and the theory of expansive learning. The latter is an iterative and collective transformation process led by key stakeholders involved in service innovation and facilitated by researchers (Virkkunen & Newnham, 2013; Sannino et al., 2016a). There is growing evidence of the use of CLM within many professional sectors (e.g., Engeström et al., 1996; Kerosuo et al., 2010; Virkkunen & Newnham, 2013; Morselli et al., 2014; Englund & Price, 2018; Sannino et al., 2016b; Sannino & Engeström, 2017).

However, the use of CLM within the CJS has to date been largely non-existent. In this case, the focus would be on development of the prison

service, questioning the purpose of the service and whom it primarily serves. Exploring the potential for a CL application in the field requires an examination of possible challenges it faces in this new context, before implementing it uncritically in the field for the first time. This is the task of COLAB, an EU-funded project (COLAB-H2020-MSCA-RISE-2016/734536) that aimed to promote innovation and interorganisational learning and interagency collaboration within the CJS (see Chapters 1 and 8 of this volume). The inclusion of the voice of the prisoner in the CLM was a particular focus of this consortium.

Before we explore in this chapter the possibilities and potential limitations of including the prisoner voice in CLM in this CJS context, we need to remind ourselves of the foundational principles of expansive learning (Guzmán, 2018; Engeström, 2015).

On face value these principles appear straightforward; however examining these principles with regards to CLM within the CJS, and the involvement of vulnerable prisoners leads to potential challenges, which we will explore before identifying potential solutions to these. The first principle regarding the unit of analysis can be easily undertaken within the CJS process, comparing the degree to which different agencies work within the service. It is in the second founding principle of collection dimensions of capturing multiple voices and worldviews that we begin to see the potential challenges. Wilson et al. (2018) define worldviews as culturally based points of reference that individuals use to experience and think about the world. They help us to interpret and understand our existing context and experiences, which in turn inform our ways of working and thinking. Inherent to CLM method is a willingness to see, hear and understand the worldviews of others and to contrast your perceptions of the activity in moving forwards as part of the action cycle. However, the degree to which individuals are willing to be open to understand the worldview of others has to be considered within the context of wider societal discourses and values regarding crime and punishment. Comparing two different approaches towards crime and offenders in Norway and the UK, Scandinavian approaches focus upon prisons as places of rehabilitation (Kriminalomsorgen, 2019; Pratt, 2008a, 2008b; Pratt & Eriksson, 2013) where citizens who are imprisoned receive support and rehabilitation to enable them integrate

themselves back into society following their release. Imprisonment itself is the punishment in Norway, whereas this is compounded in the UK by the removal of other amenities. In comparison, UK society sees prisons as having three roles: to protect the public, retribution and punishment and finally, rehabilitation (Gauke, 2018). The UK prides itself as having a tough approach to criminal justice, creating potential barriers for criminal justice staff to value or appreciate the worldview of offenders. Whilst the third founding principle (Table 12.1) identifies the importance of focusing upon a historical dimension, we argue that in the CJS context, the broader socio-political or structural dimensions that this may encompass, will be particularly important when understanding and appreciating the world views of agents in the CLM process.

Taking aside values regarding worldviews there are also challenges with regards to capturing the voices of the offender. A critical aspect of the CLM process is the mirroring process in which data collected from a variety of sources (e.g. the daily interactions of professionals with each other and with the offenders) is shared with another (e.g. workers and offender representatives) in order to stimulate thought and reflection. Questions need to be asked regarding how this data would be collected: common approaches use experiential videos, yet few CJS organisations allow the use of video recording within their service due to concerns regarding confidentiality. Additionally, there are logistic issues as shown in a British study by Hughes et al. (2017) of 93 young people

Table 12.1 Principles of expansive learning (Guzmán, 2018)

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1. There is a minimum unit of analysis: this is a collective, artefact-mediated, object-orientated activity system in its interaction with at least one other activity system that is itself collective, artefact-mediated, object-orientated
 2. There is a collective dimension: Participants are involved in learning and represent multiple voices with differing thoughts, world views and forms of expression
 3. There is a historical dimension—there is an acknowledgement that there are transformations of the activity over time
 4. Contradictions play an essential role as triggers for change and development—contradictions are the historical accumulation of structural tensions within and between activity systems
 5. There is the possibility of expansive transformations in activity systems, accomplished when the object and the motives of activity are reconceptualised and there are new possibilities
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serving custodial sentences (mean age 16.9). They identified that 47% of the sample demonstrated 'overall language skills' significantly below average for their age range, this included 20% ($n = 19$) meeting the threshold for consideration of impairment noting significant difficulties. Communication is a fundamental aspect of the CLM process, and often theoretical conceptual models are presented in complex language which may not be readily accessible to individuals with lower educational attainment, common in offenders (Taylor et al., 2018). There is also another obstacle concerning language. In a multinational and multicultural context, which many prisons and prison research are becoming and the language of communication may not be the mother tongue of several of the participants (and a number of the researchers). Because of insecurity and a lack of language skills, participants may be reluctant, or even unable, to articulate and share their thoughts and opinions adequately. This increases the risk of important information and nuances concerning expressing worldviews, contradictions and tensions (Table 12.1) becoming lost in the process.

Another key aspect in expansive learning is the transformative process (Table 12.1). During a CLM, participants rather than researchers take a leading role in designing their future by engaging in joint analysis of their activity (Engeström, 2015). This promotes a sense of agency and empowerment that is beneficial in ensuring their commitment to organisational changes. However, this is challenging within the CJS context when individual inmates are involved who do not have the same control of their future as other participants (prison staff for instance). Herein lays the challenges with regards to unequal power base.

A normative positioning of people experiencing CJS interventions (e.g. the prisoner in prison) and those who intervene (e.g. the prison officer) is one of unbalanced power relations because of assumed differentiated moral worth. This allows interventions to be enforced from positions of supposed moral integrity and socially accepted and legitimated power. However, models such as the CLM engage with these debates in a different way starting from the fundamental human rights of individuals to participate and to fair treatment. This reflects not a deontological Kantian position, whereby these rights are lost as a result

of proscribed behaviours, but instead a situation ethics model that recognises, despite the transgression of overtly and covertly agreed behavioural norms, the right to participation and fair treatment remain. This presents a contradiction (also noted in Chapter 9 of this book) that may require the original CLM to evolve to address these.

Critical Ethnography—the Moral Enterprise of Ethnography

A key dimension of the CLM, as mentioned earlier, is the collection of mirror data from everyday working practices within the prison, to stimulate discussion within the organisational development process. These represent a diversity of perspectives constituting multi-agency, cross-cultural participants and made up of both practitioners and researchers. It is the role of the researcher (see Chapter 8 of this volume) to collect this mirror data in the first instance and ethnography has been viewed as a dominant data-gathering approach. It is not difficult to comprehend why ethnography would be a popular methodological choice for this large, complex, interwoven enterprise. At a basic level, ethnography is fluid rather than prescriptive; it pursues fruitful avenues rather than being constrained by set variables; it avoids hypotheses normally, although is guided by theoretical positions and empirical ontologies such as demographic data (Scheper-Hughes, 2009). Fundamentally qualitative in nature, it can also accommodate quantitative and statistical data. Furthermore, although focusing on social interactions in the fieldwork encounter via different interviewing strategies, ethnography can happily accommodate reports and documentary evidence as data (Ashencaen Crabtree, 2012). Data is not gathered in staged laboratory settings but in naturalistic settings, where real people actually function and do the things they tend to do in their lives: for example, the hospital ward, the classroom, the indigenous village as well as the ‘total institution’ (Goffman, 1961): the asylum and the prison. An ignored perspective in doing prison ethnography is recognising the challenge of this experience in this environment. A prison constitutes an emotionally demanding

context, and the researcher may occasionally find themselves in potentially dangerous situations. Besides, novice researchers may enter the field with a high level of anxiety and struggling to cope with their emotions (Jewkes, 2012; Sloan & Wright, 2015). It is from this perspective that we can view the researcher as vulnerable within the service development processes, such as the CL, rather than the prisoner, as discussed earlier. However, emotions may constitute epistemological significance worth exploring (see e.g. Sparks, 2002; Fransson & Johnsen, 2015).

A very important contribution of feminist epistemologies is that of self-reflexivity, where the researcher is transparently written into the ethnographic account (Ramazanoglu & Holland, 2002), in a ‘warts and all’ approach, as being the lens through which all data is gathered and processed—or textualised’ to employ van Maanen’s (1988) useful term. To summarise, ethnography offers itself as the ‘Swiss penknife’ of methodologies, adaptable, flexibly multi-tooled. A particularly efficacious aspect of ethnography within models such as the CLM are observation techniques, which can supplement interview or even, at times, be substituted for them. Much can be learned through this technique, but the essential quality of such observation lies in its criticality. There can be no mere casual watching by the researcher but rather a conscious, deliberate, engaged scrutiny in order to understand what is being seen and what it could mean. A high level of criticality characterises ethnographic observation, in which the attempt to connect the minute or local instance to a larger, structural phenomenon, which Atkinson (2015) describes as identifying the ethnographic detail as an instance of a bigger example. This position tends to challenge the idea that generally qualitative data cannot be used to generalise to a bigger picture. However, whilst this may be true in terms of details and specifics—and that caution and caveats need to be acknowledged—the critical ethnographer can legitimately seek to draw connections from the specific to the structural where data appears to warrants this (Ashencaen Crabtree et al., 2016). Thus, critical observations of prison officers undertaking their routine morning tasks, as is central to the CLM model, might offer illumination into the operational ubiquities of daily practices by officers in that institution, which in turn may lead to a deeper insight of the underlying philosophies or *raison d’être* of prison services in that region

or context. This is the case whether those observations are undertaken by members of the CJS as a means of enhancing critical reflexivity, as part of the role, or by external observers, practitioners or researchers working to improve services through applying and facilitating organisational change using models such as the CL.

Self-reflexivity and critical engagement begins to mark out the territory of what one could refer to as 'moral ethnography' (Ashencaen Crabtree, 2013), which in any collaborative activity such as the CLM we believe should be central if comprehensive inclusion and participation is to be achieved and voices heard. More, however, is needed to truly occupy this contestable terrain. Moral ethnography requires that the little heard and muted voice is amplified, whether that is the voice of the rough sleeper, the patient with dementia, or the incarcerated citizen—and that the moral ethnographer seeks to create the space whereby that which is rarely heard can be uttered and those whom are silenced can speak (Ashencaen Crabtree, 2012). The obvious critique to this idealised notion is that what is said and recorded, what has been learned through the process of ethnographic analysis, in which data is effectively decoded and reformed for public digestion, all of this of course is selected by no other than the ethnographer themselves. There is no objective positionality, no hygienic neutrality, no appeal to the legitimacy of uncontaminated laboratory conditions (all highly dubious claims in themselves), but rather that all are subject to the subjective and that the integrity of ethnography lies in the validity of a paper trail of evidence and the plausibility of the account (Hammersley & Atkinson, 2007).

Ethnography with the incarcerated citizen participant, needs, perforce, to be moral in its outlook, engagement (De Laine, 2000) and dissemination given that the power differentials between researcher and subject are normally wide. Even more so between subjects/participants of the CLM when the status of one is that of the free person and the other that of the imprisoned (Ashencaen Crabtree, 2012). What may these muted voices tell us of their material conditions, their emotional and psychological inner drama, their yearnings, loves, animosities and indifference? Useful comparisons can here be drawn between the stigmatised labelling of the offender and the insane in reference to the historically 'mad' in Britain (a term employed deliberately here and in opposition

to the sanitised medicalism ‘mental illness’). Porter (2006) tells us that being viewed as irrational ravings emanating from seemingly incorrigible ‘Bedlamites’, such utterances were not thought to merit recording. By the nineteenth and twentieth century, and emerging from the brutalities of North American institutional care, we begin to find the written, and often eloquent, accounts of suffering from usually freed patients (Geller et al., 2011). Separated by the long distance of time and a comforting belief in social progress, such account is variably poignant, bewildering and bizarre but not immediately startling in that we are inured to the notion that the past is often inexplicable viewed through contemporary frames, which will shortly themselves be similarly anachronistic to others. We may also be aware that the prison and asylum guards of yesterday would no doubt have had a very different tale to tell had their voices also been recorded—being an interesting example of how even the apparent oppressor can be silenced until invited to speak (Ashencaen Crabtree, 2012); and that association with the stigmatised merely creates shared stigma by association (Parker, 2007, 2021). What then can we learn from moral ethnography with the incarcerated citizen, if we assume for one heady moment that we or anyone else are actually interested in hearing these words from the unattractive peripheries of society? Indeed the dilemma continues for once words are spoken, what then do we do with these accounts, particularly if they are controversial, troubling, offensive or even risky to the speaker and maybe to the listener as well? These are moot questions the moral ethnographer must perpetually address, particularly as ethnography has been charged with being an exploitative and one-sided relationship from which participants often gain little in comparison with the kudos and career and financial advantages open to the ‘successful’ researcher (Stacey, 1991). To engage in moral ethnography of itself invests significance and importance to the words of participants; however, marginalised or ostracised they may be in society, the exercise of which suggests that the speaker is also equally invested with the social stature that makes peripheral voices worth listening to.

Ethnography throws up troublesome data at times and in turn creates ethical dilemmas. The new British Home Secretary, Priti Patel, has been reported in the media as robustly asserting that the UK Government’s approach to law and order will be concerned with ensuring that

offenders 'literally feel terror' (Gayle, 2019). An ethnography comparing the penal approach in Britain to that of Norway, for example, might reasonably focus on the apparent polarities in correction ethos, tentatively portrayed earlier in this chapter as punitive versus rehabilitative. Yet, this dualism may be less stark than is suggested if we adopt a somewhat mischievous Foucauldian (1967) interpretation. For this we must consider eighteenth-century institutional care of the insane in England. Foucault considers the *prima facie* humanity of the Quaker approach, exemplified by William Tuke's small, private institution, 'The Retreat' (Ashencaen Crabtree, 2012). Here, and in sharp contrast to less edifying forms of containment elsewhere, Tuke adopted an approach which came to known as 'moral treatment' in order to pacify and cajole the patient into modifying their behaviour towards conformity with expected norms of conduct, for example partaking of afternoon tea with propriety and properly attired (Ashencaen Crabtree, 2012). Moral treatment would be recognisable today in some of its essential elements as promoting a normalising and rehabilitative approach. Foucault (1967) however, argues that moral treatment imposed a heavy yoke of burdensome consciousness and conscience on patients forcing obedience upon them to adopt normative modes of conduct. The existential and anarchic freedom of the lunatic is denied where sanity (and therefore physical freedom) is contingent upon demonstrated outward respect for conventions, which Foucault (1967) offers as possibly more humane than chains and bars but is nonetheless a system of oppression.

If we apply this argument to penal systems cross-culturally and consider the apparent contrast between contemporary British and Norwegian correctional forms, then the view suddenly alters. Conceivably the incarcerated citizen in Britain endures the overcrowding, peer violence, squalor and misery of overcrowded and apparently rat-infested cells (Perraudin, 2017) but may experience internal freedoms unknown to those where rehabilitated compliance is demanded by officials, which Foucault's analysis reveals as outwardly as merely a more civilised and far less brutal form of age-old paternalistic oppression (Foucault, 1979).

DiMaggio and Powell (1983) set out a neo-Weberian approach to understanding organisations. This approach suggested a tendency towards conformity or convergence of forms and behaviours through

coercion (policies, legislation and so forth), mimicry and adopting the practices of those perceived to be successful or valued, and normativity when practices become embedded and tacitly accepted as the way one does things. At face value there may be an element of determinism that prevents the possibilities of change. However, this need not be the case as the subsystems of organisations are the individual agents who, when exposing underlying discourses underpinning organisational behaviour subject them to scrutiny, evaluation and potential change. Thus the CJS and health services (HS) are bound to act in specific contextual ways according to socio-political and professional regulation, success is copied (often uncritically), and certain approaches become mainstream and unquestioned. Including the voice of citizens involved, as those subject to such or as professionals within these services, challenges this isomorphic convergence in provision and raises the possibility of change. Furthermore, understanding the position of individuals in contact with these services as somewhat liminal—neither as free citizen nor as someone outside the law (since they have been subject to the law)—we see a process of losing one's status and becoming reclothed in a different social cloth through interaction with these systems. The process is dialectic and works through the thesis of professional on the one hand, the antithesis of the citizen voice on the other hand, and eventually moving towards a novel synthetic, and hopefully constructive, way of being. Without this reflective dialectic we run the risk of perpetuating normative practice behaviours and whilst it may be argued that voice can be represented through video and audio clips, these run the risk of being subject to the hidden discourses of individual professionals and professions. Thus we argue for an upset in the power balance and the synchronous involvement of all those within CJS not just the professionals.

Ways Forward for Including Offenders in Service Redesign

We have explored the contested and fluid nature of 'vulnerability', which in itself has profound implications for service design, delivery and evaluation. To ensure that power imbalances are addressed, and that services develop according to the gamut of human need, citizen participation is central to service evaluation. Our contention throughout this chapter has been that models that aim to encourage organisational learning, innovation and collaboration in the CJS (such as the CLM) could be adapted to better include the voice of the citizen in contact with the CJS. The impact of constructed vulnerabilities may be countered by engagement of citizens and is essential to break down labelling and stigmatisation often found in service development. Researchers providing mirror data for models of service development need to be aware that they hold their own biases when collecting and presenting this data to participants and need to be critical of their own ethnographic practices

Models of service redesign such as the CLM seeks to make a positive impact on the CJS, and collaborating services, to assist those involved with CJS into pro-social, participatory ways of living. These seek ways of improving CJS and health and welfare service provision which has three immediate strands to it: the enhancement of professional achievement and outcome; the reduction of service and social cost; the reduction of individual harm and susceptibility to personal wounding and enhancement of social position of those in contact with CJS. We contend that a central plank in this is the inclusion of the voice of those who are excluded and marginalised by their contact with CJS.

Ways of amplifying that voice are varied. If we can enter the world of the other through participatory methodologies such as the CLM and its employment through ethnographic techniques, we create the conditions in which dialectics may occur. The normative thesis of the CJS is challenged by citizen voice as an antithesis. If we remain open to the possibilities created by synthesising the conflicting theses we may present novel understandings and ways of developing services that meet our objectives. By exploring filmic, dialogic, drawn, fictive and poetic modes of communication across the activity systems involved in CJS we

offer those with reduced or marginalised power and voice the means to resist and state their case or position. So, enhancing the voice of people in contact with CJS can be achieved through different communicative methodologies and an overarching ethnographic approach, and increases the possibilities for reducing power imbalances. However, we must also add a caveat. These approaches can only work if structural conditions allow the development of such democratised approaches to service development. Cultural perspectives also exert a powerful impact at local, organisation and structural levels and need to be taken into account when determining ways forward. If a top-down perspective drives service development then all participants within the activity systems remain excluded and changes are rendered less possible. As academics, practitioners and those in contact with CJS a commitment is required to illuminating service provision and impact through our ethnographic approaches, which must be critical. We use our illuminations to develop micro and meso-level practices, and disseminate our work to challenge macro-level assumption and normative practice.

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