

# **WAKING FROM A FADING DREAM?: AN ANALYSIS OF TWO KEY INFLUENCES ON THE EARLY WORK OF CRIME AND DISORDER REDUCTION PARTNERSHIPS**

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## **Abstract**

This article explores questions about the locus and future direction of the Crime and Disorder Reduction Partnerships (CDRPs) in the light of issues that have arisen over the four years since their introduction.

Ideas are rehearsed from the current discourse about crime and disorder, and material from a recent study is used to illustrate shortcomings in joined-up thinking between different areas of government policy.

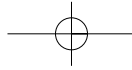
Two aspects of the early life of the CDRPs are examined - the interface with Area Criminal Justice Strategy Committees, and the involvement of the Health Service. The material is analysed for lessons about the balance between agendas for security, welfare and justice in the work of CDRPs to date. Attention is drawn to the possible future implications, including the possible vulnerability of the crime and disorder agenda, the balance of forces influencing the future work of CDRPs, and the challenges they face in their next phase of life.

Finally consideration is given to what questions are raised by the early impact of the CDRPs in reframing the relationship between criminal justice and social justice.

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## **Introduction: Aspirations and Dreams**

The establishment of the Crime and Disorder Reduction Partnerships across England and Wales in 1998 was an exciting initiative with huge potential. It was seen as a major new departure in political thinking about how to handle the problems of crime and offending in local communities. For many people, especially those working in the courts, the police, the prisons and the probation service, this was a welcome but long overdue recognition in



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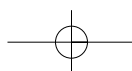
statute that the management of crime was not a matter that could properly be left in the hands of the criminal justice services alone. It established new structures for tackling crime and disorder as a responsibility of the whole community, and a matter for all public services. Within the new agenda for community safety, the legislation also created a framework to complement and counterbalance the punitive tendencies embedded deep in our institutions of criminal justice.

The 1998 legislation enacted the sound-bite coined in opposition by Tony Blair (then shadow Home Secretary) 'tough on crime and tough on the causes of crime'. It identified the problems of crime and disorder as issues that required the joint attention of public agencies working together with the private and the voluntary sectors. It required new joint approaches linking the criminal justice sector, several departments of local government, and the health services. It offered the opportunity to forge new links between the management of crime and the social agenda. It offered a sense that the criminal justice system by itself can never be sufficient to reduce levels of crime: a recognition that however effective our systems for the detection of crime, the treatment of victims and the prosecution and punishment of offenders, they will always fail unless they are set in the context of local strategies for the reduction of crime, and regenerative agendas for social cohesion, inclusivity and opportunity for citizens, particularly younger citizens.

Sue Raikes (2002) outlines a model for community justice and community safety that highlights the balance between three major drivers in shaping the agendas. She likens the three major drivers to the three blades of a propeller. The blades she identifies are protection, rehabilitation and inclusion. She suggests that as with the propeller, so in the work of CDRPs, a balance between these three blades is essential if the agenda is not to be skewed. This article extends the ideas in the Raikes model and examines questions of balance raised by the relationship between the CDRPs and two closely related bodies, the Area Criminal Justice Strategy Committees and the Health Service.

Garland (2001) takes a pessimistic view of the connection between the agendas for community safety and ideals of welfare and justice. He links the 'new architecture of crime control and security' with the death of the ideal that order is guaranteed ultimately by the inclusion of citizens within a framework of welfare and justice. Without underpinning connections between the forces for inclusion, welfare and justice, he suggests there is a serious risk that the community safety agenda will become part of an overriding process of exclusion, reinforcing the inexorable expansion of society's penal response to crime. Under Garland's (2001) analysis, the potential imbalance between the big agendas of social cohesion casts a shadow over the promising potential offered by the creation of the CDRPs.

It is worth noting here that Garland's references to 'order, welfare and justice' parallel the blades of Raikes' propeller, her drivers for the community safety agenda. Where Raikes looks at the balance between protection, rehabilitation and inclusion as the drivers of the



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CDRP agenda, Garland has a triad of ideals to be held in balanced tension forming the shape of our public system of values. The balance between the forces of public protection, offender rehabilitation and social inclusion in driving the agenda of the CDRPs closely mirrors the balance between public order, personal welfare and social justice in defining the values of our society.

However, those most excited by the CDRP initiative did not see the new partnerships merely as passive instruments, responding to the balance of the driver influences to which they were subject. They looked at it the other way round. They viewed the partnerships as live and active players offering a new potential to shape those balances: they expected new responses to disorder and crime to be generated, and that these new responses would affect the wider balance of social ideals and values. CDRPs were seen not as mirrors of community values, but as levers to change them. The argument from this perspective suggested that if patterns of crime and disorder could be changed by the pooled efforts of local public services, working alongside the voluntary and private sector, then so could our over-valued reliance on the systems of criminal justice as the community's primary response to crime. If the new partnerships really could deliver tangible improvements to the safety of local people, then we might not need to send so many young people to prison in order to protect the public from them. The negative politics of containment, punishment and exclusion would be counterbalanced by the ideals of opportunity, regeneration and inclusion. The issue of balance is not just about where the CDRPs are heading: it is about the wider system of values and our ways of doing justice.

A recent study of the early work of CDRPs in Yorkshire and Humberside, (Hicks, 2002), outlines a number of the problems they have encountered, as seen through the eyes of leading players from the participating agencies. The study takes an optimistic view of the contribution offered by the CDRPs, and commends some of their early achievements. However, it concludes that attention needs to be paid to a number of key issues if they are to make the kind of impact their supporters believe they could. Amongst the issues identified in the study, two are developed here that raise serious questions for their future.

### **Joined-up Policy: CDRPs and Area Committees**

The powerful potential of the CDRPs arises from the fact that they lie at the confluence of two discrete streams of government policy and planning, the point where the social policies of inclusion and regeneration meet with those of criminal justice. One section of the Hicks study looks at the links between CDRPs and the Area Criminal Justice Strategy Committees for evidence of connected thinking at this meeting point. How far were parallel systems for improving public safety and delivering criminal justice seen to be in touch with each other, informed by each other, integral to each other? The evidence was not encouraging, and the emerging picture graphically illustrated the extent of the problem of joined-up thinking.

'Area Committees', established in 1994, are soon to become part of history, at least in their present form. They were sometimes referred to as local 'Woolf Committees',

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acknowledging their origins in the report by the then Lord Justice Woolf (1991) into the disturbances at Strangeways Prison in Manchester in 1991. Woolf Committees had 8 years to settle to their task, but failed to make conspicuous impact on the work and thinking of the criminal justice services at local level. They operated under the watchful eye and occasional intervention of the Criminal Justice Consultative Council, (the national body created under Woolf), and received briefings and urgings from other sources within government, notably the Trials Issues Group (TIG), an interagency and interdepartmental body charged with delivering improvements in efficiency within the criminal justice system. Despite committed effort on the part of many involved, the difficulties of finding common ground between the various criminal justice services as a basis for action resulted in only a patchy record of achievement in their work.

Woolf committees did make a significant contribution to the agenda on race and racism in criminal justice post Lawrence and Macpherson, but overall they allowed themselves to be steered into the political backwater agendas of efficiency and speed in a system that was creaking under increasing pressure. They had offered the potential to attend to pressure points within the system – the punitive pressures and processes the Woolf Report had identified as contributing to the prison disorder seen at Strangeways. But they never delivered what they promised, possibly because the membership of the committees included parties with a clear interest in ensuring the system did not change too much. After a short period when the committees were renamed to emphasise the strategic dimension to their role, their membership and working brief has now been radically reshaped, and the Judiciary have been removed from them. Their successor bodies will now face the same questions about their ability to work strategically for change in the system. In their new form, the evidence of the study suggests that one serious question at the top of their agenda has to be what kind of relationship they will seek to establish with the CDRPs?

The depressing tone of this summary of their short history is reinforced by the sad fact that, in the Area Committees and the CDRPs, local communities have had two parallel bodies, both with strategic responsibilities for the reduction of crime and the safety of communities, which failed to connect. The relationship between these two bodies represented the meeting point between the parallel agendas of community safety and criminal justice. The prospect of a robust, productive exchange looked promising. There was overlapping membership, with the Police, Probation, Crown Prosecution Service and Victim Support core members of both bodies in most areas. Indeed, in some cases, these services were represented on both bodies by the same person. The scene was set for some serious practical debate about the relative strengths and weaknesses of the two agendas, the complementarity between them, how they could work together, find common ground, and support each other.

Yet the study reports the mind-numbing fact that in most areas there was no dialogue between them. One contributor to the study is quoted bemoaning the position from the point of view of the CDRPs:

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issues of crime and disorder are affected by the work of the criminal justice agencies, and the way the criminal justice system as a whole operates. It goes without saying that key aspects of public policy such as policing strategies, the policies of the Crown Prosecution Service, the sentencing practices of the courts, the way the probation and prison services deal with offenders, all have a direct bearing on the management of crime and disorder in local communities. It is part of the *raison d'être* for the criminal justice system that it is there to protect the public.

The lack of engagement and dialogue reported in this study is reinforced by Emma Rattenbury (2002) in her Report on Inter-Agency Working, prepared for the National Probation Service, South Yorkshire. She too found that:

With the exception of one district, there seems to be little link between (the work of the Area Criminal Justice Strategy Committee) and that of the (CDRPs), and there is a risk of initiatives developing in isolation... (Rattenbury, 2002: 4.11.1)

The fact was that these two bodies, with functions and responsibilities that overlapped in such important ways, in most cases had no contact with each other, no arrangements for the exchange of information, and no locus for dialogue. It appeared that in some instances, their members were not even aware of the existence of the other body.

The absence of effective links or exchange between the work of the CDRPs and the (now reformed) Area Criminal Justice Strategy Committees is a bemusing example of failure in the aspiration for joined-up thinking between two systems with overlapping responsibilities.

It is tempting to conclude simply that while local steps to implement Lord Woolf's far-sighted report were neutered by the dead hand of bureaucracy, preoccupied with administrative improvements and efficiency, the system was allowed to career blindly on towards potentially disastrous new peaks in the prison population. The administration fiddled while the system filled up to bursting point. There is deep irony in the fact that the same Lord Woolf, now Lord Chief Justice, finds he needs to use stronger language than any of his predecessors to urge the courts to stop sending so many people to prison. He sees the sheer weight of numbers in the system carrying the very same risks of unrest and disorder on which he reported a decade ago.

This fact, together with government's failure to ensure connections between the CDRPs and the ACJSCs suggests a conclusion of a higher order. It suggests that our major institutions of governance and justice are not yet ready to develop a vision that connects the big issues of social change with the latent crisis within the criminal justice system. The political and administrative systems appear not to take seriously the idea that steps to improve social justice and community safety are intrinsically connected with changes in

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the way the criminal justice system works. The evidence suggests political and administrative collusion with the unthinking and half-baked belief that, if only the criminal justice system could be made to operate more efficiently, it carries the answers to the problems of crime. Unthinking, because the idea that it can resolve the problems of crime is unsupported by the evidence. Half-baked, because the process of criminal justice in all its pomp rolls into action only after the event: it is by definition reactive: it is incomplete except as part of a wider strategy to tackle crime proactively in the community. But the recent Queen's Speech has as its centrepiece yet another annual package of measures designed to improve the way the criminal justice system works - another unmistakable signal that government places greater emphasis on tackling the problem of crime after it has occurred than on steps to prevent it in the first place (<http://www.crimereduction.gov.uk/legislation22.htm>).

This leaves discomfoting conclusions to be drawn from the absence of dialogue or contact between CDRPs and ACJSCs. Had there been dialogue, there could have been strategic pressure on CDRPs to build links between work with offenders, resettlement work, prison and probation programmes and other local initiatives within the criminal justice system designed to reduce re-offending and improve public safety. Instead the study suggests there has been a vacuum. In terms of the language of the Raikes model, this key organ of the criminal justice system delivered no support or pressure to develop the rehabilitation blade of the propeller in the work of its potential partner. In the early work of the CDRPs, there was little recognition of the significance of rehabilitative work to resettle offenders within local communities, or of programmes to reduce re-offending as part of strategies to improve public safety.

The effect of this lacuna in dialogue is clear. Programmes such as those that are effective in reducing re-offending, collaborative work between police and probation to tackle prolific offenders, work to improve the life skills and legitimate aspirations of offenders will continue to be seen only as a dimension of the work of the criminal justice system. They will not be incorporated as integral elements of the collaborative public framework to improve safety and order for local people. It is a conspicuous example of the way our public institutions collude to keep work with offenders on the margins, and fail to integrate them within the wider framework of public order and safety. Work with offenders is an area of crime reduction that belongs both in the criminal justice system, **and** in the new strategies to make local communities safer.

There is in this account little evidence that players in the criminal justice system recognise the importance of linking work with offenders into the community safety agendas of the CDRPs. If this remains the case, a golden opportunity will have been missed to establish how the work of the criminal justice system can become part of local strategies to improve public safety. Work with offenders will remain the exclusive and excluded concern of an overloaded criminal justice system, when it could also have become integral to community based planning for improvements in public safety. The work of CDRPs offers the opportunity to build links between what communities do to

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reduce crime and what they expect the criminal justice system to do to remove the problem for them. The systems can only be rebalanced if there is dialogue between them.

## **Performance Targets: the Example of Health**

A different issue highlighted by the study is the effect on CDRPs of the performance targets set for local agencies by government. The findings in relation to the Health Service tell an important story about the connections between agendas for public health and those for community safety.

There is striking similarity between the risk factors in health, and those for criminality. The table below juxtaposes materials published recently by the Department of Health and the Home Office about determinants of public health, and the factors that correlate most closely with patterns of persistent offending.

The chart illustrates the connections between the social and personal factors associated with morbidity and those linked to criminality. In the light of this, it would be reasonable to expect to find an appetite for concerted effort between the Health Services and the CDRPs at local level. One might expect that the health services would recognise how far the work of the CDRPs complements the objectives of the health service, would support the involvement of senior local health officials in CDRP work, and would articulate that support in the form of objectives, performance targets and resource allocations. What the study uncovered was a substantial problem over the involvement of the Health Service personnel in the work of CDRPs.

One Health Service respondent, for example, identified the problem in these terms:

CDRPs are a problem for Primary Care Trusts and Groups. Chief Executives are required to deliver public health targets, which are not compatible with crime and disorder targets. The Department of Health did not consider CDRPs important, and there are no performance targets relating to them in the Health Service Plan.

This view was complemented by the view of another Health Service official, who observed that, 'they only want us in for our money!' Another health service respondent said,

Obviously it makes good sense for the criminal justice services to be involved, but the health services are complete outsiders... what rationale can there be for health service budgets to contribute to crime prevention in the same proportion?

Significantly, this respondent went on to ask, 'Which area of health service delivery should be cut to fund this contribution?'

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This point of view from within the Health Services was strongly echoed in the study by what many respondents from other services said. For example, one commented, 'in practise Health Service contributions to the work of the partnerships are nominal and superficial.'

So, despite the marked similarity between the social determinants of health and the recorded factors linked with persistent offending, and despite parallel collaborative initiatives, such as the work of the Drug Action Teams, the evidence suggested that the health service centrally did little to encourage the involvement of local health service managers to participate in the work of the CDRPs. It is a commonplace, but a number of respondents to the study referred to the notion that what is called a **health** service is in fact a **sickness** service. Health service thinking is dominated by a medical model of clinical practice: the public health agenda, with its links to crime and disorder, remains of secondary status. The result is that local Health service work in CDRPs is not supported by government decisions about objectives, resources or performance targets.

However, the study also quotes strong views from other health service respondents who took a different line. One said, 'we are wholeheartedly committed to the work of the local partnership: we see it as wholly compatible with local public health objectives.' Another had first hand experience of difficulties about the health contribution to her partnership, and said:

I am really concerned about the way the health service is perceived, and the way it is behaving towards the partnership. I want us to find ways of tackling the issues of understanding, language and organisational resistance that are blocking the potential for added values and synergies between Health Services and the partnerships.

What emerged from this latter material was evidence that within the Public Health field at local level there were people trying to find ways of forging a constructive collaborative partnership with the CDRPs. They recognised the convergence between the agendas for public health and for community safety. They were disquieted at the way the needs of bodies charged with the purchase and delivery of patient services, the then local Primary Care Trusts and Groups, dominated the health agenda in a way that relegated the public health agenda and undermined potential synergies with CDRP work. Evidence was emerging that could be interpreted as an internal squabble about the importance of public health agendas within a health service dominated by issues of clinical practice.

In time, the reorganisation of local Health Service arrangements in early 2002 may be seen to make a difference here. The new arrangements bring the management of public health within the scope of local Health Care Trusts for the first time. The effect of this will be to locate internal tensions between the management of public health and clinical practice together, and to locate the debate about resourcing priorities within local Health Care Trusts. However, it remains the case that local health service executives are



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unlikely to commit resources to the work of the CDRPs without explicit and tangible indications from central government that this is a priority.

The conclusions to be drawn from this material strongly echo those from the previous section. The evidence suggests a failure in central government to ensure that local steps to promote public health are linked with those to improve public safety. It appears, once again that for all the talk of 'thinking outside the box', in practice priorities appear to be guided by thinking that is confined within the institutional parameters of the Department of Health. When waiting lists are not falling quickly enough and people are dying on hospital trolleys, CDRPs are not a Health Service priority. The public rhetoric may be about partnership and co-operation, but when it comes down to the factors that make a difference, objectives, budgets and performance targets, ministerial concerns about press headlines win the day.

**DETERMINANTS OF HEALTH**

- Individual lifestyle factors, diet, smoking exercise
- Living and working conditions, poverty, education, employment.
- Social and community influences
- General socio-economic, cultural and environmental factors
- Individual factors – age, gender, hereditary factors

**CORRELATES OF PERSISTENT OFFENDING**

- Alcohol and drug misuse
- Problems with employment, accommodation and money
- Peer influences
- Social variable can be significant
- Personal factors such as anti-social attitudes, family history, age and gender

*Source: The Acheson Report: An Independent Inquiry into Inequalities in Health, 1998*

*Source: Halliday Report: Report of a Review of the Sentencing Framework in England and Wales, 2001 (Appendix 3.)*

There are, however, subsequent indications that the problem is now being acknowledged. For example, in May 2002, the Home Office, in association with the Department of Health, the Local Government Association and the NHS Health Development Agency took an initiative showing all too clearly they knew there was a problem. Together they published a leaflet 'Improving Partnership Working', pointing up the links between health and crime agendas and encouraging health organisations to contribute to crime reduction through CDRPs. The leaflet, which was widely circulated, falls a long way short of change in Departmental priorities, but it does signify that, within government, the patchy health service commitment to CDRPs is recognised as a problem, and that there is work going on between the Department of Health and the Home Office to try to tackle it.

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## Conclusions

### 1. CDRPs and Government

The two pieces of evidence examined in this article illustrate how the priorities of central government departments affect the operation of the CDRPs. Both stories highlight failures in joined-up thinking. In both cases, the failure suggests that internal departmental priorities took precedence over the new demands of partnership agendas at the time. One message emerging from this is that under normal circumstances, the internal machinery of government departments is tuned to delivering departmental objectives, not to the implementation of policies that span departments and require changes to established patterns and priorities in departmental work.

In this connection, it is worth noting that it is generally the longer-term overarching issues of social change that span across departments and require interdepartmental collaboration in this way. It appears that the habits and tempo of departmental life in Whitehall normally militate against the effective implementation of the overarching agendas for social change. A notable exception to this notion is the cluster of policies and initiatives for social change and regeneration under the general heading of 'social inclusion'. It is arguable that the establishment of the perversely named Social Exclusion Unit, located within and borrowing power from the Cabinet Office, ensured that these agendas achieved and maintain the priority status they currently hold across Whitehall. The establishment of that Unit sent out a clear signal about the overriding importance of the agendas for social inclusion and regeneration. By contrast, it may also be an indication of the lower status of the Crime and Disorder agenda that it has no dedicated overarching unit of the Cabinet Office to ensure its implementation. It seems that for the Crime and Disorder Reduction agenda to win the wholehearted support of departments other than the Home Office, it needs a powerful sponsoring unit within the Cabinet Office.

### 2. CDRPs and Balance

Returning to the Raikes (2002) model, what do these two accounts say about the issue of balance between the drivers for community justice? What may be concluded from the absence of dialogue with ACJSCs, and the inconsistent commitment of health services during the first triennium in the life of the CDRPs? In what way have they affected the balance between protection, rehabilitation and inclusion?

The missed opportunity for dialogue with the criminal justice system meant the links between developing community safety strategies and work with offenders to reduce re-offending were not established. Here was the chance to build in the people-based crime prevention, including the programmes run by probation and prison services. The elements missed would have been part of inclusive and rehabilitative agendas within the partnerships. By contrast, CDRP strategies typically focused more on situational crime prevention (targeting offences such as car crime or domestic burglary), and risk reduction, (as in the work of the Multi Agency Public Protection Panels, and the management of domestic violence). In terms of the Raikes model, an active dialogue with ACJSCs could

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have resulted in a stronger emphasis on issues of rehabilitation and inclusion, whereas in fact the agendas were weighted toward situational public protection and risk management. The absence of dialogue left a vacuum where there could and should have been a pressure to counter the tendency towards public protection, risk management and situational crime control.

The inconsistent early commitment of the health services to the work of CDRPs raises a different series of questions. A wide range of health related issues fall within the scope of CDRPs. The clearest example is the issue of drug and substance abuse, over which the agendas of the Drug Action Teams, and the Communities Against Drugs offer evidence of good collaboration and concerted action between local services – action that is central to CDRP strategies. Beyond this, however, the picture is far less clear. The injuries caused by domestic and other forms of violence and abuse end up being treated in doctors' surgeries and A&E departments. Violence and intimidation against health professionals is a major and current concern to which the health service has adopted a zero tolerance policy. The emotional impact on victims and mental health issues associated with the fear of crime among victims and the wider public are a source of pressure on the limited health service resources. It is fair to say that problems of violence and fear of violence, which are the dominant offence categories here, also emerge from most surveys towards the top of lists of public concerns. They were therefore bound to be prominent in one form or another on the early agendas of CDRPs.

The questions raised by the Raikes model in this case are at two different levels. At the simpler level, given the dominance of clinical concerns in health service thinking, the interests of the health service lie in supporting steps to protect potential victims, and targeting offenders deemed to pose a risk of violence. In supporting CDRP projects to tackle violence and the fear of violence, it seems likely that health representatives would support measures reflecting the dominant drivers – public protection, risk management and situational crime control. They want to see the figures reduced as quickly as possible.

At the more complex level however, the question goes back to the resonance between risk indicators for morbidity and those for criminality. These offer a clue to the areas in which the focus of CDRP work might be expected to offer longer-term dividends for both crime and health. The chart appearing earlier in this article shows that areas such as lifestyle, employment, and environment, together with community and peer relationships and personal and family factors, are determinants of both morbidity and criminality. In broad terms, these are areas that lie at the centre of the major agendas for social change, regeneration and inclusion. The question of balance in the Raikes model applied here suggests that longer-term progress in both health promotion and crime reduction in local communities are served by strategies for community regeneration and social inclusion.

One corollary of this can be applied to questions about the greater involvement of health service personnel in determining the direction of CDRP work. It clearly suggests that for longer-term change in support of both health and crime agendas, the inclusion driver

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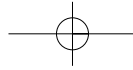
needs more emphasis than was evident in their first three year cycle. It is not surprising that the partnerships focused on programmes and activities offering quick results, such as car crime and domestic burglary, and that the measures used tended to be those associated with the drivers of public protection and situational crime control. But for more embedded change designed to bring about longer-term improvements in both the health and the safety of communities, the inclusion driver will need more emphasis.

A more serious implication for CDRPs arises from the fact that the big agendas for social change lie within strategies for social inclusion and community regeneration – the overriding strategies driven from the Cabinet Office, and requiring collaborative effort across Whitehall, and down through all public services at local level. The long-term issues affecting order, crime and health are not being driven by the CDRPs at all. It may well be the case that the inclusive drivers are not prominent enough in determining the course of the CDRPs. If their primary purpose is to make a difference to crime and disorder in the short term, then quick wins are the priority and situational responses are appropriate. If short-term change is all they are after, then the balance described here may well be appropriate. For longer-term impact, the questions to ask are how CDRP projects will dovetail and merge with those arising from the inclusion and regeneration agendas. And a structural point to watch is how the CDR partnerships related to the Local Strategic partnerships, with their overriding brief for issues of inclusion and regeneration.

This analysis leaves one final broader question. The introduction to this article articulated the dream of some working within the criminal justice system that CDRPs could herald the increasing ownership of work with offenders as part of local strategies to improve community safety. The dream was that integrating work with offenders in the development of social inclusion and community regeneration might also offer some relief to the criminal justice system from the punitive pressure of public expectations. Garland's pessimistic view envisaged that without a balance between the forces of welfare and justice, the new community safety agenda could end up reinforcing the inexorable expansion in society's penal response to crime. Woolf could end up presiding over the very same disorders early this century for which he prescribed solutions at the end of the last one. The question is whether we should look to the CDRPs to make the requisite longer-term connections, or are they destined to be driven by political and public appetite for short-term fixes? If so, maybe we hoped too much. Maybe cool morning light is already erasing a fading dream.

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