Beyond the Scope of Managerialism: Explaining the Organisational Invisibility of Police Work

Abstract

This chapter examines the limited scope of managerialism on police practice, based on an ethnographic study of operational, street-level officers in a metropolitan police force in England and Wales. Using interactions between officers and people with mental health issues as a case study, it focuses on the significance that environmental and task boundaries place on organisational control of practice.

Key words:

Managerialism, police practice, vulnerability, street-level bureaucracy, organisation environment, discretion, experiential knowledge

Introduction

Organisational control mechanisms focusing on performance and outputs are often essential factors in determining the scope and direction of working practice. A significant literature on professional work focuses on the limitations and boundaries of control, from both a conceptual and structural perspective (Bannick et al., 2016; Evetts, 2003; Frey et al., 2013; Gundhus, 2012; Power, 2007), and the practical realities of how street-level workers adapt to the various iterations of instruments of control (Lipsky, 2010; McCann et al., 2013; Maynard-Moody and Musheno, 2003). While much of the historical roots of organisational control mechanisms lie in the private sector (Power, 2007), the integration of New Public Management (NPM) metrics and control systems into the public sector (from the 1980s) has spawned discussion on the extent to which public sector professional interests and expertise have been co-opted, curtailed or have resisted integration into a managerialist framework (O'Reilly and Reed, 2011). In particular, the control of professional autonomy and discretion in everyday working practice is seen as a crucial factor in attempts to change occupational cultures linked to historical failure and outdated modes of work (Charman, 2017; Holdaway, 2017; Fournier, 1999). The ways in which these new mechanisms are

operationalised and how employees adapt to its requirements will have significant impacts on the nature and quality of service delivery (Power, 2007).

This chapter examines the factors that impact on an organisation's ability to successfully operationalise control measures to standardise working practice to a level that allows task regulation, audit and scrutiny—the ability of management and regulators to monitor employee compliance and to view change in action, from a distance. The empirical data used are derived from an ethnographic study of a police force in England and Wales. Policing in England and Wales is currently in the midst of adapting to significant, austerity-driven structural change. Its operational challenge is the prioritisation and distribution of work, in an era of increased demand, changing demand and reduced staffing levels (Boulton et al., 2017). Parallel to this challenge is a politically driven agenda to 're-professionalise' policing, to unravel the old 'occupational closure' model of policing and to replace it with a managerialised, harm reduction, vulnerability reduction model required to adapt to current requirements and to rectify service delivery mistakes of the past (Holdaway, 2017). Both a pragmatic approach to austerity cuts and the skillset adjustment to professional status require tight institutional control of finances, resources and the transfer of new knowledge into practice. This chapter's focus on control of policing practice explores the extent to which the physical working environment and the task characteristics of police work place restrictions on the extent and type of managerial control that the organisation will attempt to exercise over officers. The invisibility (to the organisation) of the policing environment (Rowe, 2007) and the ambiguity and complexity of tasks (Bannick et al., 2016) place boundaries on the visibility of outcomes and the degree of prescriptive regulation applicable. This, in turn, raises the thorny question of the extent to which experiential knowledge and discretion are effectively ineradicable (Evans, 2016; Lipsky, 2010), suggesting that managerial attempts to control every aspect of policing cannot work as intended. Many aspects of police work cannot be rendered visible, standardised and controllable.

Drawing on empirical evidence relating to interactions between operational police officers and individuals with mental health issues, the chapter will highlight the complexity of practice issues in two distinct operational settings—in the community and in police custody—and the variable consequences for all of those involved: police officers, support staff and the wider public. The chapter continues in four further sections. The first section

focuses on the concept of managerialism as a means of organisational control and a way to restrict and shape the practice environment and task characteristics. In the second section, the research design is outlined. The findings are presented in the third section, analysing policing practice in the community and in police custody, highlighting the unintended and undisclosed consequences of policing complex issues. Finally, the conclusion discusses the flaws in a managerialist approach to practice change and argues that to maintain public safety and minimise injustice, application of professional attributes of autonomy, discretion and experiential knowledge will always be required in the complex practice environment of street-level, public sector work.

Managerialism as a Control Mechanism in the Public Sector

A key element of this chapter is the ways in which, since the 1980s, the public sector in general and policing in particular has been controlled by the discourses, systems and logics of managerialism (Gilling, 2014). Evolving in its current iteration, through NPM reforms, conflicting logics of enterprise and auditability are realised through demands for accountability and transparency, demanding, as Power (2007, p. 197) states, "cultural ideals of precision, proof and calculability". Applying principles widely used in the private sector, NPM strategies have determined and controlled public sector resource provision, incorporating measurement and scrutiny largely via metrics-driven audit and risk management systems (O'Reilly and Reed, 2011; Power, 2007). Emphasis is placed on the use of standards and performance measures with the requirement for managers and employees to work on quantifiable and measurable tasks (Hood, 1991). The potentially negative consequences of focusing on quantifiable output controls based on efficiency, rather than the social and equitable value of operational practice, is particularly significant in the public sector given the importance of public legitimacy (Skinns, 2009; Power, 2007) and the 'policy alienation' experienced by employees who fail to comprehend the relationship between newly imposed NPM practices and the greater public good (Tummers et al., 2009, p. 690).

Managerial control, in its public sector guise, provides mechanisms of authority that go alongside (and in the policing case form a central part of) professionalisation programmes, in particular where tight control is required to impose new employee standards, behaviours

and practice and to remove variation and discretion. Principles of accountability via external regulation, legal legitimacy, standardised practice and performance-related measures are trademark traits of the kinds of control mechanisms used to influence and regulate professions and occupations (Evans, 2016; Gundhus, 2012; Power, 2007). Control 'from above' is often a means of enforcing change, a disciplinary logic to transform and reformat practice and expertise (Fournier, 1999). Policing is currently undergoing a 'top-down' transition from occupational to organisational professionalism, enforced, in part, by historic institutional failures (e.g. systemic national occurrences of child sexual exploitation, the Saville enquiry, the Stephen Lawrence case, Hillsborough; see Holdaway, this volume). Since 2013, a politically driven transformation programme has changed the institutional landscape of policing in England and Wales with the reconfiguration of regulatory bodies and their senior management. Independent oversight has replaced police control of managerial posts regulating training, standards, scrutiny and discipline, creating a network of institutional control (Holdaway, 2017). A discourse of cultural change through the prioritisation of a vulnerability agenda (focusing on those most vulnerable in society as opposed to dealing with universal crime and disorder) has required a move from the historical concept of police professionalism as a craft-based occupation, requiring autonomous and discretional practice (Bartkowiak-Theron and Asquith, 2014; Reiner, 2000; Rowe, 2016), to a more scientific and evidence-based version of practice (Gundhus, 2012; Myhill and Johnson, 2015; Willis and Mastrofski, 2014). In this iteration of professionalism, the fear of 'loose cannon' street-level workers controlling, evolving and ultimately changing practice is replaced by managerial control of what needs to be done, how it should be done and how it is inspected, measured and enforced.

In the context of new control measures, managers are potentially more able to restrict the freedom of workers, including expert professionals (Evans, 2016; Evetts, 2011). Sociology of work literatures contain numerous examples of implicit and explicit worker resistance to managerial control in an effort to sustain professional autonomy (McCann et al., 2013; Maynard-Moody and Musheno, 2003; Moskos, 2008). The literature implies a manager-worker power struggle with, at its core, a breakdown in principles, communication and general resistance to change for economic, social, professional and political reasons. Yet, in many working environments, the ability of managers to control working practice and the

extent to which it can be controlled is equally as reliant on environment and task characteristics as it is on the will and desires of workers (Lipsky, 2010). Control, audit and scrutiny of practice are only possible as far as the tasks and associated actions and results are visible to the organisation (Bannick et al., 2016). Yet much of the working environment of public sector workers (paramedics, social workers, police officers, firefighters) takes place outside the organisation, on the streets, in neighbourhoods, where staff are scattered and dispersed, with little supervision and where external accountability is difficult. This environment gives street-level workers, whether subversive or not, scope to make their account of the reality of their actions the authoritative one, with very little corroboration possible (Reiner, 2000; Lipsky, 2010).

Within this environment, control metrics to increase practice visibility and to reveal, uncover and standardise actions and results rely, primarily, on the type and nature of the practice task. Literature focuses on the complexity and ambiguity level of tasks as a precursor to the implementation of organisational control mechanisms (Bannick et al., 2016; Frey et al., 2013). High levels of complexity (e.g. where there are multiple options and actors or uncertainty of factual estimations of social problems), combined with high levels of ambiguity (uncertainty, for example, around legal or social problems and solutions) are often deemed unsuitable for managerialist or process-based control metrics. In this schematic, output control is only feasible where knowledge relating to the task is clear, stable, not subject to change and is, ideally, observable. Different combinations of ambiguity and complexity are seen to require different control solutions.

In reality, practice tasks carried out daily by street-level workers in the public sector are usually dynamic and multi-layered and cannot always be compartmentalised and categorised (Lipsky, 2010; Maynard-Moody and Musheno, 2003; Bannick et al., 2016). Questions such as 'what happened' and 'who did what' and 'why' are complex enough when there is only one agency involved and become yet more problematic with inter-agency working. Management control theory on the organisational response to changing environments (such as bureaucratic, professional, managerialist, with corresponding metrics of process, output and input control (Bannick et al., 2016; Frey et al., 2013)) suggests the ability for organisational flexibility and adaptation. Yet, in practice, this is often not the case. In UK policing, the professionalisation programme appears fixed on a process-controlled,

standardised, managerialist approach to ensure professional requirements around the practice of priority issues (e.g. vulnerability) are adhered to. If anything, the solution to non-compliance is a stricter dose of process metrics, rather than a change in approach.

The focus of this chapter, on policing practice around mental health-related incidents, highlights the depth of the problems involved in trying to control and manage such complex, indeterminate, discretionary activity. Mental health is a clear policing priority in England and Wales within the broader vulnerability agenda (Cummins and Edmonson, 2015). Police contact with individuals deemed to have mental health issues has risen significantly during the last five years, partly due to increased police awareness and prioritisation and partly because of the impact of austerity on community services (Cummins, 2012; Leese and Russell, 2017; McLean and Marshall, 2010; Senior et al., 2014). Complexity and ambiguity in dealing with mental health calls is multi-layered. The nature of the conditions and their severity may not be apparent to officers or initially disclosed until, for example, a detainee is in custody. Legalities are often described as vague by practitioners, and there is often confusion/elision with symptoms of other health problems, notably drug and alcohol abuse (McLean and Marshall, 2010). Importantly, outcomes can be processed by officers through either a health or a crime pathway (or a combination of both). The transfer from behavioural action to criminal action, therefore, depends on complex decisions and perceptions by street-level workers, often unsupervised and working in both the invisible environment (on the street) and the highly visible environment of the custody suite (with extensive CCTV coverage and accountability through prescriptive electronic systems).

Focusing on one prioritised clientele group (individuals suffering from poor mental health), managed within one control mechanism (managerialism), should, in theory, produce standardised outcomes, whether intended or unintended. The potential for outcomes to be based only around auditable process, making auditability of practice the focus of organisational scrutiny and good practice, is well documented (Power, 2007; Hood, 1991). In this scenario, non-auditable tasks are often disregarded, with organisational performance and operational practice siloed. The creation of two strata of practice—one visible (risk averse, process driven) and the other invisible (left to the discretion of practitioners) allows the possibility of inequality of service.

Research Methods

Data were collected from an ethnographic study of policing in a metropolitan police force in England and Wales (renamed 'Eastside', for anonymity), between 2015 and 2017. The author, a retired police inspector with 30 years policing experience, interviewed 35 operational officers and spent 100 hours observing a team of 34 response officers on mobile patrol. Interviews were conducted in two Eastside divisions (one inner city, one on the outskirts) with observations and ad hoc interviews in the same inner city division. Analysis of detailed interviews directed the scope of the observations which were documented, transcribed and written in a series of vignettes to portray the full context of incidents and outcomes as well as officers' (and the researchers') comments and opinions on these incidents.

The study portrays a wide range of policing practice and roles, from serious, potentially life-threatening scenarios to routine administrative tasks. This particular chapter discusses these activities in two different policing environments, the community and police station custody and back office. It focuses exclusively on data relating to policing mental health incidents (where the condition is either known or discovered at a later point). The specific task characteristics of these incidents highlight the problems and indeterminacies of managerial control mechanisms and metrics. Firstly, I discuss data from the invisible (community) policing environment and secondly from the visible (custody) environment, describing the unintended and undisclosed consequences of managerialist control.

Controlling the Invisible Policing Environment

The invisible policing environment commences when officers leave the relative visibility of a police station on foot or vehicle and choose their direction and purpose of travel. The extent of organisational control of patrol (assignment and task requirements) can be total or minimal. They can include, for example, assignment to an incident or task by a control room operative or supervisor, a self-generated requirement to complete a task as part of an ongoing enquiry (such as collecting a statement), or self-directed patrol of a high crime area as a preventative measure. Officers, working away from the station, are only visible to the small section of the public they have contact with (and who have little say on what they are

doing and why). Incident allocation at Eastside was prioritised on a graded matrix, based on the potential vulnerability of people involved, e.g. victims and witnesses. Officers were directed to either specific, definable incidents (a closed task with prescribed procedural requirements), e.g. domestic violence, juveniles missing from care homes, or non-specific incidents (open, dynamic, ambiguous tasks, with limited procedural guidance), e.g. suicidal person, street disturbance. Incidents involving contact with people with mental health issues generally fell into the latter category and took up a significant proportion of officers' shift time. Calls ranged from violent disturbances in the street, to suicidal individuals carrying knives, to the daily occurrence of multiple police officers guarding individuals awaiting mental health assessment at hospital. On one evening shift, nine officers (two thirds of the available officers on duty) were at a hospital for four to five hours each.

Practice control was often initiated by other agencies, such as ambulance, mental health and social services, indirectly taking resource control from the policing domain, to the consternation of officers who often questioned the validity of non-police directives. One officer noted the following:

> We are seeing more mental health incidents. The mental health team know that if they ring us we will deal with it. The ambulance service asks for assistance with, say, a suicidal male, but it's only assistance because they can't allocate the job. So we are blue lighting to assist the ambulance service for a job they are not even at because our criteria is that someone is in immediate risk, as we have a different grading policy to them and they know we will do that.

In Eastside, supervisory oversight (a potential means of increasing organisational visibility), of operational practice on the streets, was minimal. On average, two shift sergeants, responsible for the immediate supervision of the patrol officers, remained in the station back office, checking the computerised incident log and the allocation of resources and completing myriad bureaucratic tasks, such as reviewing crime reports. There were only three occasions (out of hundreds of allocated incidents) during the observation period when a sergeant left the station to attend an incident (a suspicious death, a gas leak in a town centre premises, and to speak to officers guarding a detainee at hospital). Sergeants universally viewed their role (with some resentment) as desk-based; part command and control, part administrative. Senior management were blamed by many for over-burdening the role with paperwork. In essence, the intense scrutiny requirements of patrol control metrics (processes, reports, incident logs) left sergeants unavailable to supervise their

officers on the streets. This left a vacuum where officers (many with less than two years' service) were left to fend for themselves at daily incidents where there was serious risk of harm to the public (and officers). These incidents were often complex, ambiguous and dynamic, with changing scenarios and multiple task options and outcomes. Information passed back to the control room and documented on official reports and databases was often minimal. Officers updated the results and simply moved to the next job. There were no debriefs at the station or scrutiny of actions. As such, serious incidents were routinised and virtually invisible to the organisation. Yet many of these incidents involved people displaying mental health symptoms, a categorisation of police contact deemed a local and national priority within the vulnerability agenda.

The consequences of actions in an invisible environment, beyond prescriptive control, without scrutiny and oversight and with multiple outcomes, were undisclosed to the organisation. In Eastside, those most vulnerable were the most likely to get poor outcomes. Officers, left to make autonomous, discretional decisions under pressure, often displayed attributes of poor leadership, questionable decision-making and limited knowledge. One incident (of many) involving a call to a male brandishing a knife illustrates the problem. The male, suffering from severe mental health issues, had called at his ex-partner's house waving a knife, believing he was being 'ambushed'. Eight officers attended (no supervisor) and were informed by the occupant, who had left the house in fear, of the man's deteriorating mental condition. Four officers entered the house, spoke to the man, and for approximately 25 minutes were in and out of the house discussing, with officers outside, what they should do. Eventually, the man walked out of the house (without being searched), and was followed about 20 yards behind by two officers on foot and two officers in a van. They explained they were allowing him to walk to a nearby A&E department (15 minutes' walk) to get a voluntary mental health assessment and were following to ensure he arrived. Five minutes later, on a busy main road, there was a standoff between the man and the officers, resulting in a struggle to arrest him. Two officers were assaulted. Back at the station, several officers and a sergeant gathered around a computer to look at body cam footage of the arrest (and police assault). The body cam had only been turned on prior to the arrest. I noted in my field notes,

> The crux of the whole incident appeared to be condensed into one violent struggle and arrest. There was no discussion over the actions at the house; the delay in making a decision and the (potentially dangerous) rationale for letting him walk to the hospital. It was obvious to me, that after forty hours and several incidents into my observations, I was witnessing a group of officers, mostly young in service, who lacked supervision, leadership and decision-making skills at ongoing incidents where there was a risk of immediate, serious harm to people in the vicinity. These incidents were routinised, nothing special, an everyday occurrence. They were one of several incidents on a computerised list, allocated and finished, unnoticed. No paper trail or scrutiny of actions or decisions. They were beyond the scope of bureaucratic process. Yet these were every day incidents where the most serious threat of risk and harm to the public lay.

Officers dealing with individuals with mental health issues made different decisions based on the dichotomy of choosing a health or criminal course of action (detaining and taking to hospital or arresting on suspicion of committing a crime). Either course of action gave officers the opportunity to turn an open into a closed task, in other words to reduce the complexity and ambiguity (and responsibility) of action at the scene. At one incident witnessed, where a male in a house was threatening to kill himself with a knife, six officers (who were first at the scene) stood chatting in the front garden, leaving two paramedics (who attended five minutes later) and a neighbour inside for over 20 minutes, oblivious to what was or could occur. This incident was finalised to the police control operative as an 'ambulance job' with no details taken by the officers. Explaining the motivation for this redistribution of responsibility, which in numerous cases led to vulnerable individuals spending over 24 hours in police cells, a custody sergeant said,

> There are a lot more people coming in with mental health issues, and because of austerity and driving things down, the cops do not have the time or skill sets to deal with risk on the street. So very often, they will bring risk into here (custody) and hope that one of us will manage that risk and sort out the problem for them. In many, many cases, we are the first point of supervision for lots of officers.

Standardised practice, encouraged through the policing professionalisation programme, was not achievable in most tasks allocated to officers in the invisible policing environment of Eastside. Closed, prescriptive processes, limited to less ambiguous tasks, were scrutinised post-incident, at least up to a point. Yet in the majority of practice, officers deskilled in many facets of policing (notably crime scene management and crime investigation) did not display experiential skills and the characteristics of autonomy and discretion associated with occupational professions (Abbott, 1988; Lipsky, 2010). Empathetic communication skills,

statement taking, use of multi-agency referrals and process compliance were all in evidence when the incident and outcomes of vulnerability incidents were specific and unambiguous. Yet, even in these cases, the consequences of a lack of proactivity and deskilling led to poor investigations and delayed opportunities to arrest perpetrators, both affecting outcomes for victims. Where the scrutiny process increased the visibility of practice, completing processes to a high standard appeared more important than achieving justice for victims. One instructive example of this took place when a junior officer was commended for dealing with a domestic violence incident by a mentor after taking a detailed statement and updating the relevant databases. I questioned why the force wasn't attempting to immediately find and arrest the perpetrator who had recently been released from prison for the same offence. "We've done all we can, someone else will pick it up later" was the answer I was given. The officer had complied with all the elements of post-incident scrutiny including a simple, closed answer to the question—'Arrest Yes/No?' Scrutiny of any proactive attempts to subsequently find, detain and question the perpetrator was non-existent. In the invisible environment of policing in Eastside, compliance with control metrics provided some opportunities to employ good practice, standardisation and accountability. But, in general, it left officers in a practice 'black hole', trying to do their best but without a sense of direction or purpose. As an officer said, 'We're doing the wrong things for the right reasons'.

Controlling the Visible Environment

Police custody is a heavily controlled environment, governed by law, custody, convention and technology—a liminal space between the community, prison and hospital (Moran, 2013). Discourse of control in carceral environments usually describes bureaucratic staff power over powerless inmates (Goffman, 1961; Skinns, 2009) who languish, abandoned in punitive spaces (Moran, 2015). The carceral environment—the cells, CCTV, the raised 'booking-in' desks and subterranean lighting—are all parts of a tight control mechanism creating a potentially highly coercive environment (Skinns et al., 2017). Sociological, organisational or criminological research rarely, if at all, focuses on the flip side of carceral control, that is, organisational surveillance of staff to enable directed outcomes and the powerlessness of staff trying to carry out their functions in a way which they believe best

serves both the welfare of detainees and the effective progression of the criminal justice process.

CCTV cameras in Eastside's custody suites covered virtually every area of the staff working environment, including the van dock (where vans transporting detainees enter and leave the custody suite), entry and exit doors, cells, corridors, booking-in desks, forensic sample rooms and a portion of back office space (depending on design). Specific locations also had 24-hour audio recording. The only areas not covered were a handful of private offices. Documentation of all staff and detainee actions and movement took place on an electronic custody database that timed every input. Specific data fields with drop-down entries (whether relevant to the scenario or not) could not be avoided, which minimised the use of free text comments. Actions and movements were frequently crossed-referenced from both sources (CCTV and custody record) to verify performance, complaints, adverse incidents (e.g. injury, assault, suicidal attempts or death in custody) and evidential facts. Visibility of staff practice (to the organisation) was therefore extremely high, creating a risk-averse approach by staff to daily routines, as described by a custody sergeant:

> Detainees can quite often dwell in cells between eight and sixteen hours for fairly simple offences. The cause is bureaucracy, risk assessments. The whole organisation is so risk averse it's phenomenal. Everything is gone through with a fine-toothed comb, about risks when they come in and risks when they leave the station. Nobody comes to work expecting somebody to die in custody. If someone does it's mayhem on yourself and staff for eighteen months. We are scrutinised by the Coroner, IPCC, Professional Standards, the Home Office and everything gets scrutinised to the Nth degree. As a result, we are trying to box off all those risks before they happen. It's gone too far I think.

Many officers described a 'blame culture' in policing fuelled by the availability and subsequent misinterpretation and misuse of data by superiors and oversight authorities. Another sergeant said,

> The point is, if you scrutinise any police activity, and we have it in custody, you will find fault. [The officer goes on to describe an incident where he believed his actions had saved the life of a suicidal detainee.] Did we ever get a thanks for saving his life? No. The criticism was, you missed a visit [staff have a legal requirement to regularly check detainees]. We don't actually look at what's going wrong to stop it happening again, we just look to find someone to hang out to dry. 'We' is the whole corporate organisation.

The policing prioritisation of a vulnerability agenda has refocused custody practice requirements and changed staff perception of their role, as described by a custody sergeant:

> Our priority used to be assisting officers with the investigations, ensuring PACE was complied with in pursuance of a positive outcome at court, a successful prosecution. Now, our priority is not prosecution, but diverting them to other services and ensuring medical and mental health issues are addressed while they are here. The investigation bit gets a back seat.

National criticism of poor police practice in custody regarding the identification and management of detainee health issues (see HMIC, 2015; and individual police force custody inspections by HMIC between 2011 and 2014) has led to the implementation of standardised, prescriptive processes, as an officer describes:

> You become used to it. You know the process, which route to go down. It's a standardised process. If someone presents with what you think are serious mental health problems, the process is they initially see a nurse, who will refer it on to a duty [police-employed] doctor, then the on-duty [NHS] doctor. If they think they need a full mental health assessment they call on more specialists who decide if that person needs to be taken into care. . . . Personally, I think the seven out of ten ratio of detainees having mental health problems has changed. It's worse now than three years ago. I think it's us being more aware of what risk people pose. Having more intrusive risk assessments changes how we work. We don't do police work in here anymore. We basically look after people.

Unintended consequences of new process requirements and system changes to improve the management of vulnerability in custody impacted on staff and detainees. Staff constantly talked about the pressure of getting things right, not missing parts of the process, in particular for detainees with obvious or self-declared mental health conditions. The process includes over 50 health check questions on arrival, referrals to in-house medical staff, collection of medication, timed cell visits, referral to external agencies, exit risk assessments. One officer commented,

> In the past an officer would say, "he's only here for an hour, Sarge, for a quick interview". Now, if he says, "I'm suicidal" or has suicidal thoughts, then that person is staying in until they have had an exit risk assessment. They will not be released. You can't reduce custody times now. The only way is not to bring them in in the first place.

In many cases in Eastside, vulnerable detainees with mental health issues were kept in custody beyond legal time limits set by the Police and Crime Evidence Act, 1984, just to be seen by an in-house doctor for an exit risk assessment, primarily because the staff and the organisation put safety and risk aversion before the legal process. Incorporating the whole medical management process in custody, those detainees most likely to suffer from prolonged spells of incarceration (those at risk of self-harm, for example), spent the longest time in custody, sometimes well beyond 24 hours. In many cases officers on the streets who had chosen the criminal route of action which placed the risk onto the custody staff, or had

performed a 'mercy arrest' to get a health intervention, were potentially putting vulnerable people at risk of greater harm. Officers questioned the impact interventions in custody actually had on the lives of detainees after their release. Staff generally felt it was a 'back-covering' exercise that couldn't be deviated from, which started, in many cases, with poor actions and choices by officers on the streets (in the invisible environment where actions weren't scrutinised). As one custody sergeant put it,

> We have a tier of management normally who are disinterested. They have no consequential management. They think it's a good idea. There's indifference about leadership . . . We talk around things. Achieving the task is not important, it's the method of how we do it.

Conclusion

Power (2007, p. 160), analysing the features of institutional environments in risk regulation, poses a critical question: "What are the collective institutional mechanisms by which some uncertainties and hazards become managerially and politically visible, and others do not?" This chapter, focusing on policing in England and Wales, has incorporated the crucial significance that environmental and task characteristics play in an organisation's actual capability to control practice. The imposition of a top-down, managerialist-driven change programme on policing in England and Wales, to improve standards and re-prioritise practice with increased auditability and accountability, has improved visibility of practice and outcomes in limited, carefully chosen areas. HMIC annual reports document exhaustive inspection results on prioritised themes, vindicating the progress of the change programme. My exploration in this chapter of the everyday reality of practice at street level questions both the validity of disclosed outcomes of auditable tasks and the oversight of ignoring (intentionally or not) invisible practice. The disciplinary logic of control applied to policing, through managerialist mechanisms, fails the criteria of legitimacy and professional competence (Fournier, 1999).

Authentic and legitimate internal and external accountability of street-level worker practice in low-visibility environments is rarely viable or achievable (Reiner, 2000). Police work requires individuals to exercise judgement and skill in the management of ambiguous and complex tasks (Bayley and Bittner, 1984). In the invisible environment, a lack of any scrutiny of the management of incidents where there was risk of serious harm to those involved,

coupled with deskilling in core areas of police work, produced a toxic situation of inertia and organisational paralysis. Many of these incidents (it could be argued all) involved vulnerable people. Improving standards and practice, even within the prioritised agenda of vulnerability, was not achieved. This was backed up by observation of numerous other non-mental-health incidents. Improved visibility of street practice was partly achievable by prescribed closed tasks or where officers chose to close an open task by passing responsibility to an internal or external source. Both these scenarios tended to lead to poor outcomes for victims. Risk aversion, lack of experiential knowledge and process reliance and compliance all contributed towards weak management of incident scenes, poor investigation of crime and the injustice of lengthy incarceration of those most vulnerable. In the highly visible world of police custody, surveillance of practice and fear of scrutiny, alongside the imposition of structurally closed tasks and processes, changed the mentality and practice of staff. Personal survival of detainees was discussed in the context of staff survival from rebuke and disciplinary action. Complying with health management overruled legal and human rights compliance. In both the invisible and visible environments, concerns about the effectiveness of control metrics led to further bureaucracy to control the application of controls (Power, 2007). Overwhelmed and hemmed in by mushrooming administrative processes, supervisory and managing staff in both environments felt hindered in their capacities to fulfil their professional roles, notably when it came to mentoring and developing junior officers.

Policing is undergoing institutional and cultural change to address historical failures and new challenges. The operationalisation of change, however, has been practically limited in its ability to control practice in different environments and very problematic when it comes to the tension between autonomy and control. The challenge is how to enable knowledge management from above and utilise skills and experiential knowledge from below (Gundhus, 2012). Literature on the role of street-level bureaucrats as autonomous enablers of public policy implementation is particularly significant (Hupe and Hill, 2007; Lipsky, 2010; Maynard-Moody and Musheno, 2003) in light of organisational challenges to bridge practice gaps in the physical environments of work. Core skills of occupational professionals cannot be dismantled without consequences. Experiential knowledge and discretional decision-making, gained through mentorship, supervisory support and trust in self-regulation, could

be embedded in training and practice direction on new priorities, aims and outcomes (Myhill and Johnson, 2016). Awareness of environmental and task characteristics by policymakers and collaboration between practitioners and managers on 'what really works' to improve and maintain quality of public service may provide a localised, community-based service that incorporates accountability at both local and institutional level. If the problematic scope and reach of managerialism in the public sector continues to operate in its current vacuum, with management semi-aware of what is happening in limited areas of practice but oblivious to the rest, the concerns of practitioners and academic observers around serious risk of harm and injustice will continue to reverberate across the public domain.

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