

2007

THE CHALLENGE OF INTERAGENCY INFORMATION SHARING: A SYSTEMIC ANALYSIS OF TWO SURE START CHILDREN'S CENTRES

RICHARDSON, SUSAN MOIRA

<http://hdl.handle.net/10026.1/2169>

<http://dx.doi.org/10.24382/4032>

University of Plymouth

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

**THE CHALLENGE OF INTERAGENCY INFORMATION SHARING:
A SYSTEMIC ANALYSIS OF TWO SURE START CHILDREN'S CENTRES**

By

SUSAN MOIRA RICHARDSON

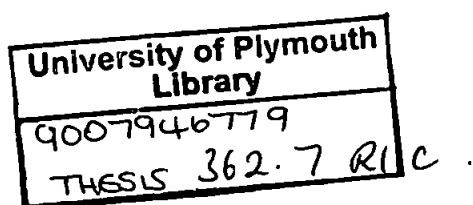
A thesis submitted to the University of Plymouth

in part fulfilment for the degree of

DOCTOR OF PHILOSOPHY

School of Law and Social Science

September 2007



ABSTRACT

The challenge of interagency information sharing: a systemic analysis of two Sure Start Children's Centres

Susan Moira Richardson

This study investigates a problem facing professionals working in public service agencies, in the current policy context of partnership working. This is the question of how to share personal service user information across agency boundaries, so that there is minimal risk of important information being 'lost down the cracks' between agencies, while at the same time avoiding the risk of breaching confidentiality. This study aims to understand better the day to day difficulties faced by those grappling with this problem.

This research contributes to the theoretical understanding of this challenge by proposing a new model of information sharing behaviour and a conceptual framework for analysing the multi-level influences on interagency information sharing. The research applies these innovations to a systemic analysis of information sharing in two case studies, both Sure Start Children's Centres.

The findings confirm assumptions underlying the models proposed in the research. One is that an important dimension, missing from analyses of information sharing thus far, is the *appropriateness* of the sharing and withholding of the personal information of service users. Another is the complex nature of the interdependent influences on information sharing behaviour. The findings also suggest modifications to the conceptual framework, and implications for policy and practice.

The research thus achieves its aim of providing a better understanding of the challenge of interagency information sharing and moves this under-researched topic forward in terms of social policy's theoretical knowledge base.

List of contents

	Page
Introduction	19
Chapter 1 The nature of the challenge	23
1.1 Walking the tightrope	23
1.1.1 The need to share information	24
1.1.2 The need to protect information	31
1.2 Approaches to understanding the challenge	39
1.2.1 The challenge as a rationale for research	39
1.2.2 A neo-Durkheimian institutional model	42
1.2.3 Discussion of the neo-Durkheimian institutional model	49
1.2.4 A model of appropriate interaction	51
 Chapter 2 The conceptual framework – the environment level	 57
2.1 Introducing the conceptual framework	57
2.1.1 A systems approach	58
2.1.2 Spheres of influence	59
2.2 The influence of national government policy	61
2.2.1 New Labour governance policy	62
2.2.2 New Labour technology policy	73
2.3 The influence of legislation and guidance	79
2.3.1 New Labour legislation	80
2.3.2 New Labour guidance	83
2.4 The influence of professional culture	88
2.4.1 Professional focus and ethos	90
2.4.2 Professional education, training and support	94
2.5 The influence of local strategy	97
2.5.1 Shared planning, support and models of working	98
2.5.2 Information sharing protocols	99
 Chapter 3 The conceptual framework – the system and individual levels	 103
3.1 Influences at the system level	103
3.1.1 Accountability	104
3.1.2 Leadership and team management	107
3.1.3 Records and information management	114
3.1.4 Local training and support	116
3.2 Influences at the individual level	120
3.2.1 Confidence	121
3.2.2 Trust	123

	Page
Chapter 4 Investigating the challenge	127
4.1 Research strategy	128
4.1.1 Purpose of the research and theoretical assumptions	128
4.1.2 The case study as research strategy	131
4.1.3 The research questions	134
4.2 Research design	135
4.2.1 Selection of case(s)	136
4.2.2 Proposed methods of data collection	139
4.3 Research process	143
4.3.1 Access	144
4.3.2 Ethics	147
4.3.3 Data collection	151
4.3.4 Data analysis	158
 Chapter 5 The shared case context	 163
5.1 The central government policy context	164
5.1.1 The Sure Start Programme	164
5.1.2 Governance policy affecting Children's Centres	168
5.1.3 Technology policy affecting Children's Centres	171
5.2 The legislative and guidance context	172
5.2.1 Legislation affecting Children's Centres	173
5.2.2 Guidance affecting Children's Centres	174
5.3 The professional context	177
5.3.1 Professional focus and ethics affecting Children's Centres	178
5.3.2 Professional education, training and support affecting Children's Centres	181
5.4 The local strategic context	182
5.4.1 Shared planning, support and models of working in the city	183
5.4.2 Local strategic information sharing	186
 Chapter 6 Keystone Sure Start	 203
6.1 Case description	203
6.1.1 Location	203
6.1.2 Governance	206
6.1.3 Services Provided	207
6.2 Information sharing interactions	213
6.2.1 Diaries of information sharing	213
6.2.2 Perceptions of 'over-caution' and 'over-openness'	215
6.2.3 Moving towards the 'ideal' quadrant	221

	Page
6.3 Analysis based on the conceptual framework	224
6.3.1 Environmental level influences	224
6.3.2 System level influences	231
6.3.3 Individual level influences	236
6.3.4 Additional aspects to be considered	237
Chapter 7 Tamar Folk Sure Start	243
7.1 Case description	243
7.1.1 Location	243
7.1.2 Governance	244
7.1.3 Services provided	245
7.2 Information sharing behaviours	250
7.2.1 Information sharing workshop	251
7.2.2 Perceptions of ‘over-caution’ and ‘over-openness’	256
7.2.3 Moving towards the ‘ideal’ quadrant	259
7.3 Analysis based on the conceptual framework	261
7.3.1 Environmental level influences	261
7.3.2 System level influences	267
7.3.3 Individual level influences	276
7.3.4 Additional aspects to be considered	277
Chapter 8 Meeting the challenge	281
8.1 Synthesis of findings	281
8.1.1 Answering the research questions	282
8.1.2 Implications of the findings for theory	299
8.2 Reflections	305
8.2.1 Contribution to knowledge	305
8.2.2 Limitations of the study	307
8.3 Implications for policy and practice	309
8.3.1 Information and communication technology	310
8.3.2 Working together	311
8.3.3 Training and support	312
8.4 Final conclusions	313
Appendices	315
Appendix A Participant information sheet A	316
Appendix B Participant information sheet B	318
Appendix C Consent form	320

	Page
Appendix D Interview topic guide A	321
Appendix E Interview topic guide B	322
Appendix F Diary sheet for a single interagency information sharing interaction	323
List of abbreviations and acronyms	325
References	329
Publications	

List of tables and illustrations

Illustrations	Page
Figure 1.1 The basic forms of social organisation	44
Figure 1.2 Styles of data sharing or its absence by institutional type or zone	48
Figure 1.3 Initial attempt at illustrating the factors that might both exert pressure for, and constraints on, information sharing	52
Figure 1.4 The four logical possibilities of information sharing behaviour	53
Figure 2.1 Simplified form of the conceptual framework of influences on information sharing	59
Figure 2.2 The conceptual framework of influences on information sharing behaviour	60
Figure 2.3 Forms of collaboration and rules of governance	70
Figure 2.4 Proposed relationship between levels of integration and governance risk	71
Figure 3.1 Diagram of reporting lines in a generalised case of a social worker, 1985	105
Figure 3.2 Diagram of possible reporting lines in the case of a social worker, 2005	105
Figure 4.1 Diagram of theoretical assumptions of influence at different levels impacting on the phenomenon of study; interagency information sharing	130
Figure 6.1 Diagrammatic summary of discussions of ‘over-cautiousness’ in Keystone	218
Figure 6.2 Diagrammatic summary of discussions of ‘over-openness’ in Keystone	221
Figure 6.3 Diagrammatic summary of discussions on moving towards the ‘ideal’ in Keystone	223
Figure 6.4 Diagrammatic summary of findings on the policy, legislation and guidance influences in Keystone	226
Figure 6.5 Diagrammatic summary of findings on the professional culture and local strategic influences in Keystone	230
Figure 6.6 Diagrammatic summary of findings on the system level influences in Keystone	235
Figure 6.7 Diagrammatic summary of findings on the individual level and additional aspects in Keystone	240

		Page
Figure 7.1	Diagrammatic summary of discussions of ‘over-cautiousness’ in Tamar Folk	257
Figure 7.2	Diagrammatic summary of discussions of ‘over-openness’ in Tamar Folk	258
Figure 7.3	Diagrammatic summary of discussions on moving towards the ‘ideal’ in Tamar Folk	260
Figure 7.4	Diagrammatic summary of the reported findings on policy, legislation and guidance influences in Tamar Folk	262
Figure 7.5	Diagrammatic summary of the reported findings on the professional culture influences in Tamar Folk	265
Figure 7.6	Diagrammatic summary of the reported findings on the local strategic influences in Tamar Folk	267
Figure 7.7	Diagrammatic summary of findings on the system level influences in Tamar Folk	275
Figure 7.8	Diagrammatic summary of findings on the individual level influences in Tamar Folk	277
Figure 8.1	Mapping of factors said to contribute to a tendency to share (openness)	291
Figure 8.2	Mapping of factors said to contribute to a tendency to withhold (cautiousness)	292
Figure 8.3	Mapping of factors said to contribute to a tendency to share inappropriately (over-openness)	293
Figure 8.4	Mapping of factors said to contribute to a particular case of over-cautiousness, that is the tendency to avoid initiating sharing interactions	293
Figure 8.5	Mapping of factors said to contribute to a tendency to share inappropriately (over-cautiousness)	294
Figure 8.6	Mapping of factors said to contribute to a tendency to share inappropriately (chaotic)	294
Figure 8.7	Mapping of factors said to contribute to a tendency to share appropriately (ideal) and to the factors that were said to moderate the inappropriate interactions	295
Figure 8.8	Mapping of factors said to influence towards either sharing or withholding (or both) dependent on their value	296

Tables		Page
Table 1.1	The basic forms of social organisation	45
Table 1.2	Hypothesised data sharing characteristics by social interaction and regulation	46
Table 4.1	Summary of data collection methods planned to address the research questions	142
Table 4.2	Roles of those interviewed in the two cases	156
Table 5.1	Table of professions showing main focus, bodies setting ethical values, professional training and continuing development provision	179
Table 6.1	Summary of the Keystone Sure Start Activities based on the framework for analysis developed by Browne et al. (2004)	210
Table 7.1	Summary of the Tamar Folk Sure Start activities based on the framework for analysis developed by Browne et al. (2004)	246
Table 7.2	Concerns about interagency information sharing reported during the team meeting workshop, analysed according to the levels in the conceptual framework	253
Table 8.1	Key to the maps of influencing factors	290
Table 8.2	Decision matrix for information sharing interactions	300
Table 8.3	Additional conceptual framework factors suggested by the data	301
Table 8.3	New factors the data suggest should be added to the conceptual framework	303
Table 8.4	Revised conceptual framework	304
 Boxes		
Box 5.1	Key statutory provisions relevant to information sharing in children's services at the time of the case studies	173
Box 5.2	Guidance on information sharing published between 2002 and the end of the case study period that could be of relevance to Children's Centres	175
Box 8.1	Additional framework factors suggested from the data	301

Acknowledgements

I would like to acknowledge the Economic and Social Research Council for supporting my research financially and for the networks and training opportunities it provided. There are also a good many individuals I would like to thank for supporting me in the completion of this thesis.

First come teachers, friends and colleagues from the University of Plymouth. My director of studies, Professor Sheena Asthana, has been encouraging from the very start. As well as her academic scholarship, I value her honesty and sense of fun immensely; they sustained me through the difficult times. Professor Ray Jones also receives my thanks, particularly for some well-chosen, critical words that made me question and revise an earlier dissertation structure. Dr Joyce Halliday, with whom I shared an office for most of my studentship, has been a constant inspiration. She is meticulous and conscientious as a researcher and she writes so elegantly; a wonderful role model whom I will always admire. Other University of Plymouth friends who have played a significant role in my perseverance with the project are Mirjam McMullan and Tina Wilkinson. I thank them both for the many cups of coffee shared over discussions of methodology and motherhood.

Although he was not involved with this particular piece of work, I am indebted to Professor Ken Eason (Emeritus Professor of Cognitive Ergonomics, Loughborough University). He taught me most of what I know about conducting 'real world' research. Despite my own doubts, he has always had faith in my research abilities.

I am grateful to my current employer, Yorkshire Forward, and in particular to my manager, Bea Jefferson, for all the support and encouragement I have received throughout my 'writing up' year.

The work reported here would not have been possible without the people who are daily facing what I have called the 'challenge of information sharing'; my research participants. I greatly appreciate the time and reflection that they have invested in my project. I am conscious that the work they do is pressured enough without student research exerting further demands.

On a more personal note, my son David has endured the peculiarity of having a student mother and the practical consequences of us living on a studentship maintenance grant for his final years at home. My partner, Mikel Burley, has been supportive from the moment we first discussed the possibility of me returning to student-hood. Having seen Mik go through the doctoral process himself, I was able to grasp more readily what it is like and how best to retain a sense of perspective as well as humour. Thank you, Mik, for beating the path.

Author's declaration

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award.

This study was financed with the aid of a studentship from the Economic and Social Research Council.

During the registration period, a number of conference presentations were made and articles were written and accepted for publication. In the articles co-authored with my Director of Studies, I wrote the first draft and we jointly revised the articles to the point of submission. In the article co-authored with a fellow PhD student, all aspects of the work were shared and the research was considered by us as separate from either of our PhD research projects, although it arose out of our student experiences and is tangentially relevant to our doctoral studies.

Publications (refereed):

Richardson, S. and Asthana, S. (2006) 'Inter-agency Information Sharing in Health and Social Care Services: The Role of Professional Culture', *British Journal of Social Work*, 36, 657-669.

Richardson, S. and McMullan, M. (Forthcoming December 2007) 'Research Ethics in the UK: What Can Sociology Learn from Health?' *Sociology*, 41 (3).

Publications (non-refereed):

Richardson, S. and Asthana, S. (2005) 'Policy and Legal Influences on Inter-Organisational Information Sharing in Health and Social Care Services', *Journal of Integrated Care*, 13 (3) 3-10.

Conference presentations:

'Partnership Working: Overcoming the Barriers' Northern Ireland Primary Care Conference, Belfast 7 December 2004

'Overcoming the Muddle and Mess: The need for pragmatism and flexibility in an empirical study of information sharing in children's services' Plymouth Business School and the School of Sociology, Politics and Law Postgraduate Symposium. University of Plymouth, 14 January 2006

Conference Poster presentations:

(With Mirjam McMullan) 'The NHS research ethics process: its potential impact on social health research', poster presented at the Health and Social Care Interdisciplinary Innovation and Research conference, University of Plymouth, 10 and 11 March 2005.

Conference attendances:

'Strategic Partnerships between Crime and Health' Weston-Super-Mare, Government Office for the South West, 10 March 2004

'The Coming Year in Parliament 2005', QE II Conference Centre, Westminster, 5 July 2005.

Word count of main body of thesis: 80, 230

Signed.....*Shirley Chard*.....

Date.....*10 March 2008*.....

Introduction

Professionals working in different public service agencies are now required, in many cases by law, to work in collaboration to provide the services they offer. This involves exchanging the personal information of their service users to improve the effectiveness of public service provision. At the same time, they are required, again in many cases by law, to ensure the confidentiality of the information given to them by their service users, by protecting personal data.

This thesis concerns the contradictory pressures of these two requirements. The primary aim of the research reported here is to better understand this challenge of sharing personal information between public service agencies. The study pursues its aim within the current policy context in England with a view to supporting improved interagency information sharing. A conceptual framework was developed to enable a systemic analysis of two Sure Start Children's Centres and this analysis has contributed to the achievement of the research aim.

It will be helpful to place some boundaries around the scope of the study at the outset. First, the study is placed within the policy and legislative context in *England*. The reason for restricting the study to the situation in England is that there are variations in policy and legislation between different countries including the countries of the United Kingdom. The aim was not to conduct a multinational comparison study and so it was preferable to increase clarity through having a single national focus.

Second, the research was concerned only with one kind of information sharing, out of a number that could have been considered, including: between professionals and the users or carers they serve; between agencies at a strategic level (for example for service planning); between agencies for more general purposes (for example research or marketing); between professionals from different agencies at the operational level. This

thesis concerned only the last of these and was focused on the perceptions and experiences of front line public service professionals.

The third boundary is less clear cut. Although the focus of the research was on children's services, and particularly Sure Start Children's Centres, the work aimed to develop conceptual tools that can be applied across all service sectors. The *theoretical* aspects of the thesis were therefore concerned with public services in general, whereas the *empirical* aspects focused on specific case examples in children's services.

In reporting the research that was undertaken, the dissertation spanned a number of disciplines. It also covered a variety of service sectors, chiefly health, social work, education and criminal justice. The structure of the dissertation does not neatly follow the analytic divisions, either of discipline or of service sector, aiming to be more integrative.

The first chapter introduces the challenge of information sharing as the starting point for the research. It demonstrates, through a review of the literature, the importance of researching interagency information sharing, showing how failing to *share* information appropriately and failing to *protect* information appropriately have both had serious, even fatal, consequences. The opening chapter also discusses the one other major study of information sharing in public services, conducted by Bellamy, 6 and Raab. The model of different styles of information sharing used in that research is contrasted with the model of information sharing behaviours I have developed for use in my own study.

Chapter 2 introduces the conceptual framework that runs through the rest of the thesis. A three-level framework (taking a systems approach) is proposed, to account for the various influences acting on, and through, the front line information sharing interactions. This chapter also details the elements within the outer (environment) level and shows, through a review of the literature, how these elements can be hypothesised

to be capable of influencing information sharing. Chapter 3 completes the framework by examining each of the elements within the other two levels (system and individual), again making the case for each of the elements as influencing factors.

Having set out the rationale and aims of the study, and the theoretical approach, Chapter 4 provides the methodology used, by revealing the detailed research questions, giving the research plan and then describing the research process. This is followed by the three chapters that present the findings of the research.

Chapter 5 describes the context of the two cases, which they largely share because of their closeness in time and geography. Chapters 6 and 7 are, in effect, the two case study reports. These give an account of the kinds of information sharing interactions that were taking place, the perceptions of different professionals working in the Children's Centres towards information sharing, some of their individual experiences and their ideas about the factors that influence information sharing behaviour at the front line.

Chapter 8 brings together the findings from the two separate cases by answering the research questions and in doing so comments on some of the similarities and differences between the cases. It uses the findings from the research to refine both the conceptual framework and the model of information sharing behaviours proposed in the first two chapters, and used throughout the research. This final chapter reflects on the research, noting limitations to the study and suggesting improvements, along with ideas for future work. It also draws out the achievements of the study and identifies implications of the findings for policy and practice.

Chapter 1

The nature of the challenge

The title of this dissertation holds within it an assumption. This assumption is that sharing personal information between different public service agencies is a challenge; that it is problematic. The challenge is introduced in this opening chapter through a review of the literature on public service information sharing and a case is built for conducting research that will enable us to understand the challenge better, which is the primary aim of the study reported here.

The first of two sections in the chapter introduces the challenge through the notion of there being a tension between the need for agencies to share information and the need for them to protect it. The second section presents this tension as the starting point for the research and develops the theoretical approach taken to this project. It does this by proposing a new model of information sharing behaviour that is central to the current work, contrasting it with another model that was developed simultaneously but independently.

1.1 Walking the tightrope

The challenge of sharing personal information between different public service agencies lies in the need to achieve two goals that can be seen as conflicting. This section explores this potential conflict; the need for personal information to be shared across agency boundaries and the need for it to be protected from such sharing. It illustrates the way in which these two needs can create a tension for public service agency staff that must be managed in their daily work.

1.1.1 The need to share information

The imperative for public service agencies to share information comes primarily from what has been termed the ‘problem of fragmentation’ (Loxley, 1997; Barton, 2002; Hudson, 2005a; Darlow, et al., 2007). Identification of the problem of fragmentation is not new but it has become extremely visible in recent years as a result of a string of tragedies emanating from public service failure to manage the consequences of fragmentation. Here I review service fragmentation and its possible repercussions in order to illustrate a prime source of the current drive towards greater sharing of personal information between public service agencies.

Human welfare needs do not usually come packaged into neat compartments with hard boundaries, for example into ‘health’ issues, ‘education’ issues, ‘criminal justice’ issues, ‘financial’ issues, ‘housing’ issues, ‘employment’ issues and so on. As is proposed in the foreword to the Derwent Initiative’s report on Quality Standards in Inter-agency Work, ‘...people’s needs are complex and inter-woven and require a complex and inter-woven response.’ (Hughes and Settle, 2001)

Both central and local governments, however, have tended to organise themselves into departments that focus on specific policy or service areas (e.g. health, education etc.). These departments have developed a ‘silo’ approach to their work, each being separate from the others. Barton credits the Haldane Report (1918) with recognising that this form of structuring, using the ‘functional principle’, can be a source of co-ordination problems (2002:21).

These problems of service fragmentation can lead to a situation where public services fail to meet the needs of an individual who may find their concerns slipping down the gaps between different agencies. I will now discuss some such examples that have contributed to human suffering and even death. Whilst it is not only in children’s services that such failures occur (see for example cases in elder care (Lauder et. al.,

2005: Bowman, 1997) and in mental health (Ritchie, 1994)), the death or trauma to a child might be said to be the most upsetting and unforgivable results of such failures, provoking greater public response along with calls for policies to be changed. It is for this reason that I focus mainly on children's services, both in this section and in the thesis as a whole.

When there is a tragedy that has involved public services, there will often be an inquiry or a review into the incident so that lessons can be learned for the future. Reports of such reviews and inquiries can illuminate the ways in which service fragmentation in general, and the lack of information sharing in particular, can play a part in service failure. I will draw on a recent Area Child Protection Committee (ACPC) Serious Case Review and a meta-review of such reviews to provide examples and then turn to two major inquiries, the Bichard Inquiry (2004) and the Inquiry into the Death of Victoria Climbié (Laming, 2003), to build the case that the sharing of information between public service agencies is an important subject for study. In discussing these inquiries, I give greater emphasis to the Inquiry into the Death of Victoria Climbié because it has been so influential in shaping the children's services policy and legislation which are central to this thesis.

Serious Case Reviews

The most recent high-profile serious case review was published by the Sheffield Area Child Protection Committee. It follows a case of neglect of children in one family (Cantrill, 2005). The report provides a clear illustration of the problem of fragmentation because it documents that there were as many as seven organisations involved in the care of the family concerned: Sheffield Care Trust (Adult Mental Health Services), the North Sheffield Primary Care Trust, Education (school, nursery and supporting services), Sheffield Social Services, South Yorkshire Police, South Yorkshire Probation

Service (Cantrill, 2005:11-17). The fact that these organisations did not share information adequately meant that children suffered unnecessarily.

A review of forty such serious case reviews was carried out on behalf of the Department of Health (Sinclair and Bullock, 2002). The report acknowledges the fragmentation problem and observes that the situation has become more complex in recent times as a result of the 'diversification' of services that has occurred (2002:58). The example is given, within the education sector, of organisational changes which have led to the new need to distinguish between schools and a local authority, meaning that there are yet more borders across which information sharing must be negotiated. Similarly it is pointed out in the same review that in health there is now the need to distinguish between information from general practitioners (GPs), community and hospital services, all of which are autonomous with respect to their information management (2002:58).

Sinclair and Bullock provide the results of a content analysis of the reports of the forty serious case reviews. This analysis identified that the concern most often expressed in the reports was inadequate sharing of information, followed by poor assessment processes, ineffective decision-making, lack of inter-agency working, poor recording of information and a lack of information on significant males (2002:40). It is important to note that information sharing was identified as an *intra* as well as *inter*-agency issue but the problem of fragmentation was seen as significant and Sinclair and Bullock recommend that sharing of information is 'best managed under arrangements or protocols which should be agreed between local agencies' (2002:42). Such protocols will be examined in detail in Chapters 2 and 5.

The Bichard Inquiry

The Bichard Inquiry followed the conviction of Ian Huntley on 17 December 2003 for the murders of Holly Wells and Jessica Chapman in Soham (Bichard, 2004). The inquiry shed light on what happened after Ian Huntley applied for a job, late in 2001, as a caretaker at Soham Village College. The head-teacher instigated a criminal records inquiry with Cambridge Constabulary. This was *not* using the CRB (criminal records bureau) system that at the time was soon to be implemented. Information was duly provided but was not complete, partly because a check by Cambridge police was only made for the name Ian Nixon and not also for Ian Huntley and partly because vital information was not passed from Humberside Police to the Cambridge Force (2004:3-4). It cannot be verified that the request for information from Humberside was ever made because the Inquiry found no record of the fax that the Cambridge Force claimed was sent. However, even if that fax had existed, the correct information would still not have arrived because the Inquiry found that Humberside had not properly recorded or held the information in question (2004:2).

The information that did not reach the head-teacher was that Ian Huntley had been named in eight separate allegations of sexual offences between 1995 and 1999 and he had been investigated in a further case. The result was that through the caretaker job, which he succeeded in getting, he had the means to develop friendships with young girls and he eventually murdered his victims.

This case illustrates the way in which fragmentation can occur even within a single service sector, e.g. criminal justice. Individual police forces were virtually autonomous; as long as they worked within nationally agreed policies, they could work to different processes and procedures. They also had their own computer systems. This is still broadly true but there have been moves to implement the first recommendation of the Bichard Inquiry: 'A national IT system for England and Wales to support police

intelligence should be introduced as a matter of urgency' (2004:13). A further recommendation was that the system, then operational in Scotland, which flags that intelligence is held about someone by particular police forces should be introduced in England and Wales (2004:13).

It was not only the police forces that were criticised in the Inquiry report. Social Services who had also been involved had not held or shared information effectively either. The report states:

'One of the key failings was the inability of Humberside Police and Social Services to identify Huntley's behaviour pattern remotely soon enough. That was because both viewed each case in isolation and because Social Services failed to share information effectively with the police.'

(Bichard, 2004:2)

The Bichard Inquiry report provides further illustration of the problem of fragmentation. Paragraph 4.96 of the report states that different lists containing names of those who may present a risk (either to children or vulnerable adults) were held and operated by *different agencies*, with differences in both definitions and processes, with overlaps occurring. The report goes on to say, 'It is difficult to justify these differences and they lead to unnecessary complexity of regulation' (2004:148). It is clear from the Inquiry report that the necessary co-ordination to bridge the gap between education services, police services and social services was missing, as was the necessary co-ordination between different police forces.

The Inquiry into the Death of Victoria Climbié

This inquiry followed the death of Victoria Climbié, an eight year old girl who had been brought to England by a relative, ostensibly for a better life (Laming, 2003). However, it was not a better life that she came to; she suffered severe neglect and abuse by her great aunt and her great aunt's partner, with whom she lived. They were convicted of murder in 2001. The inquiry report quotes Neil Garnham, QC, counsel to the Inquiry:

‘The food would be cold and would be given to her on a piece of plastic while she was tied up in the bath. She would eat it like a dog, pushing her face to the plate. Except, of course that a dog is not usually tied up in a plastic bag full of its excrement. To say Kouao and Manning treated Victoria like a dog would be wholly unfair; she was treated worse than a dog.’

(Laming, 2003:1)

The inquiry report lists the organisations to which Victoria Climbié was known following her initial contact with Ealing Housing Department’s homeless Person’s Unit in the following way:

‘Victoria was known to no less than two further housing authorities, four social services departments, two child protection teams of the Metropolitan Police Service (MPS), a specialist centre managed by the NSPCC, and she was admitted to two different hospitals because of suspected deliberate harm.’

(Laming, 2003:3)

This adds up to a total of eleven separate organisations, none of which was able to see the whole picture.ⁱ

It would be misleading to imply that the report identifies fragmentation, and the inadequacies of information sharing to bridge the ensuing gaps, as the only or primary factors preventing the real situation from being recognised in time. Lord Laming points the finger more generally at widespread poor practice, saying that protecting Victoria ‘...required nothing more than basic good practice being put into operation. This never happened’ (Laming, 2003:3).

The underlying cause of the poor practice was suggested to be a lack of prioritisation of *children’s* welfare, and ‘widespread organizational malaise’ (2003:4). However, fragmentation and information sharing (or rather, its inadequacies) were frequently cited as contributing to the poor practice. One of the consequences of fragmentation can be that it is too easy for an agency to claim that responsibility for something is not theirs but that of another agency. In order for all necessary information to be known to all relevant agencies, proper responsibilities need to be assigned and taken, and this was one of Lord Laming’s major conclusions:

‘The single most important change in the future must be the drawing of a clear line of accountability, from top to bottom, without doubt or ambiguity about who is responsible at every level for the well-being of vulnerable children. Time and again it was dispiriting to listen to ‘buck passing’ from those who attempted justify their positions.’

(Laming, 2003:5)

The inquiry report includes a whole section entitled ‘Improvements to the exchange of information’. It describes communication between professionals as ‘dreadful’ and points to problems even with communication between two hospitals where information about earlier patient contact was not accessed. Significantly, Lord Laming writes, ‘Effective action designed to safeguard the well-being of children and families depends upon *sharing relevant information on an inter-agency basis*’ (2003:9, my emphasis).

A holistic, ‘systemic’ view of what happened is taken in the inquiry and in so doing it serves the academic study of information sharing by showing that attention needs to be given to a number of different dimensions of influence. Themes resulting from the analysis of the evidence to the inquiry include: management issues; changes to services resulting from policy/legislative reforms; computer systems; accountability and budgeting (governance); training/supervision; practice guidance and documentation; as well as exchange of information specifically (Laming, 2003:7-12). As will be shown later, this analysis formed the starting point for the development of the conceptual framework that is detailed in Chapters 2 and 3.

I have so far shown how important it is for organisations to share information and it would therefore be tempting to propose that in order to prevent the service failures described, along with their sometimes tragic consequences, it is necessary for agencies to share more information. However, the conflation of *improving* information sharing with *increasing* information sharing is a danger (and one to which I shall return), because, as noted already, there is another side to this ‘information sharing’ coin; the need for agencies to protect information from being shared. The next part of this section

focuses on this need and illustrates why *increasing* information sharing can, in some circumstances, be the opposite of *improving* information sharing.

1.1.2 The need to protect information

Here, I redress the balance by looking at the importance of protecting information, bringing to the fore the issues of privacy and confidentiality. When we, as individual citizens, engage with public services, it is usually necessary to divulge personal, often sensitive, information about ourselves. We may assume that anything that we say about our personal circumstances will be held 'in confidence' by any public service professional with whom we are involved. The confidentiality issue may not be quite so straightforward, however. Do we consider that *all* personal information we tell a professional should be treated as confidential? Or would we find it acceptable for *some* information to be divulged to a third party if it was needed by them to help us or if we did not consider it to be sensitive? Would it make a difference if we were asked for our consent before it was shared?

Let us suppose that my general practitioner (GP) is referring me to a hospital specialist for some tests to gain a diagnosis for stomach pains I have been experiencing. I might assume (or even expect) that my GP will pass on essential information that will assist the hospital specialist in her task, saving time and also my repetition of routine information. This information might include my full name and address, possibly my date of birth and my telephone number, my national health service (NHS) number, my symptoms, any medication I am using that might be likely to affect the stomach or the treatment. It may even include relevant information about my lifestyle that might affect my stomach, e.g. diet, alcohol consumption, level of work stress etc. On the other hand, I may not expect (and probably not want) the hospital specialist to be informed from my GP notes that I was treated for syphilis ten years ago or that I had cognitive behavioural

therapy for depression following the death of my mother in 1998 unless these facts might be relevant to my present condition, in which case I might expect this link to be explained to me.

Likewise, if a police officer managed to note down my name and address before I lapsed into unconsciousness following a car accident, I might be glad to find out later that he had passed this information to the paramedic who arrived soon after because this enabled the hospital to discover my allergy to a certain antibiotic enabling another to be administered. However, I would not have been so pleased had the policeman passed on the irrelevant information that I had been cautioned for shop-lifting four months previously.

In this exploration of the importance of protecting information, some of the serious consequences of failing to protect information, ranging from emotional trauma to suicide, will be covered. The concept of confidentiality is then taken further when data are presented from a study of people's ideas of what *are* and what *should* be kept confidential in meetings with public service professionals.

For now though, I am showing that failing to *protect* information can have consequences just as serious as those from failing to *share* information. Although it does not involve inter-agency information sharing in the public services, I will use the case of the death of Dr. David Kelly to show how the failure to protect information, in this case a name, can lead to tragic consequences.

Breaches of privacy and confidentiality

In January 2004, Lord Hutton produced his report of the Inquiry into the death of Dr. David Kelly (Hutton, 2004). The report concluded that Dr. Kelly, who had been a respected government scientist, had killed himself after the government let it be known that it was he who had spoken to the reporter Andrew Gilligan, expressing concern

about the scientific basis for claims made by the government concerning the weapons alleged to have been held by Iraq. A section of the report under the heading 'Conclusions on the factors which may have led Dr Kelly to take his own life', provides a transcript of Lord Hutton's interview with Professor Hawton (Professor of Psychiatry at Oxford University) and reads as follows:

451. I consider that it is very probable that Professor Hawton's opinion is correct when he stated:

[2 September, page 132, line 2]

Q. Have you considered, now, with the benefit of hindsight that we all have, what factors did contribute to Dr Kelly's death?

A. I think that as far as one can deduce, the major factor was the severe loss of self esteem, resulting from his feeling that people had lost trust in him and from his dismay at being exposed to the media.

Q. And why have you singled that out as a major factor?

A. Well, he talked a lot about it; and I think being such a private man, I think this was anathema to him to be exposed, you know, publicly in this way. In a sense, I think he would have seen it as being publicly disgraced.

(Hutton, 2004: 307)

It is not helpful here to discuss the rights and wrongs of the scientist divulging his concerns to Andrew Gilligan in the first place or of Andrew Gilligan in presenting the content of their conversation as he did on live radio. The fact remains that following the revelation of his name, David Kelly took his life and that the inquiry concluded that it was his loss of privacy that led him to do so. There is, of course, legislation in place to protect individuals from loss of privacy, including the Human Rights Act which will be discussed with other relevant legislation in Chapter 2. In this case, Andrew Gilligan did not himself reveal David Kelly's name until he had virtually no choice, the government having confirmed their belief that the person who had spoken to the reporter *was* David Kelly.

This only shows however that anonymity alone may not be sufficient protection when information is disclosed, depending on what other information is already known.

This has salience for the sharing of information between public service agencies and it is an example of what O'Neill calls the 'inferential fertility of information'. To illustrate the concept to her audience during a lecture at Imperial College, she tells a story, which she claims to have been told shortly before (O'Neill, 2006). The following is a paraphrase of the story:

An old priest is celebrating the 50th anniversary of his ordination with a group of friends. He welcomes them and begins by saying how very [^]hard it was when he was first ordained. In his first confession, a chap confessed to murder. He goes on, 'I really didn't know what to do, how to absolve him or what penance to give him.' At this point, another friend rushes in and says to the priest, 'Oh, Father So-and-so, I'm glad I've got here. I'm so sorry I'm late.' He then turns to everyone in the room and says to them, 'Do you know, I was the first person whose confession he heard, when he was ordained?'

The point of the story is that the meaning and significance of information depends on what is already known by those receiving it. As we shall see later, this will be important when exploring anonymity as a solution to problems concerning breaches of confidentiality (Section 4.3.2).

The literature provides other, less dramatic, examples which *are* within the realm of inter-agency services, of the damage that can be done when personal information is not sufficiently protected. One such is a personal reflective account of information sharing during a child protection investigation from the perspective of a parent of a child whose name was placed on the child protection register (Richardson, 2003). It is a truly harrowing account and although it is only one perspective of the many involved in the episode, it serves to show the devastation that can be experienced when personal information about oneself and one's family is shared inappropriately amongst professional practitioners. In a section concerning the recording and sharing of

information, the author of the article writes, 'The inability to retain any control regarding what information was recorded or shared with me or across agencies generated and continues to provoke feelings of utter powerlessness.' (2003:125)

Richardson describes how the 'indiscriminate collation and disclosure of 'information' does not in itself prevent child abuse and may in fact take the form of a type of secondary 'professional' abuse' (2003:123). She relates her perceptions of the processes she finds herself part of, illustrating the damage that can be done when the greatest care is not taken with shared information; 'A breach of confidentiality or privacy, whether actual or perceived, leads to a loss of trust and a sense of betrayal.' (2003:130)

One of the reasons why the caring professions have had regard for the Hippocratic Oath or similar principles is precisely because the relationship between confidentiality and trust has long been recognised, as has the relationship between trust and openness and the relationship between openness and the ability to help or treat the individual.

Attitudes towards breaking confidentiality

This chain from confidentiality to effective treatment is important in medicine and attitudes to confidentiality have been researched by Ormrod and Ambrose (1999). They conducted a review of empirical research, within a health context, with the majority of studies analysed concluding that if people are warned that information may not be held in confidence, this inhibits them from seeking treatment or from fully disclosing their situation.

Following this, Ormrod and Ambrose conducted two studies (within the realm of mental health), that are worth considering in some detail because when put together they reveal useful insights into expectations about the confidentiality of information (1999:417-420). One study provides responses to a questionnaire completed by 50

participants and it aimed to elicit beliefs about whether discussions with a range of different professionals *would* be completely confidential and about whether those discussions *should* be completely confidential.

This study showed that people expect the professions to act differently with respect to confidentiality, with most people (77%) believing that what is discussed with a priest will be completely confidential. Fewer respondents believed that the other professions listed would hold information discussed to be completely confidential; private psychotherapist (64.6%), consultant psychotherapist (64.6%), general practitioner (60.4%), clinical psychologist (50.0%), lawyer (47.9%), psychiatric nurse (27.1%), social worker (16.7%), general nurse (12.5%), student nurse (4.2%). A higher standard of confidentiality however was expected of all the professionals than was predicted of them, with the following percentages of respondents believing that information discussed with the different professions *should* (as opposed to *would*) be completely confidential; general practitioner (95.8%), priest (93.8%), private psychotherapist (89.6%), consultant psychotherapist (89.6%), lawyer (87.5%), clinical psychologist (85.4%), social worker (75.0%), psychiatric nurse (70.8%), general nurse (54.2%), student nurse (45.8%).

This finding shows that different professions are perceived differently with respect to confidentiality and we will return to professional differences in chapter 2. What is important for now though is to notice the general direction of expectations, with more respondents thinking that confidence should be respected than those who thought this would be the case.

What is interesting is what seems to happen when the perspective is slightly changed, from this consideration in which the respondent is likely to identify with the person talking to the professional and the situation in the second study where a more concrete consideration is required and where this role (of patient or client) is clearly

taken by someone else, the respondent being more likely to identify with a more objective position, or even with that of the professional.

The second study provides responses to a questionnaire completed by 130 people (none of whom participated in the first study) based on two scenarios. One scenario involved the disclosure by a patient to a clinical psychologist of childhood sexual abuse where the patient was concerned that the perpetrator (her uncle) might now be abusing his step-daughters but did not want the psychologist to inform the authorities. The other scenario involved the disclosure by a patient to a clinical psychologist that he had killed his mother 17 years earlier by altering the dosage of her medication. There had not been a criminal investigation.

Respondents were asked whether a clinical psychologist *would* break confidentiality in the scenario situations set out above, and also whether the psychologist *should* break confidentiality in the same situations. In contrast to the first study, where more respondents said that professionals should keep information confidential than the number saying they believed this would be the case, in the second study significantly more respondents ($p < 0.001$) thought that clinical psychologists should *break* confidentiality than those believing that they would (1999:418). (Incidentally there was also a significant difference in the response to the two scenarios with more respondents thinking that confidence should be broken in the abuse story.)

Ormrod and Ambrose accept the possibility of the findings in the two studies being reversed because the samples come from two populations with different views on confidentiality (1999:419). But this is unlikely and I agree with Ormrod and Ambrose that a more plausible explanation is that although we want our own information to be held in confidence, we acknowledge that there are some circumstances where it is more important for professionals to break confidences than to keep them. In this way the

tension that faces professionals in their work, i.e. between the need to share and the need to protect information, is being recognised.

~ ~ ~

I have shown in this section that there are two compelling reasons for ensuring that information is protected by public service agencies. One is that disclosing information can have devastating consequences on the individuals whose personal information has been shared (as well as on those close to them). The second is that unless people trust that information they tell public services professionals will be held in confidence, they will be less likely to seek help or to give full information. This has implications for the well-being of individuals and it can also be important for the general population. For example, if when someone begins to hear voices, they are reluctant to go to their GP because they fear that information about their mental health will not be kept confidential, their condition could get worse and could conceivably result in them harming themselves or somebody else.

Earlier in the section, it was shown that equally, there are important reasons for public service agencies to share information. Not sharing can put the care of individuals at risk (because a professional caring for them does not have a complete picture of their situation for instance) and it can also pose a risk to the wider community (e.g. if failing to share information across agency borders could result in harm or even death to others). Thus I am not only drawing attention to the fact that there is a tension between sharing and protecting information but I am also showing that entangled with this first tension is another; that between risk to the individual and risk to the wider community.

The challenge of sharing personal service user information that has been identified in this section is being faced by public service professionals, whether they work in health, social services, education or criminal justice, and whether they work in

the statutory, voluntary or private sector. As this section has shown, meeting this challenge is to walk a tight-rope. Public service agencies need to ensure that information vital to the well-being of an individual, a family or a community is passed on to all professionals who need to be informed, while at the same time ensuring that information held about a service user is not shared inappropriately or without good cause (thus maintaining data privacy and confidentiality). The stakes are high. This section has shown that falling off the tightrope on either side can result in tragedy.

1.2 Approaches to understanding the challenge

Having pointed out the challenge that is the central issue of this thesis and the need to study the challenge, this section begins to explain the way in which this research approaches an understanding of information sharing. I start by relating the way in which the idea for the research was formed and by noting that I was not alone in identifying the need to research inter-agency information sharing.

There are, of course, many different pathways the research could have taken and there are different potential philosophical and theoretical approaches to the subject. In this section, two approaches are examined, one of which is the approach taken in this project.

1.2.1 The challenge as a rationale for research

Both the Laming and Bichard reports have identified the inter-twining of the need to share information between agencies and the need to protect it as an important factor in preventing future tragedies. The Bichard Inquiry (2004) investigated the possibility that the Data Protection Act had prevented adequate information sharing and Lord Laming wrote, 'I was told that the free exchange of information about children and families about whom there are concerns is inhibited by legislation on data protection and human

rights' (2003:9). Also, in an article discussing the sharing and protecting of information in the Guardian newspaper, the legal correspondent reported that, 'British Gas told an inquest into the deaths of two pensioners whose gas had been disconnected that the company had not alerted social services for fear of breaching the [Data Protection] Act' (Guardian, 2004:8).

The need for perennial Inquiries and Serious Case Reviews has not ceased despite numerous recommendations from reports of such inquiries and reviews as discussed earlier to improve information sharing. The fact that the recommendations do not seem to have led to an adequate solution has not gone unnoticed (6 et al., 2004; Hudson, 2005a; Barton and Welbourne, 2005; Brandon et al, 2005). As Payne observes, 'the inadequacies of information sharing both within and across agencies has been an enduring theme in several investigations into child deaths' (Payne, 2004:383).

Pondering on this fact was really the beginning of the idea for the research. One possible explanation is that the recommendations are not taken seriously enough and that government does not act on them. Whilst it is true that reports with important recommendations can sit on Whitehall shelves and not have the intended effect, this seemed to me to be unlikely in these cases. Many of the reports concern tragic consequences of failures in our public services and there would be pressure to ensure that action was taken. In fact, since the days when I was puzzling over this, it has been shown that governments do take these issues seriously, an example being the *Every Child Matters* Green Paper and subsequent Children Act 2004 which resulted from the Laming Report. Perhaps this concerted effort, not only taking place in Children's services, will show that such policies *have* influenced information sharing in such a way as to reduce or even stop the service failures that are the subject of Inquiries and Serious Case Reviews. Time will tell.

The hunch, however, that prompted this research was that a key to these public service failures lies in the sheer complexity of the interdependent factors that influence the way in which information is shared 'on the ground'. Initial thinking and reading led to the formulation of the challenge in the form of the tension outlined in the previous section. The desire to better understand the complexities of interagency information sharing through an investigation of the variety of pressures and constraints on information sharing thus formed the basis of a research proposal submitted to the ESRC in May, 2003.

The ESRC recognised this as an important area for research and funded the studentship that supported this project. I was not aware of it at the time but three months after the submission of my own proposal, another on the same topic, with a very similar rationale, was submitted to the ESRC, and was subsequently funded, this time for a substantial research project to be conducted by a research team comprising Bellamy, 6 and Raab.ⁱⁱ

Both projects have sought to reach a better understanding of the challenge of information sharing as it has been described in this chapter, i.e. in terms of the tension between the sharing of information and confidentiality. They have many other similarities; both projects for example use styles (or patterns) of information sharing behaviour as their dependent variable. On the other hand they are also quite different in a number of respects, a major divergence being that they propose two quite different models of these patterns of information sharing behaviour. It is these two models that are explored next.

The remainder of this section describes the model developed by Bellamy and her team and then proceeds to a discussion of the limitations of this model followed by a description of the development of my own model, showing how it overcomes some of the limitations. It should be noted that in the following description of the models (and

elsewhere through the dissertation) data sharing and information sharing will be used synonymously. Although I am aware of the distinctions made between the terms 'data' and 'information', in the general context used here, they can be used interchangeably. My personal preference is for the term 'information sharing' whereas Bellamy et al. have an inclination towards 'data sharing'. Arguments can be made for both.

1.2.2 A neo-Durkheimian institutional model

The original proposal for the study by Bellamy et al. drew on different organisational theories to hypothesise explanations for different styles of information sharing, specifically to explain the reasons why there may be reluctance to share personal information in circumstances where interagency information is now being encouraged. Reviewers of the proposal criticised the lack of an overarching theoretical framework and the project subsequently sought to rectify this perceived weakness (Bellamy et al, 2006:2). This involved some intricate syntheses which I shall explain briefly here.

In 6 et al. (2004:5-16) there is a kind of justification for the use of a neo-Durkheimian institutional construction which acts as the overarching theoretical framework that was missing from the original proposal. This begins with twelve separate theories, each with a suggestion (developed by Bellamy et al.) of its implications for information sharing. These twelve theories are; Weberian theory of ideal-typical rational bureaucratic organisations, smart-practice or craftsmanship theory, classical collective-action and implementation theories, blame avoidance theory, organisational-culture theories, new-institutionalist theory, street-level bureaucracy theory, symbolic-order theory, bottom-up implementation theory, resource dependency theory, technological-environmental theory and concentration/diffusion theory. There is then a move via Scott's three-way taxonomy of organisational theory; rational systems, natural systems, open systems (1992) to a rationale for an institutional

synthesis and then on to a model derived from Douglas's cross-tabulation of Durkheim's concepts of social regulation and social integration (Douglas, 1982).

It is not necessary here to delve deeply into Neo-Durkheimian institutional theory or into the broader new institutionalist theories which shape the approach to the synthesis resulting in the final model; there are many good sources that provide in-depth theoretical organisational analysis (see for example Scott, 1992; Powell and DiMaggio, 1991; Clegg and Hardy, 1999; Hatch, 1997; Scott, 2001; Scott and Davis, 2007). What is important here is to understand the model proposed by Bellamy et al. and how it was applied in their study of information sharing.

Their theory is that different forms of organisation can be characterised according to 'zones' created by cross-tabulation of the two Durkheimian dimensions (social integration and social regulation) and that different approaches to information sharing can be explained according to these institutional differences. To get to this point, I will use four stages to elucidate the model. (6 et al. use only two stages but the complexity at each stage tends to obscure the steps that have been taken).

Stage 1 Basic forms of social organisation

In the first stage, the four basic forms of organisation are identified as shown in figure 1.1. The claim is that all four forms are to be found in every field of policy implementation and at macro-, meso- and micro-levels of social organisation. The proposition is that other forms can nearly always be 'resolved into one of these, or into combinations or uneasy settlements between them' (6 et al., 2004: 9).

As I understand it, the hierarchy, enclave and individualism forms relate quite well to the hierarchy/bureaucracy, network/community and market forms more familiar to readers of the policy literature (e.g. Parsons, 1995:493) with the isolate form describing a situation where individuals are socially isolated from each other and from

institutional systems of power but are still heavily controlled. The example given by 6 et al. is that of certain public services practitioners operating at the front line (2004: 9).

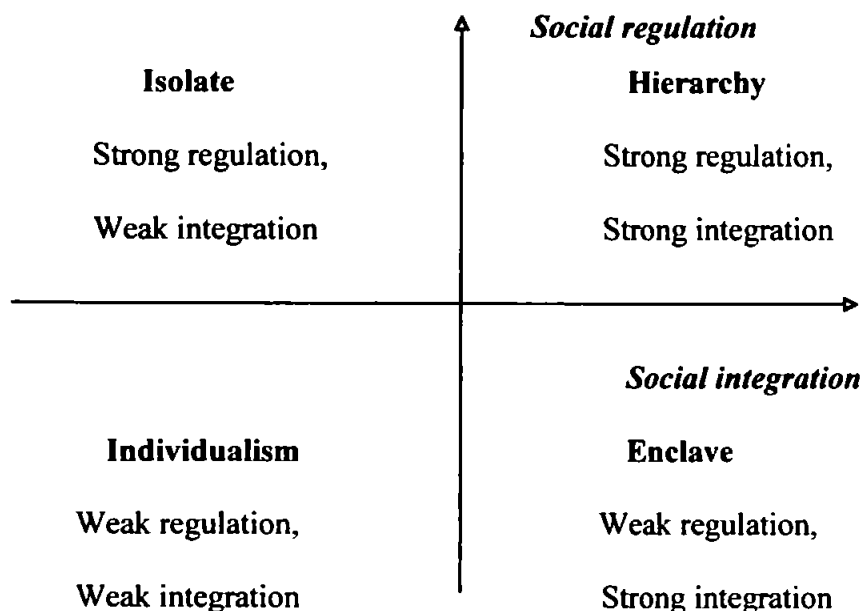


Figure 1.1 The basic forms of social organisation (Adapted from 6 et al., 2004:11)

We should not get the impression though that case examples always fall neatly into one of the basic forms. They are the basic forms because they *are* basic (elemental is provided as a synonym by 6 et al.) and combine to form hybrids. Both 6 et al. and Parsons make the same point that not only do hybrids of the forms exist but that, in some ways, it is these hybrids that are *most* important. 6 et al. write:

The theory also proposes that in practice, where empirical organisations or interorganisational arrangements are viable at all, it will typically be because they exhibit some hybridity between the basic forms (pure forms are special cases that require very special institutional work to preserve them).

(6 et al., 2004:15).

Parsons makes a similar point with respect to the three forms of ‘delivery system’ (hierarchy/bureaucracy, market and community/network) that have been taken up in the governance literature (e.g. Newman, 2001). In order to clarify the point, Parsons uses a quotation from Colebatch and Larmour (1993): ‘...the task is to identify the nature of the mix, not to place the organization into one box or another.’ (In Parsons, 1999:493)

Stage 2 Characteristics of the four basic forms of organisation

	Isolate (Weak integration)	Hierarchy (Strong integration)	Individualism (Weak integration)	Enclave (Strong integration)
	Strong Regulation		Weak Regulation	
Style of organisation	Heavily constrained individuals acting opportunistically, unable to sustain trust save perhaps with close kin	Centrally ordered community – e.g., bureaucratic organisation	Instrumental, entrepreneurial individuals – e.g. markets	Internally egalitarian, but sharply marked boundaries with others; held together by shared commitment to moral principle – e.g. sects, cults, movements, clubs
Basis of power	Domination	Asymmetric status, rule- and role-based authorisation	Personal control of resources	Constant personal and collective reaffirmation commitment
Strategy	Coping or survival-orientated behaviour, individual withdrawal	Regulation, counterpoint between vertical and lateral boundaries internally, control through systems of status based on role	Brokering, negotiating for control of resources	Intense mutual support within enclave, confrontation of those outside
Network	Sparse social ties	Dense social ties at top; mainly vertical ties at the bottom	Sparse social ties, spanned by brokers	Dense social ties
Authority	Weak, if any among dominated isolates: liminally, temporary celebrity; otherwise, temporary despotism among dominating isolates	Status-based, paternalistic, but with rule-bound discretion (in Weberian terms, bureaucracy)	Power-based: authority derives from ability to define opportunities and bestow rewards (in Weberian terms, merchant adventurer)	In Weberian terms, charismatic, based on personal demonstration of marginally greater commitment to shared principle
Strengths	Enables valuable coping behaviour and survival during adversity, prevents excessive aspiration during periods when this might be destructive	Enables clarity and complex divisions of labour	Unleashes powerful motivations of aspirant self-interest, enables focused instrumental activity	Empowers passionate principled commitment and supports integrity, unleashes powerful motivations of protection
Weaknesses	Limited ability to sustain collective action or tackle complex problems	Limited ability to generate prosperity and can undermine it; the system of rule and role can become so Byzantine as to be illegible; risks demotivation of the “lowerarchy” through denial of access to superior authority and denial of sufficient validation	Limited ability to define the basic goods and services, rights and duties around which self-interest and instrumental activity are oriented; may eventually undermine the capacity to do so; risk demotivation through insecurity	Focus on distribution can undermine production and prosperity; risks schism; principle of internal equality can undermine level of authority necessary for efficacy; risks demotivation through exhaustion and burn-out, or through schism

Table 1.1 Characteristics of the basic forms of social organisation
(adapted from Giddens et al., 2004:11, after Douglas, 1982)

The next stage, as presented in Table 1.1, uses the work of Douglas and her followers to identify the characteristics of each of the basic forms in terms of the style of organisation, basis of power, strategy, network and authority. The table also indicates the strengths and weaknesses of each of the four elemental forms.

Stage 3 Influence of social integration and social regulation on data sharing

Data sharing or lack of it	
Strong social regulation	<ul style="list-style-type: none"> - subject to authoritative, formal sanctions within organisations or at field level - greater capacity to limit internal conflict between managers and professionals
Weak social regulation	<ul style="list-style-type: none"> - subject mainly to voluntarily determined informal sanctions - less capacity to prevent conflict between managers and professionals
Strong social interaction	<ul style="list-style-type: none"> - driven by principled commitment - grounded in some loyalty between those sharing - relationship-based - medium to long term - can readily be multi-lateral, but within defined partnerships - can be done at whole database access level - can accept being built into technology - subject to attempted codification and collective oversight and accountability - subject to infrequent major negotiation, then periods of stability - subject to important allocation of oversight status - arrangements more readily fail due to schism, conflict over priority between principles
Weak social interaction	<ul style="list-style-type: none"> - driven by problem solving - grounded in limited loyalty, but in practicality - transactional - short term - most readily bilateral, not necessarily confined to agreed partnerships - easiest at case or record level - reluctance to accept being built into technology - subject to attempted flexibility for individual discretion and judgement - subject to frequent negotiation - subject to limited status for those oversight roles - arrangements more readily fail due to collective action problems

Table 1.2 Hypothesised data sharing characteristics by social interaction and regulation (adapted from 6 et al., 2004:15)

Stages three and four are where the twelve organisational theories listed earlier are invoked. It is possible to make some sort of extrapolation from the different theories to levels of willingness to share and capabilities to engage in sharing personal data but as 6 et al. note, these theories make claims about the nature of organisations in general. They therefore cannot be used to theorise about settlements that might be made between organisations of different form regarding their information sharing activities.

The move that is made here is to look at how the different theories can inform what can be said about the ways that the different organisational forms might bias the approach to information sharing, given what the theories have to say about social regulation and social integration. Table 1.2 illustrates assumptions that are made, based on the theories, about the influence of social regulation and social integration on willingness or capability to share data.

Stage 4 Summary of the styles of data sharing or lack of it by institutional type

The final stage is to summarise the different approaches taken by what have now become the institutional types or ‘zones’ to: coordination, data sharing and rejection of data sharing. Also included is the list of organisational theories that contribute to the thinking in each of the zones. For example, the theories that can tell us most about the willingness and capability to share information where there are hierarchic tendencies are Weberian theory and organisational culture theory.

The final stage, depicted in Figure 1.2 also points to a positive and negative dynamic through the diagonals of the model, the negative diagonal being where data sharing is driven defensively by avoidance of risk and the positive diagonal is driven by commitment or pursuit of opportunity.

Negative diagonal

Data sharing or lack of it

- defensively driven by avoidance of risk



Isolate:

Co-ordination by individual coping with constrained circumstance and brute luck

Data sharing embraced as opportunistic coping

Rejection of data sharing as inconvenient

Contributing theories:

- street level bureaucracy,
- blame avoidance,
- resource dependency (highly assymetric)
- concentration diffusion (cell DD)

Social regulation

Hierarchy:

Co-ordination by rule, role and given fact

Data sharing undertaken as regulated practice

Rejection of data sharing insofar as lack of formal governance for it

Contributing theories:

- Weberian theory
- integrated organisational theory

Social integration

Individualism:

Co-ordination by voluntary agreement

Data sharing committed to as managerial Strategy

Rejection of data sharing as inconvenience or threat to managerial or professional control of resource

Contributing theories:

- classic collective action theory
- concentration diffusion (cell CD)

Enclave:

Co-ordination by shared mutual Commitment within bounded group

Data sharing embraced as crusade for saving lives etc

Rejection of data sharing as in principle wicked

Contributing theories:

- bottom up implementation theory
- collective blame avoidance
- concentration/diffusion (cell CC)



Positive diagonal

Data sharing or lack of it

- positively driven by commitment or pursuit of opportunity

Figure 1.2 Styles of data sharing or its absence by institutional type or zone (adapted from 6, et al. 2004: 15)

The Bellamy team used this model to inform their methods in an empirical study of information sharing which in part tested hypotheses directly derived from their neo-Durkheimian institutional model. I will say more about this and the results of their study when discussing my findings but in this chapter, I will limit any comparative comment to the models themselves.

1.2.3 Discussion of the neo-Durkheimian institutional model

The neo-Durkheimian institutional model has a number of positive features. Firstly it has a strong theoretical base, although it may be argued that this is diluted through the synthesis of so many different theories to the extent that this strength is greatly diminished. The model (if the latter criticism can be accommodated) also has power as a predictive tool and leads directly to hypotheses about the way that organisations of certain institutional forms will make settlements on information sharing.

The neo-Durkheimian institutional model focuses on social regulation and social integration as factors affecting the way that interagency information sharing is performed and in so doing it clarifies the variables about which data need to be collected in an empirical study. This single focus however may be seen as a weakness as well as a strength because it may be neglecting other important factors at work in the determination of interagency information sharing behaviours.

Although not stated explicitly in the model, there are subtle suggestions in the associated text, that there is a bias in the neo-Durkheimian model towards the assumption that *improved* information sharing results from *increased* information sharing. The aim of the research of Bellamy et al. seems to be to understand why, given the new requirements (encouraged or mandated by government) to share information, some agencies are reluctant to do so; to discover whether they are inhibited by privacy and confidentiality issues, bowing to countering legal or ethical pressures or whether these are ‘...little more

than excuses for the absence of organisational imperatives, or for actual organisational disincentives, as many other people claim' (6 et al, 2004:2). This latter is an important distinction to make but it could (and it could be argued *should*) be investigated in a more neutral way.

It may be because of this bias that another weakness has arisen. This is that in the neo-Durkheimian institutional model, the styles of information-sharing that constitute the dependent variable, consist of various expressions of 'willingness or capacity to share data' or expressions of 'rejecting data sharing'. I would propose that what is important is not the sharing or rejection of sharing per se but what drives an agency towards *appropriate* or *inappropriate* sharing and protecting.

Even though Bellamy et al. may have an underlying assumption that privileges data-sharing, this is not made explicit in the model. There is no normative claim being made; the model is used as an explanatory/predictive tool. This is unproblematic in itself but to achieve the purpose of the research which is the subject of my thesis, there is a requirement for a model that can suggest a direction in which information sharing needs to move in order to be improved, creating an 'ideal' that can be aspired to.

This leads to the final point. The independent variables investigated in the Bellamy et al study using the neo-Durkheimian model are all acting through institutional form, via different levels and means of social regulation and different levels and means of social integration. Although 6 et al. seem to recognise that this negates consideration of other potentially important factors, they seem to be only too happy to dismiss the need to include other factors. They observe that:

Reluctance to share may, of course, stem from many other factors besides ethical or legal scruples: among them are a host of practical inhibitions, including technological incapability, resource constraints, staffing problems, "cultural" incompatibilities, and so on. It is important to research the nature of these differences. However, in the context of our project, in the current phase of policy development in the UK [...] it is the privacy and data protection issue that is at the forefront of investigation.

(6 et al., 2004:4-5)

What is not being recognised here is that technology, resources, staffing, culture and so on can not only inhibit information sharing but they can also facilitate it. It is not a question of researching these factors *or* the issue of privacy and data protection as inhibitors to information sharing. This flawed thinking comes from seeing the continuum of investigation as being the degree of willingness/capability to share rather than the degree of appropriateness of the sharing and protecting in the interaction (which may both be influenced by the willingness and the capability to share). This is something I tried to address in my own research through the development of the model of appropriate interaction, which will be discussed next.

1.2.4 A model of appropriate interaction

The Bellamy team and I did not become aware of each others' work until March 2006 (at which point we exchanged articles and works in progress) and our models were therefore developed independently. I will now describe my own approach to conceptualising information sharing, contrasting it with that of the Bellamy team.

The real starting point had been the Laming report (2003) which identified that a number of different factors could affect the ways in which organisations shared (or did not share) information with each other. It did not seem to be the case that some factors put pressure on organisations to share whilst others exerted constraints on information sharing. Rather, a more plausible account would be that there could be contingencies within every factor that could affect the situation in either direction. My first attempt at illustrating this thinking is shown in Figure 1.3 below. This was the diagram I included in my ESRC proposal and which later evolved into the conceptual framework described in Chapter 2.

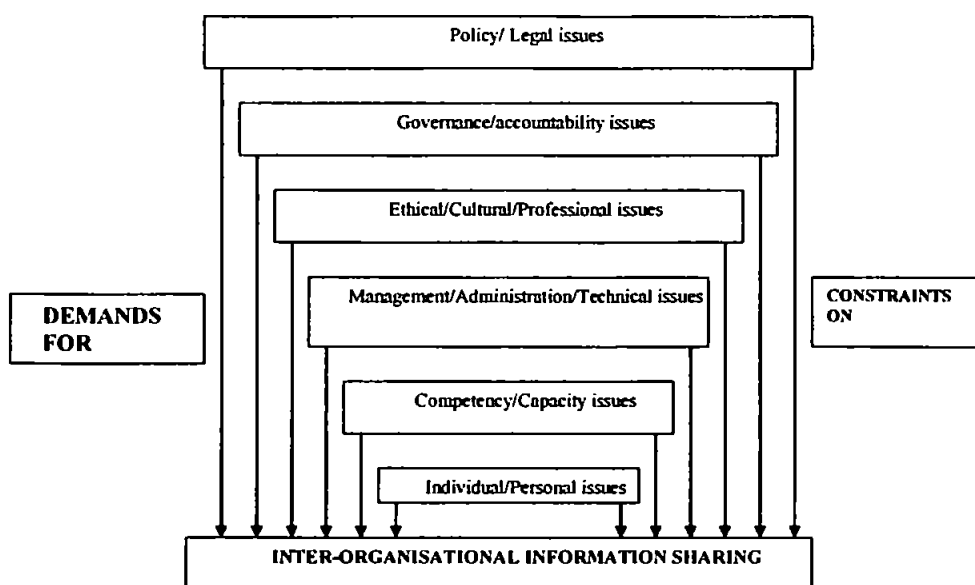


Figure 1.3 Initial attempt at illustrating the factors that might both exert pressure for, and constraints on, information sharing

I turned my attention to the box at the bottom of the figure which, in some research designs, might be called my dependent variable. What exactly did I mean by inter-organisational information sharing and how could I conceptualise this in a useful way?ⁱⁱⁱ I realised that it was not going to work to simplistically set willingness and capacity to share information against a reluctance or rejection of information sharing; this was not the dichotomy that front line staff were working with and my main focus was to be their experience.

The reality of life for public service practitioners would seem to be more complex; even a single interaction between agencies can contain elements of both sharing and protecting. For instance, in response to a request from another agency to disclose information, a practitioner may decide that it is appropriate to provide some of what is requested but to protect (or withhold) other parts. Also, for a model to have a normative element, it needs to indicate the direction of movement towards *improved* information sharing and as has been shown, this does not derive directly from *increased* information sharing. Thus, I concluded that what was needed was an exploration of the

relationship between appropriate/inappropriate information sharing and appropriate/inappropriate information protecting. This thinking led to a model based on the logical possibilities that can take place whenever one party either offers to, or requests information from, another, as shown in Figure 1.4.

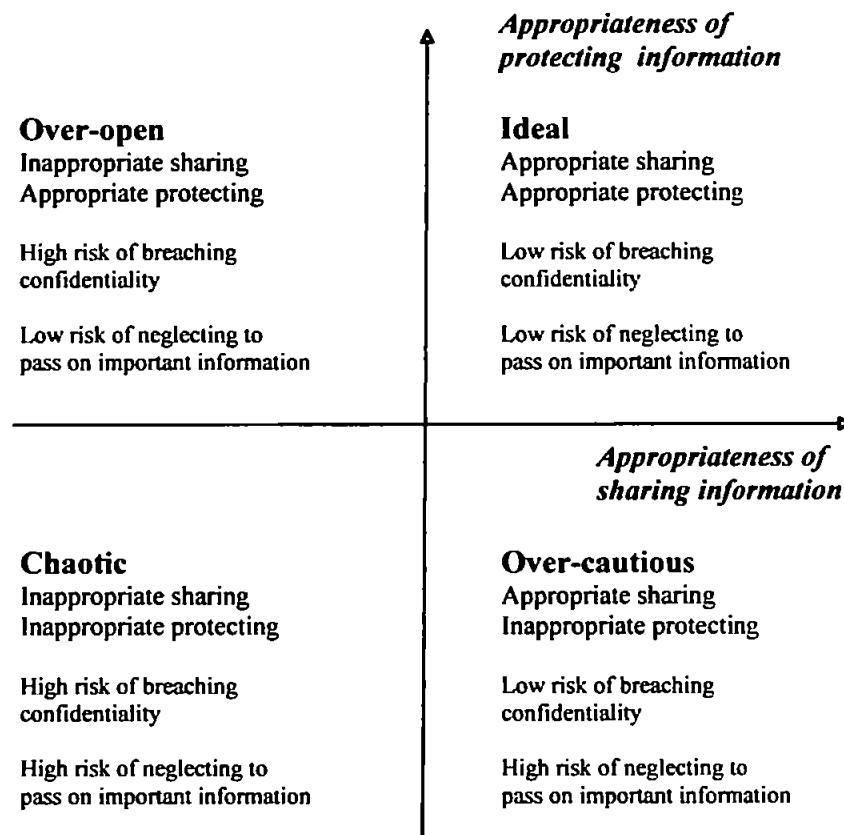


Figure 1.4 The four logical possibilities of information sharing behaviour

The model shown in Figure 1.4 gives rise to four conditions indicating varying degrees of effective information sharing:

- *The 'ideal'*

Here information is shared appropriately and when there is good cause but is equally withheld when there is good cause to do so. In this quadrant, there is a low risk of breaching confidentiality and a low risk of neglecting to pass on important information.

- *The 'over-open'*

This tendency is evident when information is withheld appropriately and when there is good cause but information is shared without good cause or is shared inappropriately. This results in a high risk of breaching confidentiality and a low risk of neglecting to pass on important information.

- *The 'over-cautious'*

In this case, information is shared appropriately and with good cause but information is withheld without good cause or is withheld inappropriately. This means that there is a low risk of breaching confidentiality but a high risk of neglecting to pass on important information.

- *The 'chaotic'*

In the chaotic quadrant, information is shared inappropriately or without good cause and is also withheld without good cause or inappropriately. This creates a situation where there is a high risk both of breaching confidentiality and of neglecting to pass on important information.

The model was developed with the individual interaction between professionals from different agencies in mind. It can however also be used to characterise 'tendencies' at the organisational or agency level. In doing this, there appears to be a danger of committing a structure/agency category error but as will be shown in the findings, professionals seem to work with the model readily at both practitioner and organisational levels. When the model of appropriate interaction is adopted, in conjunction with the conceptual framework described in Chapter 2, it is possible to investigate how a whole range of factors may influence the degree of appropriateness of the information sharing and protecting behaviour of an individual practitioner or of an organisation, and consequently what might be done to move towards the 'ideal' quadrant of the model.

This section has made explicit the rationale for the research reported in this dissertation and has described the two models of information sharing used in the only studies to have addressed the challenge of interagency information sharing to date. One is the neo-Durkheimian institutional model of Bellamy et al. It hypothesises that different forms of social organisation will be variously disposed towards different approaches to information sharing or its absence. The other (derived from logical possibility) proposes four ‘tendencies’ of information sharing behaviour based on the appropriateness – or otherwise – of both sharing and protecting personal information, and that these tendencies can be influenced by the factors identified in the conceptual framework introduced in Chapter 2.

Conclusion

This first chapter has introduced the challenge that is the focus of the present dissertation. It began by showing that there is a need for public service agencies to share with each other the personal information of the service users. It also illustrated that there is a need for the very same agencies to protect service users’ information from breaches of confidentiality. The act of balancing the tension between these two was characterised as the challenge that faces public service practitioners and the chapter has demonstrated the importance of researching this topic. A further tension was hinted at during the first section of the chapter; that between the risk to the individual and the risk to the wider community.

An additional subtlety to the conceptualisation of the ‘challenge’ was proposed in the second section of the chapter and was explored through the contrasting of two models of information sharing styles. One accepts the challenge at face value. That is, it accepts that the focus of study should be the tension between sharing and protecting

information. The other, which is the model used in this research, reassesses the core issue and concludes that more understanding can be gained from re-framing the dependent variable to be a function of the relationship between the *appropriateness* of the sharing and the *appropriateness* of the protecting that takes place.

The study of information sharing however needs more than a dependent variable; it requires a conceptual framework to assist the theorising of how the appropriateness of sharing and protecting information can be influenced and, in this case, where the primary research question has a normative direction, of how the ‘ideal’ style of information sharing can be more readily achieved. It is this conceptual framework to which I turn in the next chapter.

ⁱ The two child protection teams were within the same organisation

ⁱⁱ References to this study will appear as Bellamy et al. or 6 et al.

ⁱⁱⁱ I changed the focus of the study from interorganisational information sharing to interagency information sharing towards the end of the research to be more aligned with the perceptions of the practitioners who participated in the study.

Chapter 2

The conceptual framework – the environment level

This chapter creates the ‘backbone’ of the thesis in that it lays out the conceptual framework which forms the basis not only of much of the empirical work but also of the structure for the reported findings (Chapters 5, 6 and 7). The framework was mentioned in Chapter 1 as being a way of conceptualising the factors that can influence inter-agency information sharing, that is, the factors that can lean an individual practitioner (or indeed an organisation) towards one of the four quadrants in the model of appropriate interaction (see Figure 1.4).

An early form of the framework (as appeared in the research proposal) was presented in Figure 1.3. It evolved, influenced mainly by systems theory, into something that could be more useful in shaping the research design. This chapter begins with an introduction to the framework, which operates at three levels. It then moves on to discuss in detail the factors that fall into the first level – the environment - and how it is that they can be thought to be influential on information sharing. Chapter 3 will continue, by justifying the claim that the factors in levels two and three might also influence information sharing behaviour.

2.1 Introducing the conceptual framework

The conceptual framework proposed here is an important component of this thesis. It adds to the current state of theory concerning the factors that influence interagency information sharing behaviour in public services, by seeking to avoid piecemeal analyses and explanations. Rather, it emphasises the need to consider many interdependent factors operating at different levels.

2.1.1 A systems approach

I make no apology for taking a 'systems' approach to this research. Since the days of the 'hegemony' of social systems theory in organisational analysis (Hassard, 1993:19-48) there has arisen a myriad of new organisational paradigms and there has been a decline in formally proclaimed systems theorising. Nevertheless, 'systems thinking' remains widespread even if it is not explicitly stated.

It is still possible, for example, to see the systems thinking underlying the assumptions in complexity theory as it is applied to the analysis of organisations by Middleton-Kelly (2003) and Scott and Davis still categorise organisational theories, both old and new, according to a taxonomy that refers to 'rational, natural and open system perspectives' (Scott and Davis, 2007). Other examples are soft systems methodology (Cook et al., 2001), and perhaps most popular within the recent history of social policy; whole systems thinking (e.g. Hudson, 2005b). In their thirty year retrospective of soft systems methodology Checkland (the originator of the methodology) and Scholes write:

Once a systems thinker has taken on board the idea of conceptualizing the world and its structures in terms of a series of layers, with any layer being justified by definable emergent properties at that level...it is always appropriate to think at more than one level. As discussed earlier...whatever level is taken by an observer or researcher to be that of 'system', the level above ('wider system') and that below ('sub-system') will always be taken into account...

(Checkland and Scholes, 1999:A40)

This straightforward thinking gives rise to Figure 2.1, showing the conceptual framework in its most simple form. Here it appears as three concentric rings, displaying an *open* systems assumption that 'environmental' influences will act on 'system' level influences, which will in turn act on 'individual' level influences on information sharing (Emery and Trist, 1969). There will, of course, be influences flowing in the opposite direction, but here the concern is with the flow from the outer to the inner.

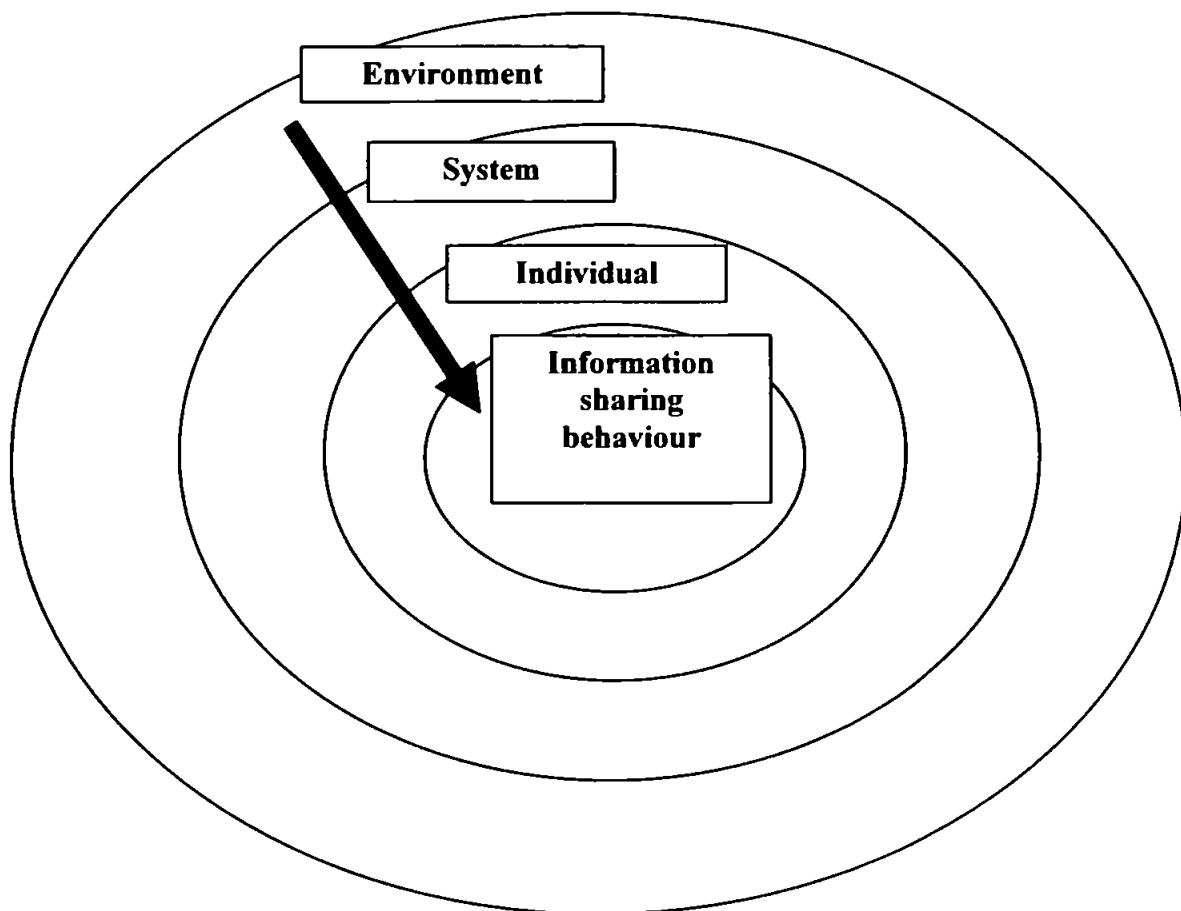


Figure 2.1 Simplified form of the conceptual framework of influences on information sharing.

2.1.2 The spheres of influence

As noted, the original framework was inspired partly by the report of the Inquiry into the death of Victoria Climbié (Laming, 2003). The report draws attention to many of the specific potential influences at all three levels but does not attempt a formal analysis in the way the framework presented in the full version of the framework does, as shown in Figure 2.2. The literature review that informed the specific potential influences is summarised (now updated) in this and the following chapter. The three levels are outlined below.

Environment (supra-system) level

The environment level influences are those that provide the context for what happens at the system level (i.e. they operate within the ‘environment’ of the system as seen from a systems perspective). These are the influences most distant from the individual practitioner’s locus of control. If the system is taken to be at the level of a multi-agency service (or programme of services), the environmental factors shown in the literature to be likely influences on interagency information sharing are central government policy (particularly governance and technology policies), legislation and government guidance, professional culture and local strategy.

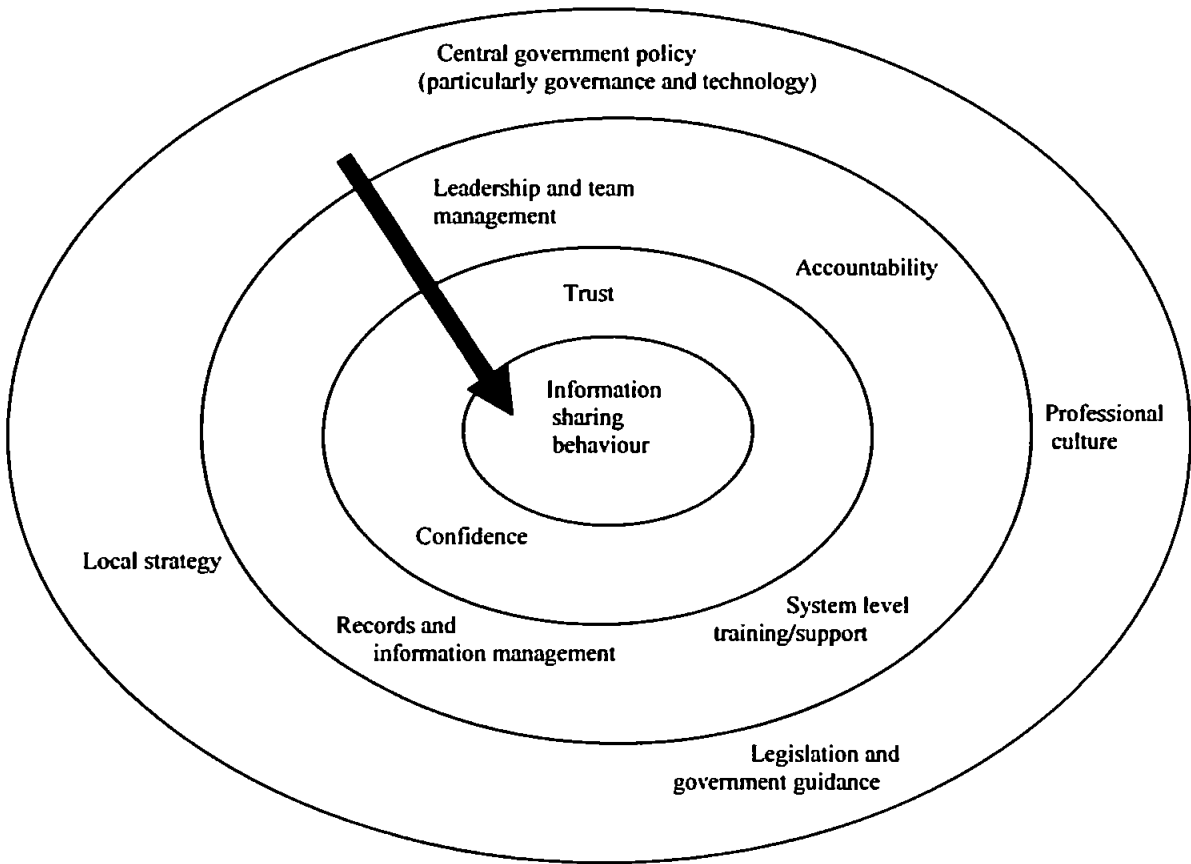


Figure 2.2 The conceptual framework of influences on information sharing behaviour

System level

According to the proposed framework, the system level influences mediate the environment (or context) level influences through the specific ways in which the system

operates. If we think of the system as being a multi-agency service, the system level influences include accountability; leadership and team management; records and information management; system level training and support.

Individual (sub-system) level

The final decision to share or protect information is taken by individual professionals. The conceptual framework presented here makes the assumption that this decision will be influenced partly by the elements comprising the environment and system levels. It includes additionally however the idea that individual differences can also influence information sharing behaviour. It is proposed that the key elements here (albeit themselves influenced by 'higher level' elements) are confidence and trust.

~ ~ ~

Having briefly introduced the conceptual framework, the first level will be expanded in the rest of this chapter. Levels 2 and 3 will be detailed in Chapter 3. The aim of Chapters 2 and 3 is to support the claim that the individual elements of the framework should be considered as factors capable of influencing information sharing behaviour. The remainder of this chapter, therefore, will look at the case for including central government policy, legislation and government guidance, professional culture and local strategy as environment level influencing factors, beginning in the next section with national policy.

2.2 The influence of central government policy

The conceptual framework presented in Figure 2.2 proposes that there are factors in the context, or environment, within which public services operate, that can influence inter-agency information sharing. One of the most obvious candidates is central government

policy. The aim of this section is to show how policies made by government might be able to influence interagency information sharing behaviour 'on the ground' by examining changes to national policy since the general election in May 1997.

New Labour has, to date, not developed a policy specifically addressing interagency information sharing in public services.ⁱ Instead, the New Labour government has relied upon wider overarching policy changes, come to be known as the New Labour 'modernisation agenda'. Happily for the Government, changes made through this wider agenda have coincided with developments that it could be argued would be needed to improve interagency information sharing, for example in providing opportunities for agencies to be more closely co-ordinated.

There are two strands of the modernisation agenda that are of particular interest here; governance policy and E-government (or technology) policy, more recently to have become known as 'transformational government'. The remainder of this section will discuss the possible influences of these two policy strands on information sharing behaviour.

2.2.1 New Labour Governance Policy

The term 'governance' was not the common place term it is today with respect to social policy prior to the New Labour government coming to power in 1997 (Daly, 2003). The term itself has undergone a subtle change in its core usage since Rhodes' reference to it as, 'self-organising, inter-organisational networks' (Rhodes, 1995:11), and a workable definition for current purposes comes from Newman;

At its simplest, governance refers to ways of governing, whether of organisations, social systems or the state itself. It embraces not only the actions of government but also the wide range of institutions and practices involved in the process of governing.

(Newman, 2001:4)

Here I propose that changes in governance policy since 1997 can be characterised as ‘increasing collaboration’ and ‘increasing control’ and that tensions have resulted from the interaction of the two. Further, I show that this entanglement of government policies needs to be considered as important in the consideration of the influences on interagency information sharing.

Conservative foundations of New Labour collaboration and control

The foundations of the New Labour ‘modernisation’ agenda were laid by Margaret Thatcher and John Major (Newman 2001: 47-50). It could be argued that the ‘tipping point’ towards a policy of increased collaboration through partnership working (a key element of ‘modernisation’) began in the late 1980s. It came in response to a rise in the problem of fragmentation due to the introduction of markets to public service delivery, creating a mixed-economy situation (Clarence and Painter, 1998:8-10; Balloch and Taylor, 2001:1). The Audit Commission published a report at this time, highlighting an increase in the problem of fragmentation within regeneration programmes, resulting from changes by the Thatcher government to the relationship between national and local government (1989).

Following on from this came the NHS and Community Care Act in 1990, requiring health and social services to work more closely together, and the publication of the Morgan Report on ‘safer communities’, which advocated a partnership approach to crime prevention (Home Office 1991). By 1996, Huxham had already published *Creating Collaborative Advantage* and proto-local partnership initiatives such as City Challenge and the Single Regeneration Budget had been implemented (Taylor, 2000:1021), as had the PFI (private finance initiative), the forerunner of public-private partnerships (Newman, 2001:51).

Likewise, the emphasis on state control (despite the rhetoric of decentralisation) had already been established in the various forms of managerialism adopted by Margaret Thatcher and then in public service consumerism, regulated through 'responsible management' and government inspections leading to control mechanisms such as league tables, by John Major (Newman, 2001:47).

I will now turn to look in more detail at *partnership working* (as an example of increasing collaboration), as the most visible form of governance policy influencing interagency information sharing since 1997 and then to the changing forms of *public service regulation* (exemplifying increasing control). The ways in which these two have interacted will be examined, noting their potential influence on the sharing of personal information in public services.

Collaboration, the 'third way' and partnership working

As already observed, the foundations for the 'modernisation' agenda had been laid in the previous years of Conservative government. In creating a new discourse of governance, however, New Labour wanted to distance itself from both Conservatism and the Socialism of 'old' Labour. To do so, New Labour used the rhetoric of the 'Third Way' to position itself between them, characterising Conservatism as using a 'market' mode of governance and Socialism as using 'bureaucracy' (or 'hierarchy'). The Third Way, which would avoid the well-rehearsed problems of both, included a strong emphasis on 'network' governance which involved service delivery through collaborative arrangements between different public sector agencies and also with private and voluntary sector organisations (Newman, 2001:106).

This policy was not only a potential solution to distancing the new government from past failed policies but was given added impetus because it could also be seen as a potential solution to the problem of fragmentation and as a way of solving the

seemingly intractable problems that face governments, sometimes referred to as the 'wicked issues'.ⁱⁱ

Further, network governance, when deftly translated into the discourse of 'partnership' has a positive, constructive ring for professionals and public alike. It is hardly surprising, then, that the New Labour Government 'tied its colours firmly to the partnership mast' (Balloch and Taylor, 2001:3), defining partnership as one of the dominant themes of the new welfare landscape (Clarence and Painter, 1998; Balloch and Taylor, 2001; Asthana, Richardson and Halliday, 2002; Glendinning et al, 2002; Hudson and Hardy, 2002).

Partnerships have thus proliferated. In a report of partnership governance, the Audit Commission states: 'Partnerships are a significant feature of public service delivery. At the last count, around 5,500 partnerships existed in the UK, accounting for some £4 billion of public expenditure' (Audit Commission, 2005:2). Having covered the move towards greater collaboration, the focus of this review turns to the notion of increased control in New Labour governance policy.

Control and public service regulation

Public service regulation is, according to Cope and Goodship, a 'control mechanism by which central government seeks to govern activities of those agencies providing public services' (1999:10). One form of public service regulation is the 'new public management' (NPM) that is associated with the Thatcher government, being introduced in the 1980s as a solution to the rising financial costs of welfare services. 'Public services were to become 'managed services', efficient and performance oriented' (Ackroyd et al., 2007:11). Although New Labour sought to spurn NPM along with other policies from the previous government, many of the hallmarks of NPM have remained, despite the shift in discourse from efficiency to effectiveness (Newman, 2001:52).

Public service regulation has slowly become a dominant feature of New Labour governance (Cope and Goodship, 1999; Newman, 2001; Gummerson, 2004). New public service regulatory mechanisms have been created. In Health, for example, numerous performance indicators and targets flourished and a new series of national service frameworks (NSFs) was issued. Across government, new audit and inspection bodies were formed, and were not always well aligned (Cope and Goodship, 1999:10). A further difficulty identified is the persistence of single-sector and even single-service audit and inspection regimes in the face of the policy of 'joined up government' (Downe and Martin, 2007:219).

The legacy of NPM, then, can be identified throughout the spectrum of New Labour policies in the proliferation of such public service regulatory mechanisms. It is also visible in the way management reform has affected professionalism in the public services. Newman argues that the process of regulation through NPM has weakened the traditional regulatory mechanisms of the professional bodies (2001:89). She highlights attempts to extend control over both outputs and the processes of professional work. (2001:87).

Ackroyd et al. observe, however, that the consequences of management reform for professional organisation has varied from sector to sector, with important variables being those such as the institutionalisation of professional (as opposed to administrative) values (2007:9). Although Ackroyd et al do not cite Cope and Goodship, their article concurs with the latter's analysis and both agree that where there is a high level of professional power (for example in health), this can bring about a situation of regulatory 'capture' by the professions (Cope and Goodship, 1999: 8-11; Ackroyd et al, 2007: 20).

Having noted that public service regulation has increased under New Labour and that it can act to diminish the power of traditional professional regulation where the

profession is not well established, I examine the interaction of the governance policies of increased collaboration and increased control and what implications there are for information sharing across agency boundaries.

The interaction of collaboration and control

I am proposing here that the interaction between policies of increasing collaboration and increasing control has affected governance of public services in three main ways. It has created: governance tension within public service partnerships; a greater number of mandated or coerced partnerships; and more formalised partnerships.

Some writers have observed a governance tension between partnership working and public service regulation. Barton for example talks of the way in which the discourse of partnership working and the discourse of new public management act 'as a barrier to the successful application of each other' (Barton, 2002:55). It is not surprising that this tension is produced if we consider the conflicting demands that are being placed on those working in service delivery partnerships. On the one hand they are expected to work in a 'new way' that involves trust and a less bureaucratic mode of governance. On the other, their regulatory systems appear to be based on less trust and more bureaucracy from central government.

Although partnership working amplifies the paradox, part of this conflict comes from NPM itself, and this has to do with the way NPM operates along the centralisation/decentralisation continuum. Cope and Goodship show how NPM can be conceptualised as involving 'simultaneous moves to centralise and decentralise the management of public services' (1999:6). They propose that this apparent contradiction is achieved through separating 'steering from rowing', with policy *strategy* being increasingly centralised and policy *delivery* being increasingly decentralised (1999:7).

This creates a need for the regulation of the 'rowing' agencies to ensure they are moving in the direction set by the 'steerers'.

In the New Labour modernisation agenda, partnership working is associated with decentralisation, with more decisions being made locally through local strategic level partnerships, as well as service delivery itself being decentralised through an array of different partnership arrangements. This creates even more governance gaps between the 'steerers' and 'rowers', or perhaps more accurately between the central steerers and the local steerers and between both sets of steerers and the rowers, leading to greater public service regulation to ensure the impacts desired by central government are achieved.

In the early years of New Labour, the restrictive control mechanisms of public service regulation were not a prominent feature. In retrospect, it seems as though the early strategy in regard to partnership working was one of 'enablement' rather than control. As Newman notes, 'The initial aim was to promote flexible forms of collaboration, experimentation and innovation' (2001:110).

One account for the change of heart is that the New Labour government took time to recognise the truth of Newman's observation that '...the very systems of governance required to address complex and interlocking problems (networks) tend to reduce the capacity of government to control the delivery of its political programme' (2001:81, my parentheses). In other words, they had not realised that they would need even stronger public service regulation in response to the expanding gaps between the different groups of rowers and steerers, in order to maintain sufficient control over the direction in which the public service 'boat' was travelling.

An example of the way in which the policy changed from enabling to controlling relates to partnership working itself. The 1999 Health Act removed some of the structural constraints on collaborative working, allowing the NHS and local authorities to pool budgets (Section 31 of the Health Act 1999). It did not take long however for

there to be a marked change. When agencies were not perceived by government to be working closely enough together, the power was given to the Secretary of State for Health in the 2001 Health and Social Care Act to *compel* them to use the ‘freedoms and flexibilities’ permitted through the 1999 Health Act (Clarke and Glendinning, 2002:37).ⁱⁱⁱ Apart from collaboration being increasingly mandated (rather than encouraged) the nature of the collaboration was slowly being required by the New Labour government to become more *formalised*, with moves towards full integration, e.g. through Care Trusts (Clarke and Glendinning, 2002:37).

Collaborative working has often been illustrated as a continuum, from looser networking through various forms of partnership working to full integration. One example is Frost’s four levels:

no partnership	uncoordinated, fee-standing services
level one	cooperation – services work together toward consistent goals and complementary services, while maintaining their independence;
level two	collaboration – services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes;
level three	coordination – services work together in a planned and systematic manner towards shared and agreed goals;
level four	merger/integration – different service become one organisation in order to enhance service delivery.

(Frost, 2005:13).


Form of collaboration	Loose network of informal, <i>ad hoc</i> relationships	Limited agreement to share information	Agreement to undertake activities jointly	Agreement to constitute formal governing body	Creation of federal structure in which participating bodies agree to devolve upwards some of their autonomy	Merger of participating bodies into single organisation
Rules of governance	Self-governance through mutual norms and obligations and shared values and trust				External government through overarching constitution	Hierarchy
Organisational and policy terminology	Network	Partnership			Federation	Integration

Figure 2.3 Forms of collaboration and rules of governance (Source: Sullivan and Skelcher, 2002:4)

Another example of such a continuum is given in Figure 2.3 (Sullivan and Skelcher, 2002:43) and there has been a progression over the period of New Labour governance towards the right hand end of the figure, or in other words, towards the higher levels of Frost's hierarchy.

A reason for this could again be the interaction of collaboration and control. In a report on partnership governance produced by the Audit Commission in 2005, the graph reproduced in Figure 2.4 is provided to illustrate that when we are considering service delivery, the governance risks will increase with greater integration until the point of 'full' integration is reached, with governance being achieved through a single corporate entity, when the governance risks decrease dramatically (Audit Commission 2005:47).

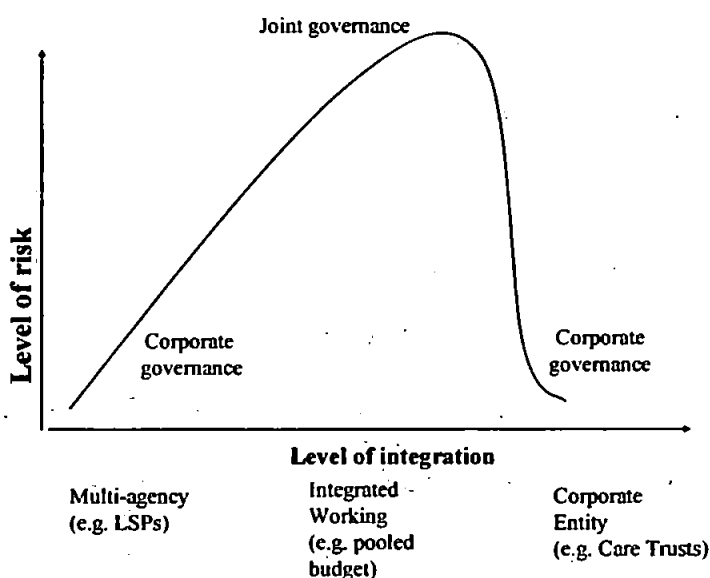


Figure 2.4 Proposed relationship between levels of integration and governance risk
(Source: Audit Commission, 2005:47)

In the light of the suggested relative levels of governance risk given in Figure 2.4, it can be seen why the formalising of integrated entities such as Care Trusts might appear to be an attractive proposition for government. This move from enabling to controlling, from encouraging to mandating partnership may be looked back on, from the privileged

view of hindsight, as a critical turn in New Labour governance. I shall explore now its consequences in terms of possible influences on interagency information sharing.

Implications for the challenge of information sharing

I have set out to show that the interacting policies of collaboration and control, as key aspects of the 'modernisation agenda' have resulted in a number of outcomes that may have implications for interagency information sharing.

There are now more partnerships delivering services in England than there were prior to these policies and there are governance tensions within them. These tensions come partly from the fact that the form of public service regulation used has altered the way in which professional regulation can operate and partly from the fact that there is a 'mismatch' perceived within partnerships regarding the use of the principles of partnership working horizontally and vertically. I have also proposed that there are now more formalised and more mandated partnerships.

These changes have the potential to have influenced information sharing behaviour positively and negatively. On the one hand, more partnerships and more integrated services means that there could be a greater opportunity for co-operation and co-ordination between different public service agencies and this could provide an enabling environment, encouraging appropriate information sharing interactions.

On the other hand, it should be acknowledged that the circumstances described have the potential to develop increasingly inappropriate information sharing interactions. For example, the relative power of the different professions over information that they 'own' is likely to affect information sharing behaviour and it could be hypothesised that agencies where professional autonomy remains strong will have more say over their own regulation and over partnerships their agency operates within, possibly leading to skewed power relationships and inappropriate sharing of information. It is also possible that

overly bureaucratic regulation from individual government departments could encourage agencies to focus more on their own interests than the shared interests of the partnership (usually the interests of the service users). This could also lead to inappropriate information sharing.

Likewise, the way in which there has been a *requirement* for partnership working and for more *formalised* partnership arrangements could have led to an external expectation of increased co-operation and co-ordination (and indeed information sharing) that could result in a strain being put on trust between agencies and an increase in individual cynicism, concluding with inappropriate information sharing interactions.

It is possible, then, to speculate on how governance policy could influence interagency information sharing but the important thing here is not that we know precisely how interagency information sharing has been influenced by New Labour governance policy but that we are satisfied of governance policy's *potential* to influence information sharing behaviour. Another strong contender as an influencer is the government's policy on the use of technology in public services and this is the next consideration.

2.2.2 New Labour technology policy

This section introduces the main information and communication technology (ICT) policies that have been produced since 1997 and then looks at the way in which technology policies relate to the need for information sharing and the need for information protection. The implications of technology policy for interagency information sharing are discussed and the inclusion of technology policy in the conceptual framework is justified.

In a review of New Labour's first term technology policy, John Hudson showed that the Major government had thrown down the gauntlet of new technology with the

green paper *Government.Direct* (CITU, 1996) which was the first overarching policy on the use of ICT to improve public services and New Labour lost no time in picking it up (J. Hudson, 2002). First came a discussion paper; *Our information age: The government's vision* (Cabinet Office, 1998) swiftly followed by the *Modernising Government* white paper in 1999. This laid out specific targets to ensure that public services would be made electronically accessible. The *E-Government: A strategic framework for public services in the information age* was published a year later, providing a detailed plan of action with associated frameworks to improve interoperability (the capability of different computerised systems to work together) and standardisation (Cabinet Office, 2000).

The policy of using technology to support increased information sharing

The policies listed above have all supported the 'modernisation agenda' referred to previously and they seek to reform the delivery of public services, through greater collaboration, 'enabled' by new technology. The policies supported several major technology projects which have included interagency information sharing as an element (e.g. the NHS National Programme for IT project) but a step change came for the cross-government coordination of data sharing projects with the formation of a Ministerial Committee on information sharing. The committee is known as MISC 31 and its terms of reference are 'to develop the Government's strategy on data sharing across the public sector'. (Cabinet Office, 2007a)

At the same time, the Chief Information Officer's role became more prominent and 2005 saw the first real attempt at an overarching information strategy since Major's *Government.Direct*. It came in the form of *Transformational government: Enabled by technology*, which set out 'a six-year improvement journey for the public services' (Cabinet Office, 2007b:3). Working in tandem with the strategy is *A new vision for data sharing*, published by the Department for Constitutional Affairs in September 2006.

Examples of technology initiatives that are now badged under *Transformational Government* (although they did not start their life that way) are given below.

- The children's information sharing index (now called ContactPoint). The index developed as a result of the Laming report (2003) and is designed to support children's services in England by providing access to basic identifying information for all children in England; basic identifying information about the child's parent or carer; contact details for services involved with the child. It will also provide a means to indicate that a practitioner has information to share, is taking action, or has undertaken an assessment under the Common Assessment Framework in relation to the child. ^{iv} (Whitehead, 2007:9)
- The NHS National Programme for IT (NpIT). NpIT is the world's largest civil IT project, according to the Transformational Government annual report (2007b:31). It consists of a number of separate but interconnected services including an electronic NHS care Records Service, accessible across the NHS (with the patient's consent), an electronic booking service to facilitate booking hospital appointments, an electronic prescription service and a Picture Archiving and Communications system. Underpinning it all is a national network providing the infrastructure for these and future services (2007b:31-32).
- The IMPACT programme. This programme is to help the police service to manage and share operational information and has already delivered the IMPACT Nominal Index which allows forces to see which other forces hold information on individuals of interest to them (Cabinet Office, 2007b:31).

Technology policy and the need to protect information

New Labour has made much play of its desire to engage better with the public as citizens and to decrease the 'democratic deficit' in our society and to use technology in these

aspirations (e.g. Selwyn, 2002). However, technology policy also gives government the potential to exert greater control, for example through the use of information it holds about us and through new ways of collecting such information.

This time, the control appears to be more over us as individual citizens, rather than over public services as was the case with governance policy. In this sense, the way in which collaboration and control are exercised through technology policy maps more cleanly onto the sharing and protecting of information than was the case when governance policy was discussed. This is not to say that greater collaboration through technology equals greater interagency sharing of personal information and that greater control through technology equals greater protecting of information. On the contrary, the fear of many is that the attempt to control us and our information through centralised or shared information technology systems will lead to greater inappropriate interagency sharing through lack of protection. Our city centres for example contain hundreds of CCTV cameras and the Information Commissioner, has warned about the dangers of a potential surveillance society (Thomas, 2006).

Implications for the challenge of information sharing

Depending on the way technology is planned, designed and implemented, it has the potential both to support increased information sharing and to threaten individual privacy and confidentiality. In 2006, two reports were added to the debate that has begun over the role of technology in interagency information sharing (Anderson et al., 2006; Isaac and Wood, 2006). Reading these reports, it is difficult to dispel the image of two teams of trainers, both cheering on their own champions who are soon to get into the boxing ring together.

In one corner, there is Isaac and Wood, from The Social Market Foundation, urging the Government Chief Information Officer to make the most of technology; to

use it to enable data sharing to *support* privacy, thereby diminishing the conflict between sharing and protecting. In the other corner, Anderson et al., from the Foundation for the Information Policy Research, are warning the Information Commissioner to be cautious about the use of technology; to ensure that policies around interagency information sharing are not technology-driven, riding roughshod over individual human rights.

Isaac and Wood argue that technology can be used to help data sharing to support privacy and human rights. They see each citizen placing a value on service efficiency and on privacy, being prepared to sacrifice one for the other in a rational cost-benefit assessment that will be different for each of us. Isaac and Wood place responsibility largely with the individual to make this choice, seeing privacy as a poor substitute for trust and relying on technology to allow 'citizen oversight' of government data processing (2006:31).

Even for Isaac and Wood, technology is not an automatic panacea and they can foresee major difficulties with the interagency information sharing agenda if technology is not designed and implemented well. They point to the well-publicised problems of GP resistance to the Connecting for Health programme and the serious consequences in terms of time delays and IT consultant withdrawal from the programme. They see GP resistance (in my opinion over-simplistically) as largely the result of a failure to involve the end users and of employing a centralised command and control style programme rather than local IT solutions (Isaac and Wood, 2006:82). Whilst I have some sympathy with the view that these factors will not have helped, there are other important issues to be considered that are not technology-related, e.g. a lack of understanding of the way in which the GPs are conceiving of confidentiality and of their relationships with their patients.

For Anderson et al., the problem is not so much one of poorly designed and implemented technology systems but the fact that data-sharing policy is being driven by technology rather than evidence of need. They warn of the dangers of keeping and sharing data just because the technology has the capability and they see the possibility of the unintentional development of illegal systems. (Anderson et al., 2006:136)

It is perhaps because of the technology debate that the challenge of information has been portrayed as it has been and, for some, it is technology itself that will be the solution (Isaac and Wood, 2006), through the provision, for example, of better encryption and new 'virtual gateway' capabilities. There are many practitioners, though, who are still to be convinced, particularly in professions where confidentiality is perceived to be a primary requirement in the professional relationship (Oldfield, 2003).

Technology is not in itself a requirement for good information sharing; important information can be shared across agency boundaries between professionals in a face to face situation, for instance. Also, there is much that can be done to improve information sharing by creating better paper-based systems. An example is the use of patient 'logs,' used by a range of professionals from different agencies visiting people with learning disabilities in their own homes, where the patients themselves are the custodians of the log, which is kept in the patient's home (Curtice, 2002).

Having said that technology is not necessarily a requirement for better information sharing to occur, this discussion has shown that it is nonetheless a powerful potential influence on information sharing behaviour. Technology has the capability to give agencies access to information that was previously unavailable, improving the possibility of an increase of appropriate interagency information sharing. There are fears, though, that it could make this cross-agency access far *too* easy, running the risk of increased *inappropriate* sharing of personal information. Central government policy on information and information technology is an important component here, although

not the only one (for example, local decisions about computer systems provision and local information strategies are also involved) and has been shown to be a factor that should be considered as an element in the conceptual framework.

~ ~ ~

A case has been made for including central government policy in the 'environment' level of the conceptual framework, particularly policy concerning governance and information technology. Both governance policy and information technology policy can, independently and together, have considerable influence over the way in which interagency information sharing interactions are handled in our public services.

The next considerations, legislation and government guidance, are closely related to policy. In fact, legislation can be thought of as 'primary regulation' (Downe and Martin, 2007:216), and therefore could have been covered within the discussion of public service regulation, but the influence of legislation on information sharing extends beyond this notion and merits separate investigation, along with the range of guidance provided by government designed to help practitioners interpret and apply policy and legislation.

2.3 The influence of legislation and government guidance

It is probably legislation and government guidance that are the easiest of all the elements included in the environment level of the conceptual framework for which to make an intuitive case. We would be surprised if professionals acted without any regard for legality, and government guidance is designed precisely so that it will have an influence over those using it. Nevertheless, it is worth taking a more thoughtful look at the ways in

which both legislation and guidance are likely to influence interagency information sharing behaviour and this is done below.

2.3.1 Legislation

As noted earlier, legislation has been used more in recent years to provide not just a statutory power to share information with another agency, but the statutory *duty* to share and this aspect is considered before turning to the laws that are there to ensure that data is duly protected.

Even before the publication of the Laming Report on the inquiry into the death of Victoria Climbié (Lord Laming, 2003), the expectations of a greater degree of collaboration between agencies had become more formalised, incorporating provisions for information sharing. Examples are the Crime and Disorder Act 1998, the Learning and Skills Act 2000, Health and Social Care Act 2001, the Police Reform Act 2002, the Education Act 2002 and the Community Care Act 2003.

However, the government's response to the Laming Report in the form of the Green Paper *Every Child Matters*, and subsequently the Children Act 2004, have strengthened the imperative for information sharing in children's services by moving the legal duty for safeguarding and promoting the welfare of children to a number of key agencies rather than leaving it to be the sole responsibility of Social Services (Goldthorpe, 2004; Payne, 2004).

Anderson et al. point out that when the Children Act 2004 was passing through parliament, the assertion was made that child protection is more important than privacy (2006:108). They discuss the fact that this is more problematic than it might appear to be at first sight because of the definition of 'protection' within the Act. Under the Children Act 2004, protection has a much broader definition than under the Children Act 1989, in effect equating it to child welfare, theoretically allowing the sharing of information

without consent in many more situations than was previously the case, even where the child may not be in any direct risk of harm (Anderson et al., 2006:108).

The laws described above are examples of *administrative law* (i.e. the law that governs the actions of public bodies), which may give or restrict the power (or vires) to share data. This is the first aspect of law that needs to be considered when deciding whether information can be shared, because even if consent has been obtained, if there is no legal power to share, the data sharing will not be lawful (Dow, 2005:12). ‘Express’ powers to share are rare but it is still lawful for personal information to be shared if there are ‘implied’ powers, i.e. if the information is needed for the public body to be able to properly perform its function. Given the vague manner in which these functions are sometimes described in administrative law, this means that there is room for a considerable grey area, which the Data Protection Act 1998 (DPA) constrains to an extent (Anderson et al., 2006:96-97).

The second consideration is human rights and specifically the Human Rights Act 1998 (HRA) and the European Convention on Human Rights (ECHR). It is Article 8 of the ECHR, the right to a private life, which is key to information sharing. It is a qualified right but interference with it should not be ‘disproportionate to the achievement of a legitimate aim’ and should be necessary ‘for a democratic society’ (DCA, 2003:8).

Third, it is important to decide if sharing would breach common law tort of confidence. This covers information that ‘... was communicated in circumstances giving rise to an obligation of confidence’ (DCA, 2003:21). This comes within civil law and, again, it is not an absolute right; breach being defensible where there is just cause or excuse or where the action is in the public interest.

Finally, consideration needs to be given to the DPA. Here there are five principles that will need to be adhered to.

1. Data must be processed fairly and lawfully;

2. Data must be processed only for specified and lawful purposes, and not further processed in any manner incompatible with those purposes;
3. Data must be adequate, relevant and not excessive in relation to those purposes;
4. Data must be accurate and kept up to date;
5. Data must not be kept for longer than necessary to achieve those purposes.

The first principle, fair and lawful processing, includes a number of conditions for the processing of data, one of which involves the concept of 'consent', which is not straightforward, particularly when we think about the conditions under which an individual is considered competent to give their consent to the sharing of their personal data (for a further exposition of consent within the DPA, see Anderson et al., 2006:87-97).

Any professional wishing to share data with someone from a different agency must satisfy themselves that the sharing is lawful according to all four areas of law (administrative, human rights, confidentiality and data protection). It is not sufficient to comply with one law if disclosure would involve a breach of another (Dow, 2005:12).

Implications for the challenge of information sharing

Professionals are faced with understanding a complex of legislation, some of which require agencies to work together (and in some cases to share information), and some of which require that personal data are duly protected. There are claims that the law has not kept pace with the policy, which is, through the governance changes discussed above, moving away from a situation where confidentiality is 'safeguarded in all but exceptional circumstances' (Dow, 2005:13). Isaac and Wood go as far as to propose a new bill to permit wider information sharing powers than exist currently. Their bill would 'establish the power of [government] departments to

share data where they can identify clear benefits to a particular shared user group, and present this case to scrutiny.’ (Isaac and Wood, 2006:8, my parenthesis)

Such changes in legislation are often called for, not least to ensure that, following some human tragedy, the ‘same mistakes’ can never happen again. Dow reminds us that there was an expectation of legislative reform following the Bichard inquiry but that, according to Bichard, ‘legislation was not the problem’ (Dow, 2005:11). What was called for, instead, was better guidance on the collection, retention, deletion, use and sharing of information.

Guidance, can hence be seen as a powerful tool in the armoury of government, having the capability to clarify the interpretation and application of the law in practice and to ensure that the law is not used as an excuse for poor practice. The next part of this section seeks to understand how guidance with respect to information sharing has tried to do just that, and in the process, influence information sharing behaviour.

2.3.2 Government guidance

This section explores the possibility that the guidance on information sharing produced by Government departments can influence the information sharing behaviour of professionals working in public services. This would seem a reasonable proposition, since improving information sharing is the goal of much of this guidance. It should be noted that this review of guidance is not restricted to statutory guidance but also includes non-statutory guidance and information targeted at practitioners which provides information about how and when information should be shared.

This analysis of the guidance is based on a framework that was devised with a different purpose, but which nonetheless has proved to be a useful approach to the subject. It was presented by 6 et al. as a theoretical set of strategies from which

government could choose in developing policy to deal with the ‘dual commitments to data sharing in the public services and to privacy’:

1. *underlying compatibility*: government could deny that there is a tension, insisting that, rightly understood or appropriately recast, data sharing and privacy are at least consistent with each other, and even – although this is more ambitious – mutually reinforcing;
2. *tension-mitigation*: government could accept that there is a tension but try to force the two to be complementary by specifying in detailed guidelines just how much is granted to each other, in order to provide safe-guards for at least some of what is valuable in each;
3. *data sharing takes precedence*: government could argue that – at least in some particular situation of current political and public concern – the imperative for data sharing takes precedence over that for privacy.
4. *privacy takes precedence*: government could argue that – at least in some particular situation of current political and public concern – the imperative for privacy takes precedence over that for data sharing.

(6 et al., 2005:121)

The authors of this set of strategies have also used it to consider the approach to data sharing and protecting at an organisational level (6 et al., 2004). I use it here to analyse the way in which different parts of government have responded to the challenge of information sharing, as evidenced by the guidance produced.

In April 2002, the Performance and Innovation Unit (established as part of the Cabinet Office) published a report called *Privacy and data-sharing: The way forward for public services* (PIU, 2002). This document acknowledged that a policy lead on information sharing was needed but did not acknowledge the challenge in the way it has been set out in this thesis. Isaac and Wood claim that it was a report establishing that ‘data sharing enhances individual rights’ and in which the data sharing and data privacy can be seen as mutually reinforcing (2006:30). It would be possible therefore to say that it was following Strategy 1 (underlying compatibility) in the schema given by 6 et al.

At about the same time, that is after 2002, a flurry of guidance documents were published to help practitioners with what was beginning to be perceived as the ‘challenge of information sharing’ as it has been outlined in Chapter 1. The strategy underlying these seems to have varied, with different government departments taking

different stances in terms of whether sharing or privacy takes precedence, but evidence of Strategy 2 (tension mitigation) can clearly be seen, i.e. guidance acknowledging the tension between sharing and protecting and trying to support the practitioner to find an appropriate balance between the two.

Box 5.2 in Chapter 5 provides a list of some of the guidance available. The guidance in this list varies considerably in level and tone and in the balance between information sharing and information protecting. For example, there is a noticeable contrast in tone between the guidance produced by the Department for Constitutional Affairs (2003) and that produced by the Children and Young People's Unit (C&YPU, 2003). The former maintains a measured and balanced tone throughout while the latter, perhaps attempting to compensate for a previously over-cautious approach, prioritises the importance of sharing information over protecting information. For example, consider the following paragraphs (2.7 and 2.8) from the Department for Constitutional Affairs guidance in considering implied powers to share information:

There is no general statutory power to disclose data, just as there is no general power to obtain, hold or process data. As a result, it will be necessary to consider the legislation that relates to the policy or service that the data sharing supports. From this it will be possible to determine whether there are express powers to share data, or whether these can be implied from the terms of the legislation. Clearly express powers to share data give the highest degree of certainty, but it should be borne in mind that such powers to share data are relatively rare and tend to be confined to specific activities and be exercisable only by named bodies. Implied powers will be more commonly invoked.

It is the function to which the data sharing is ancillary that one must ascertain rather than an implicit power to share data per se. If the *vires* to do the fundamental activity are not present, there is nothing into which a data sharing power can be implied.

(DCA, 2003:9, original emphasis)

Contrast this with a paragraph (20) from the guidance provided by the Children and Young People's Unit:

The Act (Data Protection Act 1998) sets out a framework of controls over the way in which data relating to individuals from which they can be identified can be used. It does not affect the sharing of other information. There are many situations in which personal data can be used and disclosed and it is a mistake to think that the DPA prevents you from using or sharing data if you do not have the person's consent. There are many other situations in which you can disclose information covered by the DPA. [...] In particular you should remember that in many cases an express power or duty to share information, including personal information covered by the DPA, will not be included in legislation. Many statutes that are relevant to working with children pre-date data protection law. If you need to share data in order to carry out your functions then a power to share data can often be implied.

(C&YPU, 2003:8, my parentheses)

It could be said then, that the Department for Constitutional Affairs is closest to Strategy 2 (tension-mitigation) and that the Children and Young Person's Unit guidance veers toward Strategy 3 of the set of strategies given above (sharing has precedence). Following the same pattern, the guidance from the Department of Health could be said to edge towards Strategy 4 (privacy has precedence), the critical question being, 'Do we have a legal obligation to share?' (DH, 2003:26). The Department of Health guidance also makes it clear that the duty of confidence 'must be included within NHS employment contracts as a specific requirement linked to disciplinary procedures' (2003:7) and that the law provides only a minimum standard in this respect and that ethical requirements 'may exceed some interpretations of the law' (2003:13). This contrasts with the guidance to the Police which is more concerned with asking the question, 'Do we have a legal power to share?' before considering the disclosure of personal information (ACPO, 2006: para 6.4). The essential difference between the two seems to be that between 'are we required to?' and 'are we allowed to?'

One thing all the guidance documents have in common is an attempt to guide professionals through the legislative implications of information sharing and this can only be seen as a positive step forward from the situation prior to 2002 when very little such guidance existed. The difficulty now, is that the guidance has been produced by

different parts of the government machinery and unfortunately this has sometimes led to additional confusion rather than clarification.

A Department for Education and Skills (DfES) research report on the progress on ISA (Information Sharing and Assessment; formerly Identification, Referral and Tracking) of 'non-trailblazer' local authorities has provided empirical evidence of this new obstacle to effective information sharing. ISA aimed to 'ensure that children at risk of social exclusion are identified early, referred to appropriate services and monitored through improved information sharing between agencies' (Cleaver *et al.*, 2004). The research found that one of the 'common barriers' to the achievement of ISA requirements for these local authorities was central government guidance. The report concluded that:

In particular the conflicting guidance on information sharing from different government departments, for example from the Department of Constitutional Affairs and from the Department for Education and Skills, hindered progress.
(Cleaver *et al.*, 2004:8)

Implications for the challenge of information sharing

Guidance may have both helped and hindered, then, in supporting professionals to improve information sharing (i.e. to move towards the 'ideal' quadrant of the model of appropriate interaction). What cannot be denied is that government guidance on information sharing is likely to be a key factor at the environment level, capable of influencing information sharing behaviour.

~ ~ ~

We have seen that legislation and guidance are both likely to be influences on information sharing behaviour. In the end, though, it is for the professionals to make a judgement, given the circumstances of the case with which they are working. As Dow

states, 'Unfortunately [...] the law does not give black and white answers. It is all about [...] making a judgement' (2005:11). Each profession has its own history, its own tradition and culture, which provides its focus and ethical grounding. It may be hypothesised that, as these vary, so too will the responses of the different professions to information sharing vary and it is this aspect of professional culture as a potential influence on information sharing behaviour that is explored next.

2.4 The influence of professional culture

It is proposed in the conceptual framework in Figure 2.2 that professional culture can act as an influence on the way in which information sharing interactions are conducted. It is further proposed that this factor is situated in the 'environment' level of the framework. The reason for this is that much about the development and maintenance of this culture is outside the locus of control of the 'system' but is dependent on 'environment' level aspects such as initial professional training and national professional bodies that issue and regulate professional codes of practice and ethics.

Following a brief review of the literature on professional differences in public services, this examination of professional culture will look at the focus and ethos of the different professions and the training and support that professionals receive, to show that professional culture is likely to be an important influencing factor when it comes to information sharing behaviour.

Much has been written about the professions working in public services and the differences between them (see for example, Huntington, 1981; Pietroni, 1994; Mackay, Soothill et al., 1995; Hiscock and Pearson, 1999; Hudson, 2002; Irvine et al., 2002; Manthorpe and Illiffe, 2003). Most usually, a distinction is made between the professional culture in 'health' and that in 'social services' (e.g. Johnson et al., 2003). However, sometimes analyses highlight the role of professional differences *within* a

sector, e.g. between doctors and nurses (Dowling et al., 2000) or include agencies having a more peripheral focus on health and social care such as the police (Hunt and van der Arend, 2002; Irvine *et al*, 2002).

In exploring what is meant by 'professional culture', researchers have focused on a wide range of characteristics. Comparing the cultures of social workers and general practitioners, Huntington looks at status and prestige, knowledge, language, focus, orientation and time perspectives (Manthorpe and Iliffe, 2003:85-86). In his empirical study of general practitioners, community nurses and social workers, Hudson compares the professions on the grounds of professional identity, professional status and professional discretion and accountability (2002:8-9).

Research has also dealt with the factors that account for differences in professional cultures. As Rawson points out, entry into a profession is by personal choice (1994). Thus, to an extent, different kinds of people will be drawn to different professions in their career choices. This will not only be because of the different tasks involved but also because of the values and philosophy upon which the profession is grounded. The sum total of personal career decisions, then, both reflect and reinforce professional cultures.

Other factors also come into play. For example, differences in the demographic characteristics (age, gender and ethnicity) of different professions have been proposed as a partial explanation of particular professional cultures (Huntington, 1981; Manthorpe and Iliffe, 2003). Others have explored the way in which the historical development of structures account for some of the cultural differences between health and social services (Leathard, 1994; Pietroni, 1994).

2.4.1 Professional focus and ethos

What is clear from these and other studies is that profound differences in professional culture exist. Indeed, some go so far as to talk about 'tribal' variations between the health and social care sectors (e.g. Dalley, 1989). One familiar theme to emerge from such studies is that a distinction can be drawn between the culture in the health sector that is shaped by a medical model of care and that of social services that reflects a social (or social work) model of care (Peck et al, 2001: 323, Hudson, 2002:11; Carpenter et al, 2003:1082; Johnson et al, 2003:76). This influences a range of aspects of professionals' work, such as the way in which a 'problem' is defined (the patient being labelled by a diagnosis in the medical model whilst personal labelling in problematic terms is avoided in the social work model). Similarly, differences have been identified as to whether or not professionals see it as part of their role to empower the individuals with whom they work.

A further consideration, and one that is of particular relevance here, is the breadth of focus in each of the models. In the medical model, the focus is on the patient themselves, and usually only the patient. Occasionally, the focus will extend to other family members, but rarely further. By contrast, the social work model is concerned not only with the individual client but also with their families, communities and wider society. The police will be most concerned with wider society and community safety and only as a secondary consideration may their focus be on the well-being of particular individuals. These differences in approach have important consequences for the way in which the different professions address the issues of confidentiality and information sharing; an observation already made by Barton and Quinn (2002).

There is very little in the published literature that specifically addresses the way in which the different professions approach information sharing. One exception is a small preliminary investigation conducted in the UK and in the Netherlands (Hunt and van der

Arend, 2002). In each country, professionals in health, social services and the police were interviewed following the presentation of a hypothetical scenario in which a young person presents at an Accident and Emergency (A&E) department with a serious injury that is probably weapons-related.

A senior social worker and a senior police officer in each country were interviewed as were senior members in A&E departments (a consultant physician from the UK and a senior nurse from the Netherlands). In addition, a UK police surgeon was interviewed. Despite the small sample (seven in total) the findings of the study are instructive.

In both countries, the health professionals attached the least importance to information sharing for the public interest. A&E staff felt no strong obligation to inform other services and, although they were concerned about security in the hospital, they did not appear to feel any responsibility for security in the wider community. The A&E staff also lacked clear knowledge about formal protocols designed to facilitate closer working and information sharing.

The attitudes of social services staff towards information sharing differed slightly according to context. The Dutch respondent said they were not proactive but would usually respond to requests to be involved by other agencies while the UK social services professional expected there to be interagency information sharing, particularly in cases involving children where the risk of harm would be seen to take priority over confidentiality. Like health professionals, social services staff nevertheless expressed unprompted concern about consent where it was proposed by researchers that the police could be involved and information shared with them.

Of the professionals interviewed, then, only the police in both countries declared information sharing in the public interest to be of high importance, one of the UK

officers believing that there is an 'overwhelming responsibility' for agencies to not only co-operate with police but to take an initiative (Hunt and van der Arend, 2002:18).

The findings of this study are interesting. They support the direction that was taken in the discussion on the guidance to the different professions and they suggest that, as implied by the individualistic focus of the medical model, health professionals are likely to place the need to protect individual patient confidentiality above the need to ~~pass on~~ important information.

In contrast to health professionals in the study, social services staff were receptive to the need for the sharing of information to take priority over confidentiality though the fact that ~~they~~ expressed concern about the disclosure of information suggests that the wider focus of the social model does not necessarily result in a tendency to be *over-open*.

At present, relatively little is known about the way in which professional cultures in health and social services intersect with that of the police. Despite the fact that a significant proportion of clients/patients who come to the attention of both health and social services also come to the attention of police services, there is little literature on inter-agency collaboration in health and social care that has focused on this professional group. There are three exceptions worthy of note. One is the research of Barton and Quinn, investigating information sharing issues within the relational context of Health and Justice (Barton and Quinn, 2002). Another is the work of Birchall and Hallett in the field of child protection (1995). The third study is the work of Anning and her team, which researched multiprofessional teamwork in integrated children's services (Anning et al., 2006). Although this latter investigation drew upon the idea of professional culture, and included a wide range of professions (including social work, police, teaching and health professions), its key concern was multiprofessional *teamwork* (that is, how the issues being discussed here manifest through the dynamics created when

different professionals work together in a team within a service). In this respect, its findings, whilst fascinating, are more relevant to Chapter 3 where the 'system' level factors are explored, including multiprofessional teamworking.

Values and trust

The fact that differences in attitudes to information sharing in the study by Hunt and van der Arend corresponded to differences in some of the fundamental principles underpinning the development of the health and social work professions suggests that core professional values may play a role in shaping professional attitudes towards interagency information sharing. The reluctance of both sets of professionals to share information with the police suggests, however, that other factors are also involved.

It has long been acknowledged that one of the barriers to successful collaboration is the extent to which different professions distrust one another (Mackay et al., 1995:5; Hiscock and Pearson, 1999:155; Hudson, 2002:15; Manthorpe and Iliffe, 2003:86). As Irvine et al suggest, 'Interprofessional relationships...are frequently distorted by mutual suspicion, hostility and disparities between the way that a particular profession views itself and how it is viewed by other occupations' (2002:199). They suggest that professionals may suspect others of having their *own* interests at heart in protecting the personal data of their clients/patients:

...in order to maintain distinctive identities and protect their independence, professional bodies are apt to stake out boundaries against the encroachments of others. [...] The guarding of information [...] can be construed as a means of declaring a boundary rather than a means of preserving clients' privacy.

(Irvine et al 2002: 206)

Similarly, in his study of multidisciplinary assessments in the care of older people, Hudson found that it was not always easy for professionals to trust each other:

The idea of multidisciplinary assessments commanded wide support in principle across our sites ('you could access information more easily and

you wouldn't be asking the user or patient the same thing a thousand times') but it was recognised that it could only work where the different professionals trusted each other ('you have got to have confidence in their judgements, and that's difficult').

(Hudson, 2002: 15, original parentheses)

Implications for the challenge of information sharing

Even when professional ethos supports a community as opposed to an individual focus, distrust and suspicion between professions can lead agencies to guard their clients' privacy, although this action might in fact remove opportunities to benefit the service users. This is likely to lead organisations towards the *over-cautious* model or, when an ethos that tends towards openness conflicts with guardedness based on inter-professional differences, the *chaotic* model.

We will return to trust when considering the individual level components of the conceptual framework but now I look at the differences in professional education, training and support and the way in which this might influence information sharing behaviour.

2.4.2 Professional education, training and support

As previously noted, Rawson suggests that people can be drawn to the different professions because the work of those professions is inherently different, attracting different kinds of people and that therefore we could suppose that there are interprofessional differences even before the individuals have begun their initial professional training. Whilst this may be true, it is also reasonable to suggest that it is during initial training that professionals learn of their professional tradition, the philosophical approaches reinforced or rejected by the profession and it is where students are taught the professional and ethical codes that they will be expected to work

by. It can be argued that it is during their initial training that students acquire their professional identity.

Traditionally, the routes to professional qualification have been very different across the professions. Half a century ago, unlike some, for example those taking up medicine, many of the professionals working in the public services were not expected to have a university degree. For example, it would have been the exception rather than the rule for teachers, nurses, police officers or social workers to be honours graduates. Times have changed and now, although there are other routes into these professions, it is commonplace (and in many cases the norm) for these professionals to be graduates *in their profession*, with the exception of the police. Although some police officers will be graduates in academic disciplines, until two years ago, there was not the option of an undergraduate route for specialised professional police training.

After qualification, there are formal systems in place to ensure that professionals conform to the standards of the profession. There are registration (and increasingly re-registration) arrangements. There are requirements for post-qualification continuing professional development and many professions operate a mandatory system of professional supervision. While these provisions undoubtedly support individual professionals in their practice, it is also a means by which the agreed codes of conduct, within a framework of shared values and ethics, can be maintained. It is therefore one mechanism for protecting professional boundaries.

For this reason, there have been moves towards multiprofessional and interprofessional education in recent years. The theory is that if students in one profession undertake some of their education alongside students from other professions (multiprofessional) or if they undergo education which supports students from different professions to understand each others' perspectives and ways of working and to value collaborative practice (interprofessional), then the professional boundaries which, as we

have seen, can be perceived as barriers, can be broken down, or at least can be made more permeable. (Barr et al., 2005)

Implications for the challenge of information sharing

There are two main points to consider, then, with respect to the potential influence of professional education, training and support on information sharing. One is the possibility that the maintenance of barriers between different professions, through the structures of professional training, will encourage the tendency towards over-caution, due to unfamiliarity with the values, systems and processes of other professions. The second point is that it may be possible to counter this tendency through more multiprofessional and interprofessional education.

~ ~ ~

Given the paucity of empirical evidence about the role of professional culture in interagency information sharing, the above observations are, of course, largely hypothetical. They nevertheless provide plausible explanations as to why, despite a series of policy and legal developments designed to facilitate information exchange, the information aspects of partnership working lag well behind the general state of partnership working (D.Rhodes, 2003). They also raise fundamental questions about the scope for ensuring that public services move towards the ideal quadrant of the model of appropriate interaction.

So far, in the examination of potential influencing factors in the 'environment' level of the conceptual framework, the concern has been with influences operating at a mainly national level, but there are local influences to be considered that are still not operating at the 'system' level and therefore are part of the 'environment'. I am thinking here mainly of local government policies. These may be directed and constrained by

national government policies, particularly since the 1980s, but there is still a degree of freedom at local level which means that systems working in different local government geographies may well be operating under different 'environmental' conditions. The next section takes a look at the influence of local strategy to illustrate the way in which local factors can be seen to be important in relation to information sharing behaviour.

2.5 The influence of local strategy

It can be debated whether it is decisions made at national or local level that have more influence on interagency information sharing behaviour at the front line of service delivery. It could be said that context determined at national level is more important because it frames and restricts whatever decisions are made locally. On the other hand, to the professionals working in public services, it is the *local* context that can often seem larger, as well as closer. It is the way in which government policy is interpreted and implemented locally that gives final shape to the way in which real services are planned and delivered. It is often these local decisions that can help or hinder the work of individual professionals.

As part of the New Labour Government's National Strategy for Neighbourhood Renewal, 'Neighbourhood Renewal' areas (those in receipt of additional resource from the National Renewal Fund) were required to create local strategic partnerships (LSPs). The final guidance on LSPs was produced by the Department of the Environment, Transport and the Regions in March 2001 (DETR, 2001). As a result of the Neighbourhood Renewal strategy, eighty-eight LSPs were created (although every local authority is now expected to work with a local strategic partnership).

Here I will centre the discussion on local service planning and support and on local information sharing protocols to justify the inclusion of local strategy in the conceptual framework.

2.5.1 Shared planning, support and models of working

There are many ways that the local strategic working can impact on local services. Decisions are now required to be made by partnerships at local strategic level about commissioning and planning services, joint training and shared intelligence. As Hudson shows, different kinds of services can be affected by these decisions and there are particularly important implications for children's services and older people's services (Hudson, 2005c).

Percy-Smith observes that, in the field of children's services, there is no definitive evidence yet that planning and commissioning services at the local strategic level offers better outcomes for children (Percy-Smith, 2006). The reasons suggested for doubting that improved outcomes result are to do with the difficulties, and costs, of effective partnership working.

Innovations such as the Single Assessment Process and the Common Assessment Framework are introduced through national policy and legislation but it is decisions made at the local strategic level that will determine how they are implemented on the ground. There is now a considerable body of knowledge on the problems of partnership working at the local strategic level (see, for example, Cameron, et al., 2000 and Ranade and Hudson, 2003). It is hard to point to evidence that these problems have been solved during the last ten years of the 'modernisation' agenda.

As has been remarked, responsibilities now lie with local partnerships, often led by local authorities, for service planning, implementing joint models of working to facilitate statutory procedures (such as the Single Assessment Process (SAP) and the Common Assessment Framework (CAF)) and also for supporting services, for example through joint training and information provision. Commentators such as Hudson give grounds for pessimism regarding the success of local strategic partnerships in these respects (2005c:10-11). This does not detract from the potential of local strategy to

influence information sharing but it suggests that the effect may not necessarily be to remove barriers to appropriate sharing.

Implications for the challenge of information sharing

Local strategic partnerships are intended to implement policies designed to remove some of the barriers to appropriate sharing of information between agencies. Success, however, of improving information sharing on the ground would seem to depend on whether or not partnership working at the strategic level, is itself effective. The implication for the information sharing is that the quality of local partnership working at the strategic level could influence the degree to which barriers to sharing between agencies on the ground can be overcome. Guidance to local authorities and health trusts, as well as other local partners, has suggested local information sharing protocols (ISPs) as a method of facilitating the sharing of information (DCA, 2003). The final discussion considers the influence that ISPs could have on information sharing.

2.5.2 Information sharing protocols

Before the report produced by the Performance and Information Unit, *Privacy and data-sharing: The way forward for public services*, information sharing protocols (ISPs) were not common in public services (PIU, 2002). More guidance followed, as described in Section 2.3, and today basic ISPs are expected to exist for all local strategic partnerships. One of the early ISPs was included as an example of good practice in the web-based Information Sharing Toolkit provided by the Department for Constitutional Affairs. It was the Leeds Interagency Protocol for Sharing Information (Leeds Health Informatics Service, 2002).

The protocol states explicitly that it is not contractually binding, but is used to set good practice standards and the rationale for the protocol is given as being to 'help to remove barriers to effective information sharing and [...] assist in ensuring that service users receive integrated services' (2002:4). The parties to the protocol were listed as the seven Health Trusts of the city, the City Council, the organisation providing education services for the city and the Police Force. The protocol distinguished itself from information sharing agreements (ISAs) which were intended to work at an operational level, below the ISP.

Implications for the challenge of information sharing

ISPs and ISAs have potential to support professionals by providing clarity about when and how to share information across agency boundaries. Theoretically, they could help to remove some of the barriers to interagency sharing but as yet we do not know how effective they have been.

~ ~ ~

It is likely that local strategy, and the way in which local organisations work in partnership to implement it, will have a direct impact on local services and on the way information is shared between agencies. Interagency relationships at the local strategic level may shape interagency relationships on the ground. Decisions made about commissioning and funding local services, the ways that services are planned across agency boundaries and the ways that agencies are supported locally could also affect interagency relationships, and ultimately information sharing behaviour. Information Sharing Protocols and Agreements have potential to affect information sharing on the ground by allowing professionals to be more confident about sharing and withholding

information. Local strategy, then, deserves its place in the environment level of the conceptual framework.

Conclusion

The conceptual model was introduced in this chapter and will be referred to throughout the thesis. The outer, 'environment', level has been examined in some detail to show how the different elements within it are capable of influencing interagency information sharing. I cannot be certain that the framework is comprehensive but the literature suggests that these are all factors that need to be considered in a more systemic way than has thus far been attempted. Delineating factors in the environment level is not straightforward; there will inevitably be overlaps, both within and between levels.

Despite these difficulties, this chapter has put forward a case for including central government policy, legislation and guidance, professional culture and local strategic working as factors that can influence information sharing behaviour from the level of environment.

ⁱ The ministerial committee MISC 31 is however currently developing the Government's strategy on data sharing across the public sector.

ⁱⁱ In the UK, the term 'wicked issues' is usually attributed to Clarke, M and Stewart, J. (1997).

ⁱⁱⁱ Section 31 of the Health Act 1999 has now been replaced by Section 75 of the National Health Service Act 2006 in England.

^{iv} The Common Assessment Framework is key to the Change for Children Programme, aiming to put the needs of the child, rather than the services, central. It supports a holistic understanding of children. (Brandon et al., 2006:5)

Chapter 3

The conceptual framework – the system and individual levels

Having introduced the conceptual framework and looked in detail at the factors proposed to have an influence on information sharing at the environment level, this chapter moves to the system level and the individual level. As with Chapter 2, the intention in this chapter is to show why the specified factors can be thought of as being capable of influencing interagency information sharing behaviour. The chapter has two sections; one covering the system level and the other the individual level, of the conceptual framework.

3.1 Influences at the system level

There are many factors that could be claimed to influence interagency information sharing, that are operating at the system level. Four have been selected as possibly the most important and all four are examined in this section. They are:

- the forms of *accountability* felt by the individuals working in public services
- *leadership and team management*;
- *management of records and information*, including information and communications technology (ICT)
- *local training and support*

(A distinction can be made between training and support provided at the environment and system levels and it is proposed that they need to be considered independently.)

Each of these four factors will be considered in turn to demonstrate that they can be considered to be influences on interagency information sharing.

3.1.1 Accountability

Organisations working at what I am considering here to be the system level can, in the current policy context of collaboration and control discussed in Section 2.2.1, include workers who are employed by a number of agencies. They can also have a variety of funding streams, which can cut across employment lines, and can operate at different levels of integration. In addition there could be different methods of regulation that are being worked to within one 'system'. One of the variables therefore considered as a potential influence on information sharing behaviour is the way that *accountability* is experienced. The lines of accountability of a particular service (deriving in part from the policies of governance to be found in the environment level of the framework) could, I suggest, affect the way that information is shared across agency boundaries. This idea is explained below.

One of the most striking characteristics of modern public services, in comparison with their counterparts of, say twenty years ago, is the *complexity* of lines of accountability. As outlined in Chapter 2, changes began to appear during Margaret Thatcher's time as Prime Minister and have continued, in a slightly different direction, with New Labour. McGarvey posits that accountability can only be fully understood by recognising that there are different perspectives of accountability working together. These are listed as Traditional (bureaucratic), Democratic, Managerialist, Governance, Regulatory and Rational Choice (McGarvey, 2001). It is not the case though that as changes have been made, one perspective has usurped another. Rather, another layer is added to the complex of perspectives in operation. It is probably an understatement when McGarvey announces that, 'Accountability is no longer ensured through line management relations within clear hierarchical structures[...]' (2001:23).

Even if the discussion is limited to reporting mechanisms, things have become more complicated in these days of partnership working. If we take a generalised

example of the reporting lines of a social worker, employed by a local authority in 1985, it is likely that a situation similar to that portrayed in Figure 3.1 would exist.

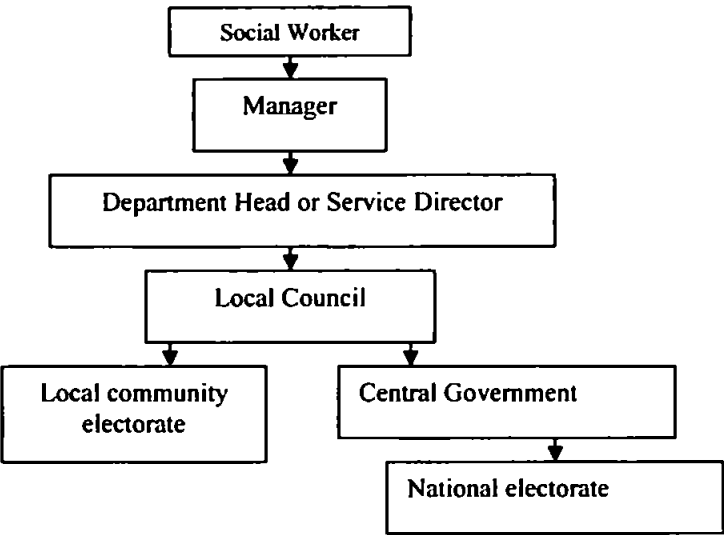


Figure 3.1 Diagram of reporting lines in a generalised case of a social worker, 1985.

Fast-forwarding to the year 2005, a social worker employed by their local authority might still be working in similar ways but he or she is much more likely to be working with the reporting lines, such as those shown in Figure 3.2 below.

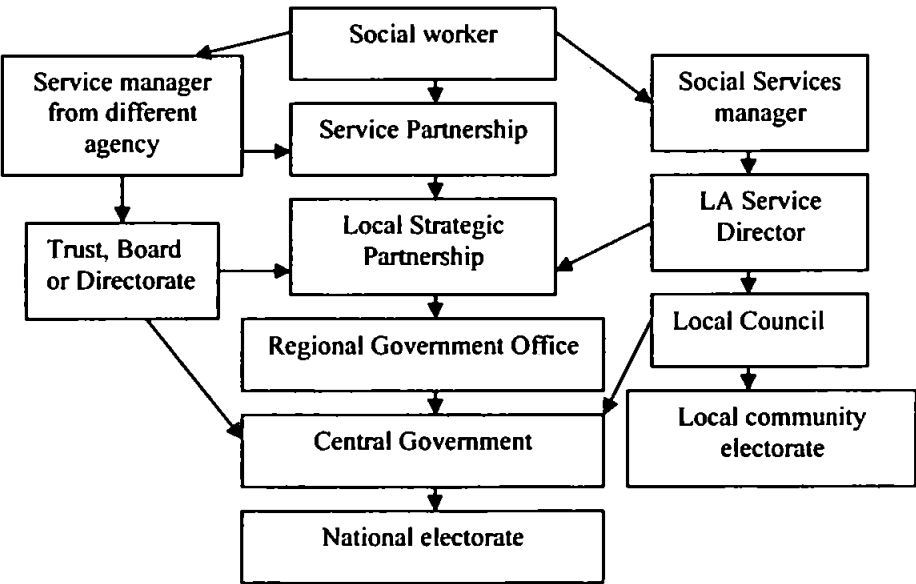


Figure 3.2 Diagram of possible reporting lines in the case of a social worker, 2005.

The same is the case for many other professionals working in public services that are delivered through local partnership arrangements. Walker, discussing accountability in New Zealand, which has undergone similar governance changes, sums up the situation by stating, 'Social service organizations are entangled in multiple accountability relationships; to their funder, to their users, to the community in which they are located and to other social service organizations in their network' (Walker, 2002: 71).

A further accountability issue that is raised by Mitchell is that of accountability to one's profession. Mitchell is concerned with situations where there can be a conflict between the different accountabilities that professionals experience. In an article by Mitchell examining accountability in a clinical setting, Furlong and Glover (1998) are cited as stating that nurses have an accountability to their patients through civil law, to their employer through their employment contract, to the public through criminal law and to the profession (Mitchell, 2001:242). The idea of being accountable to one's profession brings in further complications because not only has the New Labour governance policy made it more likely that a professional will be managed by someone of a different profession, but this has implications for professional supervision, as one route of professional accountability, and for professional regulation, as another.

A more subtle version of accountability is portrayed by Dewar. The proposition is made that people may feel accountability where no accountability as such exists, for example to someone holding 'power' to further or harm remuneration or status (2000:35). This situation may arise in many partnership arrangements where formal accountabilities do not exist and yet there is still a power being exerted.

Implications for the challenge of information sharing

The implications of accountability for the challenge of information sharing hinge largely on the way in which governance policy has affected the way accountability is perceived and on how this might affect a professional's ideas about the boundaries that need to be crossed to share personal information they hold or need. As is the case with many of the factors in the conceptual framework, it is not easy to predict precisely how lines of accountability might influence information sharing because there will be contingencies on other, interdependent factors. However, some possibilities can be proposed.

One is that if a professional feels they have multiple lines of accountability, there might be less clarity over boundaries and over where, within the law, information can be shared. This lack of clarity could be seen to lead to more information sharing across borders because professionals are less aware of when the borders are being crossed. This may be inappropriate sharing, that is *over*-openness, according to the model of appropriate interaction, but it is not necessarily the case. It might be, instead, that the additional sharing is rectifying a previous situation of over-cautiousness.

Another possibility exists and that is that the complexity of lines of accountability *reduces* the sharing that takes place because the lack of clarity over boundaries prevents professionals from feeling confident that they are able to share information. This is more likely to result in over-caution, than simply caution. One of the factors that could theoretically help to ensure that multiple lines of accountability does not lead to inappropriate interactions, whether through sharing or withholding, is good leadership and team management and these are considered next.

3.1.2 Leadership and team management

Whether the 'system' under investigation is a multi-agency service or a service programme or a single team, the way that the team (or teams) are constituted and

managed and the quality of leadership that is provided could, I propose, have an influence on interagency information sharing behaviour.

Leadership

In a study of 25 multi-agency Children's Centres, White identifies three skill sets as most desirable in those taking on the running of centres. Different names are given to this role but common ones are the Children's Centre Manager or Director or Co-ordinator (White, 2005:33). The skill sets identified were: partnership working ability; ability to engage communities; and charisma and visionary leadership. The findings of the research suggested that a leader,

[...] needs to be a good role model, display energy, commitment, hard work and passion and at the same time have excellent interpersonal skills and experience of managing complex staffing regimes and multi-disciplinary teams. They should also be able to make difficult decisions in the face of adversity and at the risk of being unpopular, to ensure stability and continuity in effective service delivery.

(White, 2005:33)

Whether leaders are able to live up to this requirement may be critical to the success of multi-agency teams. McCray and Ward observe that it is often the action of a few individuals that leads to real change in service delivery in multiprofessional services. They remark, 'These individuals have managed to work and lead effectively despite the maze of separate service budgets, distinct disciplines and different values' (McCray and Ward, 2003:362).

How is it, then, that leaders of a team or service or programme can influence interagency information sharing? One possible route is the way in which they develop the culture of working and specifically through their impact on multi-agency team working. Drawing on the findings from MATCH (an ESRC funded research project on multi-agency team work in children's services), Frost concludes that leadership 'is a key factor in joined-up teams – the workers need to celebrate how they are different from

each other, but also how they are held together by a shared vision' (Frost, 2005:49). This quotation hints at an important theme for interagency information sharing; the perception by members of a team of the similarities and differences between them. This in turn leads to the critical concept of boundary.

Boundaries

Yan and Louis have theorised three types of boundary activity that have relevance for work units such as multi-agency teams. These are 'boundary buffering', 'boundary spanning' and 'bringing up boundaries' (Yan and Louis, 1999:33). They are also known respectively as, 'protecting difference', 'making connections' and 'creating commitment' (Gulliver et al., 2002).

As multi-agency teams are formed, they will, according to Yan and Louis, be performing boundary activities in order to function as new work units. The activity of 'bringing up boundaries' will be especially important. As Yan and Louis explain, '[...]the work unit creates an image or identity that distinguishes it from other units from which competing demands for members' time and energy emanate' (1999:34). They use the analogy of raising a tent over a work unit under which its members can shelter. It is rare though that even members of an interagency team will not need to work with practitioners outside the team and there can therefore be dangers in making the tent too secure. As Payne notes, '[...]if we concentrate on building team relationships, so that we work together better we may become inward-looking and obsessed by the group or our own behaviour in it. ' (Payne, 2000:1). Whilst team members will need to identify with other team members, this should not be at the cost of perceiving those outside the team as 'other'. If this happens, old barriers may be dissolved, only to be replaced by new ones.

The balance of identities, then, could be crucial to the healthy functioning of multi-agency teams. Identity is a complex concept and many cultural dimensions are drawn upon to construct an 'identity of the moment'. In an analysis of identity and difference with respect to social divisions, Anthias provides a useful analogy of wearing different layers of clothing. She says,

Every time I assert who I am involves asserting also who I am not. I can also choose different assertions or self presentations at different times. I am more a woman in some contexts than others [...] as I am more Greek Cypriot and more of a sociologist at other times. However these labels are not exactly like coloured cloaks that we can don and then discard. They are more like different layers which can be worn in a different order – some on top, some below at different times.

(Anthias, 1998:507)

By extension, there will be some situations where professional identity will be 'on top' and in others team identity or even agency identity will be dominant. One of the factors affecting this balance of identities is team construction, or team type.

Team Management

There exist a number of analyses of team type (e.g. Øvretveit, 1997; Miller, Freeman and Ross (2001); Thylefors et al., (2005); Malin and Morrow (2007). Here I will focus on Øvretveit's analysis which involves four ways of describing interprofessional working. He looks at integration, team membership, team process and team management which includes five team management structures (1997:9-32). For the current purposes, it is the dimension of team management that is most relevant and the five structures described are (1997:28-31):

- Profession-managed
- Single-manager
- Joint management
- Team manager-contracted
- Hybrid management

In profession-managed teams, practitioners are managed by someone of their own profession. Each profession-manager carries out the full range of management duties but each in a slightly different way because of the autonomy they enjoy. The single-manager structure is at the other extreme, with all members of the team, irrespective of profession, being managed by one manager. In some variations of the model, the manager can draw on a senior profession-advisor to help with tasks such as performance appraisal. In the joint management structure, a team co-ordinator and senior professionals share the management tasks. The team manager-contracted model is one in which the team leader has a budget to use to contract in team members who will be managed by their own professional managers (not part of the team). Finally there is a hybrid structure in which the team manager might manage a core staff but also uses joint management agreements and/or contracting in staff where needed.

It can be readily seen that the structure of the team will have implications for the various boundary activities and some will be more amenable to the creation of a unified 'team tent' than others, but different contexts will have their own requirements and there will be no 'one best way' to structure a multi-agency team. How a team is structured is one thing but how the team operates, its day to day practice, is another that is likely to influence information sharing.

Team Operation

Anning and her colleagues (Cottrell, Frost, Green and Robinson) studied five multiprofessional teams working in a variety of settings and this work gives an insight into the way in which professionals interact when they are part of a multiprofessional team (Anning et al., 2006). One of the findings that is important for conceptualising the influences on information sharing is that each team had a tendency towards a dominant 'model of explanation' for their work with service users (2006:52).

In the cases studied, for example, the Young People's Team used a family or systemic approach, the Child Development Team tended towards a medical model, as did the Head Injury Team, the Youth Offending Team coalesced around a social structural explanation and the Nursery Team had a dominant model based around individual needs. These models will have been shaped in part by the context in which the teams were working and in part by the perspectives of the individuals within the team.

When considering the influence on information sharing, the models can be thought of as one way in which professional culture, placed at the environment level of the conceptual model, is realised at the system level. Anning and her co-researchers are at pains to point out that 'the dominant model was not always shared by the entire team, and was often accompanied by a secondary or complementary model of explanation' (Anning et al.:52). What could be hypothesised, in respect to information sharing, is that the degree of team congruity regarding the dominant model might influence the tendency to share information.

A second finding that it is important to take up from the study conducted by the Anning team is related to identity, already briefly touched upon. In particular, an element that has not yet been clarified as an important potential influence, but which was hinted at in the discussion of professional culture, is status and power. Status and power differentials have traditionally been cited as barriers to effective collaborative working (e.g. Hudson, 2002) and yet there has been an assumption that collaborative working itself might be one of the ways of breaking down such barriers.

Anning et al. report findings illustrating both these tendencies. Status and power were not only attributed through professional differentials but, for example, by virtue of being part of the 'core' or the 'periphery' of the team (2006:74). Illustrations were given of status and power still acting as barriers to team working. On the other hand, it

was said that, 'there was acknowledgement that working in multi-professional teams eroded traditional constructs of power/status by demystifying what others do' (2006:74).

Implications for the challenge of information sharing

Leadership is likely to influence information sharing through the kind of environment it encourages within which the teams work. It could be suggested that where leaders put in place clear processes and introduce effective support mechanisms and instil a shared sense of vision, based around the needs of the service users, there is more likely to be appropriate sharing of information across agency boundaries.

Leaders can also sometimes be responsible for selecting team management structures and these also may affect information sharing. One of the ways in which structures can be an influence goes back to accountability because team structures have implications for the complexity of lines of accountability. Different structures will also be more or less likely to prioritise profession or employer or funder for the individual practitioner, possibly affecting their work identity.

The way professionals identify with their work will be one of the things that shapes the 'dominant model of explanation' used by a team. The more the professionals in a team feel able to share the same model of explanation, the more likely they might be to share information with each other. This of course does not have a bearing on how appropriate or otherwise the sharing would be. Finally, perception of status and power within a team are likely to have potential to limit information sharing but good team working may be able to moderate the effects of status and power differentials.

3.1.3 Records and information management

It is not hard to make the case that records and information management, including information and communication technology (ICT), is capable of influencing interagency information sharing behaviour. For appropriate information sharing interactions to take place, accurate records are required from which data can be shared and there needs to be a means of securely recording the data once they are shared. This applies equally to records that are paper-based and those held electronically. Since the amendments made to the Data Protection Act in 1998, all personal records are included irrespective of the medium by which they are held.

Some agencies have given this area, often referred to as 'information governance', a higher priority than others and these are the agencies for whom confidentiality is seen as crucial, for example the NHS which regularly publishes guidelines on records management. An example is *Records Management: NHS Code of Practice*, published by the Department of Health in 2005. Specific guidelines for keeping electronic records are also produced, for example, *Good Practice Guidelines for General Practice Electronic Patient Records (version 3)* published by the General Practitioner's Committee in 2003.

The single assessment process (SAP) and common assessment framework (CAF) referred to in Chapter 2 are attempting to improve records management as well as assessment and referral processes across all agencies by standardising assessment documentation. The *Common Assessment Framework for Children and Young People: Guide for Service Managers and Practitioners* provides, in an appendix, a standard form to be used by all agencies. It includes a section where the parent or carer (or young person) can sign to give their consent for information from the form to be stored and shared with named agencies. The individual is invited to delete any agencies they do not want information to be shared with (DfES, 2005:24). In time, it is proposed that

the CAF documentation will be computerised but in order for this to be useful, practitioners will need to have access to computers and appropriate systems.

A Social Services inspection was conducted between November 2001 and August 2002 of eight councils, focusing on the management and use of information in social care. In many ways, management and use of information in Social Services was found to be good but one area that gave cause for concern was access to information technology. It was found that 86% of practitioners in the sample had access to a desk top personal computer (PC), 57% had access to the council intranet, 54% had access to e-mail and 20% had access to the internet (Rhodes, 2003:29). The inspection report noted that, 'Technical barriers to integration and information exchange were the most cited inhibitor of progress in information sharing between major partners and social services' (Rhodes, 2003:34 [sic]).

One might expect a different picture if the inspection was carried out today. However, an investigation of the trailblazer authorities for the information sharing and assessment (ISA) systems conducted two years later found little change, the report stating, 'Some practitioners do not have regular access to computers and/or the internet. Either resources are needed to provide the necessary computers or procedures should be developed to enable practitioners without direct access to use the index.' (Cleaver et al., 2004:xix).

Even if all practitioners had access to a computer, there would still be many records that are not available electronically. One of the reasons for this is cost. Local authority records managers are making it known that it is becoming difficult for them to get funding for what they consider to be adequate systems (Budzak, 2006:5). There are other problems though, for example short term priorities mean that records that could be being scanned and made available electronically are in fact being put into expensive off-site storage facilities (McIndoe, 2007:18).

Computerisation has great potential to change the way that interagency work is conducted. For example it has the capacity to enhance the way agencies work with integrated care pathways (Norris and Briggs, 1999). Equally, there are problems that will need to be overcome if technology is to assist with information sharing. One of these is data security (Aljareh and Rossiter, 2002). Probably the greatest question though, and one that is out of the control of those working at the system level, is whether or not the technology policies described in Section 2.2.2 are implemented successfully on a national scale to provide the infrastructure for the system level systems.

Implications for the challenge of information sharing

There would seem to be significant scope for records and information management to influence information sharing, particularly (but not only) because of the potential that electronic records systems could have. If records are poorly kept or are not accessible, this will lead to a situation where there is not even the potential for information to be shared appropriately. It also means that information is not being adequately protected. With better records and information systems, particularly electronic ones, there is a great potential for improvement. However, as pointed out in Section 2.2.2, there are dangers for information sharing in greater computerisation. Technology should not drive policy simply because it exists and care needs to be taken with security, otherwise apparent improvements could lead to over-openness.

3.1.4 Local training and support

Professional education, training and support was considered under the heading of Professional Culture in the environment level. What is meant here however is something different. It is the training and support that is provided at the system level.

This may take many different forms but one way or another, it comes within the locus of control of the system. The aim here is to show how this local level training and support has the potential to influence interagency information sharing.

One form of local support has already been mentioned, under the discussion on accountability, and this is professional supervision. Some of the parameters for professional supervision are set at the environment level, e.g. requirements for supervision that are given by a professional body. However, some are decided at the system level, for example, the question of whether or not supervision is provided from within the system. Øvretveit points to some tensions around decisions like this and attributes this partly to confusions over understandings of the concept of supervision itself, pronouncing, 'The subject of supervision is one of the most confused issues in team organisation and management.' (Øvretveit, 1997:26) He explains the history of supervision within management professional discourses to account for the confusion and identifies four different activities (paraphrased below) that the term 'supervision' can be used to describe (1997:27-28):

- Clinical advice – A practitioner seeks out another, often more experienced, practitioner to discuss a client's problem and to get their advice. The advisor does not assume any responsibility for the case.
- Clinical supervision – A practitioner's clinical decisions are overseen by a senior member of staff who is accountable for the practitioner's clinical work. The aim is to ensure safety, quality and practitioner development.
- Management monitoring – A practitioner's work is checked by someone responsible for monitoring the administrative procedures that have to be adhered to. This person will not have clinical responsibilities or the authority to enquire into details of clinical decisions.

- Full management – Where a manager is responsible for all aspects of a practitioner's work, including the clinical aspects. This person could delegate clinical duties if they feel they do not have sufficient specialist expertise.

This taxonomy is helpful in distinguishing the professional supervision referred to in Section 2.4.2 from that being employed here. In Chapter 2, I could have used the term clinical supervision. Here what is being examined is the form of practitioner support referred to by Øvretveit as clinical advice, although to muddy the waters still further, something between the two is commonly adopted. This is where a regular time slot is agreed by the practitioner and their supervisor, and the sessions are more formal than the description of clinical advice would suggest but the supervisor does not have any formal responsibility for the clinical decisions of the practitioner.

This hybrid form can also be considered in this discussion. My suggestion is that the availability of this form of local support could influence interagency information sharing by providing a safe forum for the discussion of difficult cases and to explore hypothetical ones, thus increasing the level the confidence the practitioner has in their own ability to make appropriate information sharing judgements.

Practitioners can learn from sources other than their supervisors though and it may be that a supportive team performs some of the functions of a supervisor, even if members are from different professions. Freeman, Miller and Ross, however, discovered in a study of six multiprofessional teams that individuals can have different philosophies to teamwork that not only impact on the way they work in a team but also on their attitudes to learning knowledge and skills from other team members (Freeman et al. 2000). They identified three distinct philosophies; the directive, the integrative and the elective. Only team members holding the integrative philosophy believed that all team members could learn from each other, with those holding the other two

philosophies valuing only the learning acquired from those of equal or higher status (2000:241).

To improve team working and also inter-team learning, Freeman et al. recommend that members of multiprofessional teams undergo team work training and also that they are encouraged to understand the different constructs that are held about teamworking. Such training could be hypothesised to influence information sharing directly (those holding the elective philosophy having a tendency towards isolation and inadequate communication) but also indirectly by supporting inter-team learning.

There are other multiprofessional training techniques that have been found to be helpful. One is reported by Lexton et al. in which actors are used as part of the training, presenting prepared scenarios, and later encouraging the professionals attending to take part through role play. There is then a discussion about the interactions and sometimes the drama technique of 'hot-seating' is used, whereby the trainees can question the actors about how they felt, as their characters, at certain points in the 'play'. The authors admit that this method will not suit everyone but comment that 'many participants report that they find it stimulating and thought-provoking, encouraging them to question practice in a non-threatening way and gaining insight into other professional roles, as well as the feelings of service-users' (Lexton, et al., 2005:205).

A range of methods, other than training, may also help in the transition towards 'ideal' information sharing. These include mentoring, shadowing, away days, intranet discussions and forums, notice boards and paper-based information such as posters, or leaflets. Leaning on the proposition already made, that is, that greater understanding of professional roles and work priorities can support appropriate information sharing, any action that can be taken locally to support this understanding could theoretically help.

Implications for the challenge of information sharing

There will of course be resource constraints to consider but in theory, there is considerable scope at the system level for providing training and support to practitioners faced with the challenge of information sharing. There are two main ways that local training and support can be seen to influence sharing behaviour. One is in removing any obstacles to sharing that may have been created by environment level education, training and support. This will theoretically moderate any tendency to over-cautiousness noted in Section 2.4. The other is by acting on the professionals' judgements of appropriateness, theoretically leading to more correct information sharing decisions being made when practitioners have a better ability to interpret complex situations and have a better understanding of other professions and of other agency procedures.

~ ~ ~

Four components of system level working have been examined in this section; accountability, leadership and team management, records and information management and training and support. All have been shown to be able to influence information sharing behaviour and their place in the conceptual framework has thus been justified. Having completed a consideration of the elements comprising the first two levels of the conceptual framework, the final level is now the subject of scrutiny.

3.2 Individual level

This section moves to the innermost level of influencing factors; that of the individual, or personal. If the system level factors can be thought of as mediating the environment level factors, the same relationship holds between the system level and individual level influencers. The two suggested factors operating at this level, *confidence* and *trust*, therefore hold an important position in the whole framework. It is through the

individual practitioners that information sharing actually takes place and it is proposed that an individual's self-confidence in their information sharing decisions as well as their trust in other practitioners and agencies will be central in positioning an individual or an agency within the model of appropriate interaction. There is little literature relating individual trust or confidence directly to information sharing behaviour and it is fair to say that the inclusion of these two elements in the conceptual framework was based less on the literature than the other elements in the other levels. Intuitively however, it would seem plausible that they would play an important role in mediating the other influencing factors.

3.2.1 Confidence

Although it seems to be intuitively correct that the level of confidence a professional feels about the decisions they make in information sharing interactions could affect the behaviour that results from the decision, there is little literature to support that assumption. It is interesting, then, that Bellamy and her colleagues also chose to use confidence as a variable in their study of information sharing in public services. The rationale given for doing so was not grounded in the literature but in their observation that they were 'unable directly to observe sharing and non-sharing behaviour' (6, et al., 2006:245). Confidence was being used as a proxy indicator of the information sharing behaviour itself. The ratings of confidence were not used to look at the relationship between confidence and information sharing behaviour but to look at how institutional form influences levels of confidence (2006:245-246).

General confidence can be defined as 'the belief, based on experience or evidence, that certain future events will occur as expected' (Siegrist et al, 2005:147). In the context being considered here, then, this would translate to a practitioner's belief, based on experience or evidence, that their sharing or withholding of information will be

shown to be appropriate information sharing behaviour as conceived by the model of appropriate interaction. A concept that is very close to confidence is self-efficacy and it is worth studying this literature to see if it has anything to add.

The definition of self-efficacy given by Buchmann is 'a person's feelings and thoughts about his/her own capability of accomplishing any given task' (1997:133). In this context then, this could be a practitioner's feelings and thoughts about his/her own capability of sharing information appropriately. There is some evidence that those who rate their self-efficacy as high are less likely to seek support, and that lower levels of support-seeking activity results in lower levels of success (Ofori and Charlton, 2002). This evidence was derived from a different context however (academic performance) and so may not be transferable, but theoretically, it could mean that high confidence in ability could prevent a practitioner from getting the help they need to make good judgements.

The self-efficacy literature gives us one other potentially relevant relationship. Bandura suggests that self-efficacy is related to avoidance behaviour in that people will avoid situations that they believe are beyond their capabilities (Bandura, 1981). This might lead us to think that low self-efficacy could lead to avoidance of the most proactive of the four types of sharing interaction, that is, offering information to another professional, if they were uncertain of their abilities in relation to it.

Implications for the challenge of information sharing

From the literature available, it would seem that high confidence may affect information sharing through the judgement of appropriateness, with the potential to lead to inappropriate sharing (either over-openness, over-cautiousness or chaotic information sharing behaviour). On the other hand, low confidence could result in avoidance behaviour, meaning that a practitioner is less likely to proactively share information,

leading to over-cautiousness. Either way, it seems that confidence could have an influence.

3.2.2 Trust

As Sheaff observes, 'Organisations do not trust or distrust one another; trust can only be given or withheld by people.' (Sheaff, 2001:31) It has already been noted in Section 2.4 that one of the acknowledged barriers to successful collaboration is the extent to which different professions distrust one another and it was also proposed that this could also have an impact on information sharing behaviour.

In information sharing, practitioners are not only involved in trust relationships with their fellow practitioners though. They also need to trust the systems and procedures employed by themselves and the professionals with whom they exchange information. If I were a health visitor, for example, and I needed to give some information to a social worker, even if I trust *him* with the information, I might still be cautious if I distrust the security of the system (either electronic or paper-based) that he uses.

In a review of the literature on trust for a study looking at the relationship between trust and confidence on the perception of risk, Siegrist et al. report that trust has been found to be important in the absence of knowledge (2005:146). The findings to their empirical study found that there was a relationship between levels of trust and risk assessments; the higher the level of trust that was reported, the lower was the perception of risk (2005:146). The authors were confident, because of the design of the study, that the perception of risk was dependent on the level of trust, rather than the other way round or both being a correlate of another factor.

These propositions could have implications for information sharing. On the first point, trust could become more important for the interaction if the professional has little knowledge, of the situation or of the roles, and procedures of other professionals. On the second, it could be suggested that those professionals who are over-trusting are in danger of misjudging the potential risk in the interaction.

Implications for the challenge of information sharing

The implications of trust for the challenge of information sharing are potentially great. The most likely way for trust to influence information sharing behaviour is for high levels of trust to increase the tendency to share. Given the number of potential political, structural, technical and professional barriers to sharing identified in Chapter 2 and the possibilities therefore for over-caution in interagency interactions, this could be heralded with optimism. There is a risk though that trust could lead to over-openness, because of the relationship between trust and low perception of risk.

The fact that trust is important in situations where there is a lack of knowledge could suggest that if professionals were able to learn more about each others roles, perspectives, processes and procedures, this could diminish the need for trust; it would be known whether or not the information was needed, would be held confidentially and so on, or not.

.
~ ~ ~

Conclusion

This chapter has looked in detail at the system and individual levels of the conceptual framework and has used the literature to provide a case for including the proposed

elements at each of these levels. To recap, the system level includes: accountability; leadership and team management; records and information management; and local training and support. The individual level comprises confidence (of the practitioner in their information sharing decision-making ability) and trust.

The theoretical foundations of the study are complete, now that the entirety of the framework has been proposed. It has been shown how the factors in the three levels are capable of influencing the information sharing behaviours of professionals working in public services, by reference to the model of appropriate interaction, at the centre of the framework. The next chapter moves to a consideration of the methodology used for the empirical research to which the conceptual framework and the model of appropriate interaction were applied.

Chapter 4

Investigating the challenge

This chapter forms what is sometimes referred to as the ‘methods’ chapter. However, its content is far broader than a description of data collection methods. The entire process of planning and conducting the study is considered.

The first section declares more explicitly than previously the overall approach taken to the work. It starts with a consideration of the possible methodological choices, and of the theoretical assumptions framing the research. It then gives a rationale for selecting the case study as a strategy for the research, going on to specify the set of research questions the study seeks to answer.

The second section sets out the specifics of the research design, giving the reasons for choosing a multi-case design and for the selection of the individual cases. The units of analysis are specified and the chosen methods of data collection and analysis discussed.

Whereas the first two sections can be thought of as the ‘theoretical’ parts of the chapter, the final section focuses on the practical matters of the research process. It covers gaining access to data sources and working ethically as well as the real (rather than planned) process of collecting and analysing the data.

The chapter uses a deliberate mixture of the passive third person and the active first person constructions; at times there is an ‘objective’ account of decisions made and actions performed; at others more emphasis is given to the *experience* of deciding and doing and these elements are more personally reflective. This chapter does not stray into discussions of limitations to the study and what, with hindsight, might have been done differently. These aspects are covered in Chapter 8.

4.1 Research strategy

Although the description of how a piece of research has been conducted is frequently referred to as ‘methods’, the choice of data collection methods comes a long way down the chronology of planning one’s research. Before appropriate methods can be selected, the research must be designed within a chosen research strategy. Respected ‘methods’ authors such as de Vaus and Robson make it clear that what drives these decisions is the overall purpose of the research, along with the philosophical and theoretical assumptions that give it direction (De Vaus, 2001:1-52; Robson, 2002:82).

This section restates and examines the purpose of the research and clarifies the underlying theoretical assumptions. It considers some of the research strategies that could have been selected and gives reasons for using a case study strategy. It then specifies the detailed research questions that go on to help guide the research design.

4.1.1 Purpose of the research and theoretical assumptions

As stated in the thesis Introduction, the overall purpose of the research is: *to better understand the challenge of interagency sharing of personal information in public services within the current policy context in England with a view to supporting improved interagency information sharing*. In this purpose, there are clues that have helped to develop the research strategy, research design and research questions:

- The purpose states that this study is about developing a better *understanding*. The purpose is a relatively modest one and is exploratory in nature. It is not, for example, concerned with testing existing theory (although theory will inevitably influence the approach to the process of understanding, and understanding can lead to new theory). It is not about predicting and it is not specifically about explaining observed phenomena in terms of causation. These distinctions are important for determining suitable research strategies and designs.

- The purpose states that this research concerns *interagency* processes. This places the research within the canon of studies of organisations; it does not primarily concern populations or individuals or families, for example.
- The purpose shows that the research is about *personal information in public services*. The fact that the research is about personal information will have implications for ethical considerations of the research and may affect the research design chosen, particularly in that such information in the public services can often be sensitive. The research will also be limited by being concerned with public services; it is unlikely that the research will achieve its purpose by studying organisations manufacturing paper clips, for example.
- The purpose includes the term '*within the current policy context in England*'. This locates the research within a particular history and geography.
- Finally the overall purpose has the aim of *supporting improved interagency information sharing*. The implication here is that the research does not have a purely academic objective but is ultimately to be applied, if possible.

The theoretical frame to the study comprises the nature of the problem being investigated as set out in Chapter 1, including the model of appropriate interaction and the conceptual framework revealed in Chapter 2, based as it is on the tradition of systems thinking.

The assumptions deriving from these aspects are that in order to understand the challenge of interagency information sharing, it is necessary to:

- investigate information sharing behaviour individually, as well as organisationally, and
- consider the potential influences at all three levels shown in the conceptual framework.

Regarding these points, a theoretical assumption is being made about the relationship between ‘structure’ and ‘agency’. Interagency information sharing inevitably involves interaction at a personal level. As Birchall and Hallett note, ‘actions are performed by *people*’ (1995:3, my emphasis). The diagram in figure 4.1 provides something that equates to the conception that forms one of the foundations for the work and which illustrates the assumptions I make about the relationship between *practitioner level* interagency information sharing and *organisation level* interagency information sharing.

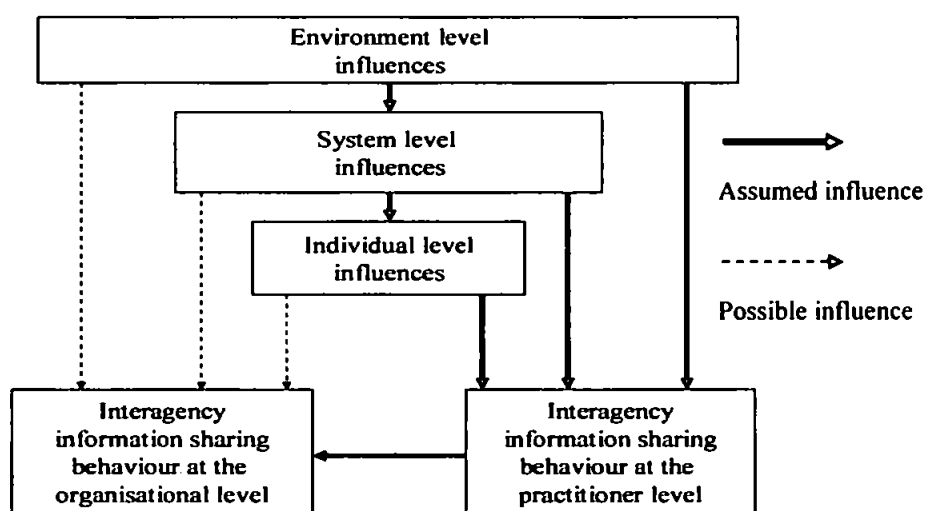


Figure 4.1 Diagram of theoretical assumptions of influence at different levels impacting on the phenomenon of study; interagency information sharing

The solid lines depict relationships of influence that are assumed to exist for the purposes of this study. The broken lines depict relationships of influence that are accepted as possibilities only. That is, it might be possible that environment level and system level influences and even the individual level influences have a direct effect on interagency information sharing behaviour at the organisational level but the fact that influences at these levels affect interagency information sharing behaviour at the

practitioner level, which in turn affects interagency information sharing behaviour at the organisational level, is taken as given. These assumptions mean that the study needs to include the personal interactions between practitioners and also that all three levels of influence need to be involved in the study.

In terms of basic philosophical assumptions, the research probably comes closest to what has come to be called critical realism. Critical realism is a response to the need, following the postmodernist direction of sociological research, to accommodate aspects of both a phenomenological or interpretive approach and a more positivist or realist stance (David and Sutton, 2004:43). It holds to a realist ontology in that it accepts that there is a reality independent of subjective experience but it also acknowledges the importance of personal experience and cognitive and social construction, recognising that there will be different perspectives on 'reality' and what we can know of it. This can be rather like a book including a narration, dialogue and characters' internal monologue, rather than choosing just one vehicle through which to tell the story.

Having established the purpose of the research and specified the main theoretical and philosophical assumptions that are being made, the way is clear to begin thinking about how to investigate the challenge of interagency information sharing.

4.1.2 The case study as research strategy

It has already been declared that this research uses a case study strategy but this is not the only strategy that could have been used to achieve the stated purpose of the research. Here consideration is given to other potential strategies and the reasons for selecting the case study.

Before proceeding further, it would be wise to clarify the way in which I am using the term 'research strategy', which follows Robson and Yin. Yin uses 'strategy' for the level of planning I am about to discuss here. He places 'research design' within the

chosen strategy, as do I (2003:12-17). Robson also uses the term 'research strategy' (sometimes interchangeably with 'research tradition') for this level but he puts the category of 'research design' at a higher level, the choice being either a fixed or flexible design (2002:88-90). De Vaus prefers 'research design' as the designation for the 'research strategy' level of Robson and Yin (De Vaus, 2001:8-10). All three authors provide helpful guidance on conceptualising the research process and for all three, neither research design nor research strategy (whichever of the definitions is used) dictate specific data collection methods. Philosophically, my inclination is towards these research frameworks rather than those that begin by distinguishing between qualitative and quantitative 'methodologies'. (e.g. David and Sutton, 2004; Sarantakos, 2005)

The choice of available strategies will depend on which research expert one is talking to or reading. If we take the three authors highlighted here thus far, we have the following options:

- De Vaus: Experiment, case study, longitudinal design, cross-sectional design (2001:10);
- Robson: Fixed design: experimental or non-experimental strategies, Flexible design: case study, ethnographic or grounded theory strategies (2002: 88-90);
- Yin: Experiment, survey, archival analysis, history, case study (2003:5).

As already noted, the three are not perfectly equivalent in terms of conceptualising 'strategy' and 'design'. There are also some inconsistencies in terms of 'level', for example, Robson gives ethnographic study as a strategy in its own right whereas Yin offers ethnography as a method of data collection (2003:10). The lists are useful though as prompts to alternative considerations.

It is difficult to imagine an experiment that could be devised to address the specified purpose of the research, given that the project calls out for a 'real world' study

which would provide little in the way of experimenter control. The other possibilities are all worth consideration, if not on their own, as part of a mixed approach. It is the case study, however, that stands out as the most suitable strategy in this particular instance. The theoretical orientation to the study and the purpose of the research require that:

- different levels of analysis are required;
- full attention is paid to the context of the foci of study and to their relationship with it;
- there are many variables that will need to be investigated, these variables not always being clearly defined;
- the study needs to focus on contemporary activity.

Yin provides a guide as to when case studies should be used, stating that case studies are the preferred strategy, 'when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context' (2003:1), noting that the case study is particularly suitable when 'the boundaries between phenomenon and context are not clearly evident' (2003:13). This describes exactly what is required for this particular study. Yin summarises by saying that you would use the case study 'because you deliberately wanted to cover contextual conditions -- believing that they might be highly pertinent to your phenomenon of study' (2003:13). The choice of case study as strategy for this research was therefore relatively straightforward.

The case study as a research strategy has been the subject of what Yin casts as 'the traditional prejudices' but in recent years it has also attracted a number of advocates in addition to Yin himself (being recognised as a pioneer in the theorising of case study research). For example, Stake (1995), Gillham (2000), de Vaus (2001), Robson (2002) and Silverman (2005) all discuss the case study as a respectable (and in the right

circumstances, favourable) research strategy. These champions of case study research have pointed out, partly as defence against critics and partly as warning to inexperienced researchers, that case study research is far from the easy option that it is sometimes portrayed to be and that due consideration needs to be given to the same methodological issues as in other kinds of research, for example validity and reliability.

Any researcher using a case study strategy should be prepared to defend their work against the 'traditional prejudices' to which Yin refers. They are: lack of rigour, biased reporting of evidence, lack of basis for generalisation and lengthy, unreadable reporting (2003:10-11). I will return to these in Chapter 8 for a critique of this study against these possible charges.

4.1.3 The research questions

The specific research questions will guide the researcher on where to look for their data, what kinds of data to collect and what methods to use. There are numerous factors that will come to bear on the framing of the research questions. Some of them have already been discussed; the purpose itself, the theoretical basis for the work, and the chosen research strategy. There are others however and these are largely the practical limitations to the research, for example, the timescales and resources (including human and financial) available. The questions it was thought reasonable to attempt to answer through this study, and the answers to which would make a significant contribution to knowledge, in terms of our understanding of interagency information sharing, are the following:

- What kinds of interagency information sharing are currently taking place?
- How is interagency information sharing currently perceived by different stakeholder groups within the public services?

- What are the key issues concerning interagency information sharing from the perspective of those involved?
- What factors are influencing interagency information sharing behaviour?
- What strategies are being used to move towards the 'ideal' form of information sharing?
- How can interagency information sharing become more effective?

~ ~ ~

This section has described the considerations in planning the overall research strategy; the purpose of the research, theoretical orientation and philosophical assumptions, and also the range of available strategies. Reasons were given for selecting a 'case study' research strategy and the 'fine tune' direction to the work was specified through the detailed research questions. It is the desire to answer these questions that has guided the design of the case studies and it is this design that is outlined next. Although the research planning process has been portrayed as a linear progression, in reality of course, the whole matter is more of a muddle, with iterations occurring along the way. Because a dissertation is written in linear form however, this slightly false, idealised account of a step by step process will continue in the next section.

4.2 Research design

Having selected case study as the research strategy, the next stage in the research planning is what Yin calls 'design' (2003:19-56). In this stage decisions are made with respect to the selection of cases and the units of analysis, within the overall design of the study. Finally, consideration is given to the research methods and data sources. This section addresses these in turn.

4.2.1 Selection of case(s)

There were many potential candidates as cases to be studied and a set of criteria were drawn up to aid selection:

- Working at an operational (service) level rather than at strategic level;
- Involving a number of different agencies within the case;
- Evident sharing of personal information between agencies (within the case and between agencies from inside and outside the case);
- A relatively clear case boundary;
- A manageable size;
- Local, in order to ease physical access.

Some of these were not essential but were considered preferable. For example, it could have been possible to have gained an understanding about interagency information sharing by studying a single agency and investigating the way they interacted with other agencies, e.g. the case could have been a primary care trust or a social services department or a police basic command unit (or within the same sectors at a different level, it could have been a GP surgery, a day centre or a police station). Given that, as noted in Section 2.2.1, it is towards more formalised partnerships or even integrated services that government policy has pointed, I wanted to focus on those services which included a number of different agencies within them if at all possible.

The criteria listed earlier still permitted a large number of local service that were working as partnerships or integrated services within different sectors, for example, in older people's services, children's services, mental health services, services for people with learning disabilities, drugs and alcohol services, sexual health services and more. Having, in the early stages of planning, selected an integrated drugs and alcohol service and experienced access difficulties (see section 4.3.1), I decided to focus on children's services. The main reason for this was that most of the policy innovations around

interagency information sharing were being made in children's services, following the publication of the Laming Report in 2003, so it would provide an opportunity to study services that could be said to be 'leading the way'.

Although partnership working was being encouraged in schools, these were still very much dominated by education. In the same way, the health-based partnership services (e.g. for children with complex needs) were dominated by one sector. Sure Start programmes (Children's Centres as they were soon to become) by contrast were not dominated by any one sector or agency to such an extent. Some were led by health, some by a Local Authority, others by a voluntary sector organisation. Sure Starts were a curious mix but in their way, very typical of the New Labour partnership project. In this sense, the Sure Start Children's Centres were chosen as 'exemplifying cases' (Bryman, 2004:51).

The next step was to select a specific Sure Start or Sure Starts. I met with the local Sure Start Co-ordinator who also sat on the strategic level children and young people's partnership. This individual was enthusiastic about the work and suggested I use a multi-case design looking at three local Sure Starts. They had all developed in distinct ways; two, although having very different histories, were now governed in similar (though not identical) ways. The third used a markedly different model of delivery. It was led entirely by a voluntary sector organisation (unlike the other two) and it directly employed its staff, whether they were health professionals, early years professionals, social services professionals etc. The first two Sure Starts by contrast had developed a model of partnership and secondment so that staff remained employees of their 'parent' organisations or were self-employed, even though their funding may come from the Sure Start budget.

My initial intention was to study all three cases because they would provide interesting cross-case comparisons. Unfortunately I was not able to obtain access to the

case described above as the 'third' case (see Section 4.3.1). My cases therefore are the Keystone Sure Start Children's Centre and the Tamar Folk Sure Start Children's Centre.

While there was no strong methodological imperative for using a multiple-case design rather than a single case design, it was still worth the additional effort involved to include the two cases rather than just the one. Yin advises:

'...when you have the choice (and the resources), multiple-case designs may be preferred over single-case designs. Even if you can only do a "two-case" case study, your chances of doing a good case study will be better than using a single-case design. Single-case designs are vulnerable if only because you will have put "all your eggs in one basket". More important, the analytic benefits from having two (or more) cases may be substantial.'

(Yin, 2003:53)

An example of what Yin means with respect to analytical benefits is that if the same findings are found in two cases in which there are differing circumstances, they may be strengthened. Also, if findings differ, it may be possible to theorise reasons for the difference that can then be tested in future studies.

Within the two cases, it is then important to identify the unit(s) of analysis as these will specify the focus of the study and can pinpoint what data are to be sought. Yin provides a 2x2 matrix for the case study design, based on whether the design is single case or multiple case and whether it is holistic or embedded (Yin, 2003:39-53). In a holistic design the case itself is the sole unit of analysis whereas in an embedded design there can also be sub-units of analysis that need to be the focus of analysis for the research questions to be answered adequately. The design in this exploratory investigation is a multiple-case study with embedded units of analysis, these being the cases themselves and the interagency interactions where personal information is shared as these are the primary focus of the study.

4.2.2 Proposed methods of data collection

Data collected, once analysed, should enable the researcher to move towards answering the research questions that are being asked. This means that in large part the data collected are guided by the research questions themselves. For this reason, this account of the data to be collected and the methods chosen will be structured below around each research question. A summary of the data collection methods proposed in seeking to answer each research question is given in Table 4.1.

1. What kinds of interagency information sharing are currently taking place?

The study is dependent on knowing what the interagency information sharing behaviour is in each of the case studies and ideally this would include learning about the kinds of personal information being exchanged (or not being exchanged) between practitioners from different agencies when requested or offered, under what circumstances, how frequently and how appropriate (or not) the sharing and protecting of information is in the particular circumstances encountered. It was proposed to use a variety of data sources to achieve this learning, the primary source being interviews with individual practitioners. It was thought that there may also be documentary data that could prove helpful and that computer data might also be used if it was logged in a suitable form. A further idea was that of conducting a social network analysis to determine patterns of interagency information sharing.

Difficulties can arise with some data collection methods because of ethical considerations. In the early stages of planning, I had hoped that it might be possible to do at least one tracer study within the case studies, following interagency interactions concerning a single family or number of families, tagging the respective files to capture any information sharing requests or offers and following interactions over a period of time. It was not necessary for me, as researcher, to know the identity of the families concerned but it would have been difficult for the practitioners to have kept the data

anonymous. Although a reasonable case could be made, ethically, for collecting these data and the necessary safeguards to protect individuals could be made, I decided that there was a high chance of the study not being given a 'favourable opinion' by the NHS research ethics committee, and did not pursue this method.

For the same reason, I discarded an early idea to follow any 'critical incidents' that occurred during the case study period that required interagency information sharing. To ensure that the study was completed to schedule, it would be important to obtain all ethics clearances in a timely fashion; I could not afford the luxury of submitting multiple revisions of my research protocol to the ethics committee, even if the outcome would be a better overall study.

2. How is interagency information sharing currently perceived by different stakeholder groups within the public services? An important stakeholder group within any public service is that of the service users (in this case the families using the Sure Start children's centres). Their perception of interagency information sharing would add considerably to a full understanding of the topic. It would have been feasible within the timescales and resources for the case studies themselves to have included family members as participants and to have gained an insight into their perceptions of interagency information sharing, through focus groups, group interviews or individual interviews. This could have been a stumbling block again however in terms of gaining ethical clearance and as the primary focus of this research had always been the practitioners' interactions, the holistic picture was sacrificed in order to ensure that a less comprehensive piece of work could be adequately achieved. Another consideration made early on in the research planning was whether to include policy makers as participants and again, although this would have added an interesting perspective in an ideal world, this was decided against in order to keep the study focused.

To answer this research question then, data would be drawn from two sets of interviews; one within the cases themselves and one within their shared context. So there were three interview sets; practitioners working within the two children's centres and professionals who had worked together at a strategic level to develop the interagency information sharing protocol that covered both the cases in the study.

3. *What are the key issues concerning interagency information sharing from the perspective of those involved?* I wanted to discover what were thought to be the key concerns at the time of the study concerning interagency information sharing. I was able to make some inferences from the literature but I am not a qualified professional from any of the agencies falling within the study and it was important for me not to be making false assumptions which could lead to researcher bias. I decided to obtain data to answer this question from the three interview sets already described.

4. *What factors are influencing interagency information sharing behaviour?* This is a key question in the study and the data contributing to its answer should be triangulated where possible. I decided to use any relevant available documentation (from within the cases or from their context) along with interviews from all three interview sets as well as observations of the social interactions between the practitioners, for example at meetings and events taking place within the cases. (The interviews were designed to be semi-structured and for this question, the topic was to be explored in an open way to begin with, following up with questions around the factors itemised in the conceptual framework shown in Figure 2.2)

5. *What strategies are being used to move towards the 'ideal' form of information sharing?* To better understand interagency information sharing on the ground, I wanted to learn how professionals perceived improved information sharing and what strategies were being used, if any, to move in that direction. I decided to rely mainly, but not entirely, on interviews with the three sets of professionals to answer the question, by

first discussing the model of appropriate interaction and, if it was thought to be a useful model to pursue, asking about attempts to move to the ‘ideal’ quadrant. Any relevant documentation and observations of interactions would also be used where there was evidence of strategies being followed.

6. *How can interagency information sharing become more effective?* The professionals making up the interview sets would all be experts in their own fields, although they would have a variety of experience. I felt it was important to use the opportunity to ask the participants directly, through the semi-structured interviews about their ideas about how interagency information sharing can become more effective. The answers to each of the other research questions however could all contribute to answering this key question.

Research Question	Proposed Data Collection Method(s)
What kinds of interagency information sharing are currently taking place?	Documentation, interviews (within case), social network mapping, computer logs where available in anonymised form
How is interagency information sharing currently perceived by different stakeholder groups within the public services?	Interviews (within case and context)
What are the key issues concerning interagency information sharing from the perspective of those involved?	Interviews (within case and context)
What factors are influencing interagency information sharing behaviour?	Documentation (case and context), observation, interviews (within case and context)
What strategies are being used to move towards the ‘ideal’ form of information sharing?	Documentation, observation, interviews (within case and context)
How can interagency information sharing become more effective?	Interviews (within case and context) and inference from the answers to other research questions

Table 4.1 Summary of data collection methods planned to address the research questions

In this section, the research design has been described as a multiple-case embedded design of case study research, the cases being two Sure Start children's centres, and the units of analysis being the cases themselves and the interagency information sharing interactions taking place within the cases. The section also detailed the methods of data collection and data sources, according to the research questions the data would be addressing. This section, along with the previous one, has described the planning of the study. Now it is time to address the reality of the research process, which is inevitably messier, but no less interesting for that.

4.3 The research process

The final section of this third chapter describes the research process as it occurred. The first part discusses the importance of being sensitive to the requirements of the potential participants (and other stakeholders) and describes the process of obtaining access to the data sources in this study. The need to be flexible in 'real world' research is illustrated through a brief diversion to explain how this study changed as a result of access difficulties.

The second, related, part of this section discusses ethical issues in conducting research with people or 'human participants' (the term used by most research ethics committees). This part of the section describes how I aimed to work ethically in the research and the process of obtaining approval from the two relevant research ethics committees.

The third part of this section relates closely to section 4.2.2, which provided the reasons for the choice of data collection methods. Here, I detail the data collection *in practice* and report problems encountered.

Finally I discuss the way in which the data collected were analysed. In particular, this includes details of the adaptation of a model of human services for analysing the service activities within the cases and the analysis of the interview data.

4.3.1 Access

Before empirical data can be collected in a 'real world' context, access to the data sources (human or otherwise) needs to be negotiated; without access to the data sources, there can be no empirical data. Gaining access can be a protracted process and in this discussion of 'access issues' I begin by exploring some of the potential problems before describing how access issues have affected this research.

Researcher responsibilities

A 'real world' social researcher needs to be aware that conducting the research will inevitably impact on the people, groups/teams or organisations involved. Even if the only methods used are documentary analysis or observation, the research will 'leave its mark'.

It is possible that the research may have beneficial effects, for example, the research may provide an opportunity for reflection which could lead to improvements (e.g. in personal practice). Equally however, research has the potential for negative impacts. For example, it might place demands on people's time that is considered to be unacceptable, given their day-to-day pressures of work, and it is theoretically possible that the research might be a catalyst for negative change. Depending on the way in which the research is done and the context in which it is conducted, there may also be safety or confidentiality issues, which (if not duly considered) could be potentially harmful.

Some of these issues will be revisited under the heading of *Ethics* but the potential costs and benefits of the research can also affect the access that the researcher will be granted. It can thus be seen that there is an obligation on the researcher to take the greatest of care when negotiating access to their data sources. This obligation is not only to the research participants and the wider participant community but it is also to the research itself including the quality of the research design and to future research (and future researchers who may seek access at a later date).

Gaining access for this study

At two points in this study, access difficulties changed the direction of the research and it is important to note this; to record the realities of conducting research rather than to 'airbrush' the reporting of the process to fit the textbook account of doing research.

Before submitting the ESRC research studentship proposal, I had discussed the potential project with gatekeepers in a number of different possible case services. I selected one to be my preferred choice; a new integrated service for adults comprising what had been four separate services, two that had previously been PCT services, one that had been run by Social Services and one that was a voluntary sector service. I had good relationships with staff at all levels, having been involved with them from a previous project and the Director of the new service was enthusiastic about the proposed research. However, by the time I had registered as a research student, a year had passed and circumstances had changed.

When I returned to negotiate access, a new level of management had been put in place, led by a new member of staff and although the Director was still keen, he felt he should allow the new operational manager to make the final decision. This person had not worked with me before and although was interested in the project, was concerned about the amount of staff time that would be required. Also, the integration of services

had, almost inevitably, experienced some teething troubles and it was perceived that the additional pressure on staff time from my project might exacerbate any problems that already existed.

The study that has resulted is very different from the one that would have taken place if access had been granted. The enforced 're-think' to the research design allowed me to take into consideration the policy changes that had occurred in children's services with respect to information sharing through the Every Child Matters agenda and to recognise the benefits of a focus on children's services.

The second point in the study where access issues affected the path of the research occurred much later on and has been mentioned already in Section 4.2.1. I approached three Sure Start Children's Centres in the hope that they would agree to take part in the study as the cases. Two granted me access; the third did not. The timing was not good for any of the potential cases because they were close to a key deadline, by which time they would need to have successfully introduced a number of transformations to their services for them to be recognised officially by the Department for Education and Skills (DfES) as Children's Centres. The main concern, for the centre that decided not to participate, was again the call on staff time and once more this was entirely understandable.

When I approached each of the potential cases, I provided a printed document which set out not only what is often termed the 'research protocol' (i.e. the aims, objectives, rationale, strategy, design and proposed methods of data collection and analysis) but also the potential benefits and costs of participating, at an individual and organisational level. I estimated the likely commitment in terms of staff time and although it might be argued that, had I not done this I would have been more likely to have gained access, it would not have felt ethical to have neglected to include this information. It may also have had negative repercussions later in the study.

It is difficult to know how the study would have been different had the third children's centre been included as a case. In that it was a centre using a different form of governance from the other two cases it might have provided insights not forthcoming from this research. Three cases to be conducted within the same timescale however would have meant that the cases would not have been studied to the same depth so it is also possible that the study I have conducted has given rise to findings not available had three cases been studied.

Gaining access to data sources, then, is a critical step in the research process but, as in this case, it is sometimes necessary to change the study rather than to 'oversell' the study to gatekeepers. This approach I feel is correct, both in terms of the practical consequences and in term of the ethics, which is the next topic for consideration.

4.3.2 Ethics

Nobody involved in researching 'the social' can avoid confronting ethical issues. Even those who do not directly involve 'human participants' in their research will be faced with ethical dilemmas during the process; around funding, for example, or the collection, selection or reporting of data.

As stated, research has the potential to have both positive and negative outcomes for the communities involved, and it is important that researchers make every effort not to inflict any unnecessary harm on themselves or others, as a result of their research. As awareness of ethical issues has grown, so too has regulation of research ethics. When I began researching in a Department of Human Sciences in a UK university the 1970s, there was very little regulation of research ethics and there was certainly not a research ethics committee.

Now it is a different story. On the whole, the change has probably been positive. The need to have your research protocol examined by a research ethics committee

means that researchers who wish to involve people in their research will be likely to give more serious consideration to the ethical issues that might be raised in their study than might otherwise be the case, and the committee can offer advice on how to improve the study so as to minimise the risk of harm.

However, there are potential negative aspects to the current regulation of research ethics. One is the time it takes to obtain ethical approval from the various committees that are required to make an opinion on the proposed research. Another is that, because the whole emphasis of the regulatory process is at the beginning of the research (indeed, before any data collection has taken place), research designs can be compromised. This seems to be particularly the case in what Robson calls 'flexible' designs, in which the detail of the research cannot be known before it has begun (Robson, 2002:84-93).

I have written elsewhere (Richardson and McMullan, forthcoming 2007) about the problems of ethics regulation encountered by social researchers, particularly if they are required to engage with the NHS research ethics review process, which will be the case if their research involves NHS patients (or their data), staff or premises. I will therefore not dwell on those difficulties here but will outline the efforts that were made in this research project to ensure that it was conducted ethically.

Most of the ways in which I endeavoured to act ethically were covered by the principles upheld by the two bodies governing the research ethics committees to which I applied; my university and the Central Office for Research Ethics Committees in the NHS (COREC). I will therefore use headings derived from the University of Plymouth Ethical Principles for Research Involving Human Participants to describe my efforts. (University of Plymouth Graduate School, 2006:65-66)

Informed consent. There are philosophical and practical difficulties around the ethical principle of informed consent (see for example Sin, 2005; Wiles et al., 2005; O'Neill, 2006). As Malone observes, 'As a purely *legal* remedy, informed consent is

successful; as protection from *ethical* quagmires, the device misses the mark' (2003:813, original emphasis). Nevertheless, for my study, I interpreted the requirement for informed consent of participants as supporting my efforts to conduct ethical research.

Participants were provided with an information sheet at least 24 hours before being invited to sign the consent form. The consent form itself was designed to allow the participants to: acknowledge that they had read and understood the information sheet, acknowledge their right to withdraw from the study at any time, agree or decline to the audio-recording of interviews and to agree or decline to transfer copyright of their spoken word to the researcher for publication purposes. Copies of the information sheets used the consent form used in the study are reproduced in Appendices A, B and C.

Openness and honesty. Some studies (e.g. those involving covert participant observation) could be jeopardised if researchers were to be open and honest about the purpose and application of the research. Fortunately, for the research study described here, deception was not called for and I made every effort to be open and honest about the research, providing information in a comprehensive but concise way and in a form that would be easily understandable by all participants. I also encouraged questions to be asked about the research.

The right to withdraw. Although it is desirable to offer participants the right to withdraw at any time, this is not always practical, for example, in a study using a survey involving anonymous respondents. In this project, though, there were no such difficulties and I was happy to offer participants this right.

Protection from harm. The research did not involve any procedures that could be considered physically or psychologically harmful. Consideration was also given to the indirect potentially harmful effects of the study, however. These included the possible

embarrassment of participants when asked about actions of theirs that may have been marginal in legal or ethical terms and the potentially harmful effects on the wider case communities if undue staff time was being devoted to the project rather than to the delivery of services. No specific measures were used here but these issues were dealt with using researcher openness and sensitivity.

Debriefing. The university ethical principles require that if it is not possible to be open at the start of the study, debriefing should take place at the end. In my study, this requirement was not applicable as openness was possible throughout. However, I feel it is important, where possible, to provide participants with information about the study (including the findings) once it is complete. To this end I offered all participants the opportunity to attend a presentation and discussion of findings of the study. This took place on 12 September 2006.

Confidentiality. The University of Plymouth ethical principles require that the confidentiality of the identity of the research participants is ensured. The most commonly recommended method is to provide anonymity by not using the participants' names in any publication resulting from the research and limiting availability of the identities during the research. Data such as interview transcriptions have therefore been stored anonymously, names being replaced by ID numbers and although these data are to be stored safely for at least ten years, tapes used for recording interviews were erased following transcription.

In my opinion, however, such anonymity is not sufficient. Recall the 'priest's story' retold in Section 1.1.2 (O'Neill, 2006). This shows that anonymity alone is not enough to ensure confidentiality of identity, because of the operation of the 'inferential fertility of information'. It is for this reason that I not only decided that quotations used would not be attributed but in addition assured my participants that if, through the context of any quotations used in publication, the originator could be inferred by the

reader, and the opinion expressed could be contentious, I would discuss with the participant how the data could be presented in an acceptable form. In response to this process, a small number of participants made minor amendments.

In summary, ethical consideration of conducting the research was taken very seriously and steps were taken to work ethically by following the ethical principles of professional academic research.

4.3.3 Data collection

The proposed methods of data collection were discussed in Section 4.2.2 and summarised in Table 4.1. Here I detail the actual data collection procedures that took place in the study, highlighting where the research process differed from the plan.

Conceptually there were four distinct bodies of data, all of which will be integrated in the ‘findings’ chapters (5, 6 and 7) according to the analytic framework given in Chapter 2.

Body of data 1: From literature collected throughout the study

Throughout the whole study, there was one form of data that was continually being obtained and analysed. This is relevant literature, for example policy documents, legislation, guidance documents, literature produced by professional bodies, local government literature and so on.

Body of data 2: From pre-‘data collection’ information gathering activities

Neither the first body of data nor this second one, strictly speaking, contains ‘data’ arising from the research as far as the ethics committees are concerned. In a certain respect however the information in this category is very important; it informed the detail

of the research design and framed the data subsequently collected. It resulted from a period of pre data collection information gathering.

Under the NHS research governance framework, no data collection can begin until a favourable opinion has been given by the committee(s) and until the relevant NHS Trust(s) agree to the study. This includes data from interviews with people who are employed by other agencies. An expectation of the ethics committees however is that there should have been involvement of the prospective participant communities prior to the application being made to the ethics committee(s). During this preliminary period of participation, I met with members of the Children and Young People's Strategic Partnership. This was the body responsible for the production of the multi-agency information sharing protocol which would be a key component of the context of any children's service cases studied in the research.

At the time of these preliminary meetings, the decision about the specific cases to be used had not been taken. There were still a number of possibilities available. What was known was that the information sharing protocol that had been developed would cover any of the cases being considered. I wanted to delay making the decision on cases until I had been able to formally interview at least some of the members of the strategic level partnership and so gambled on submitting an application to the ethics committees that did not specify in detail all the cases to be used. I did however specify the likely professions of the research participants and the likely data collection methods to be used.

One of the options in the application was to use Sure Start Children's Centres, as transpired. Other case options were schools or a mixture of children's centres and schools. It was also suggested in the application that if time permitted it may have been a possibility to follow one or more of the specialised information sharing protocols and cases relevant to these, for example the children's disability register protocol or the

criminal proceedings disclosures protocol and during this preliminary period, I met with individuals involved with cases associated with these protocols that could have been involved had the study moved in that direction. In the event, lack of time prohibited this extension to the study.

The research application had a slightly different emphasis from the study as it has evolved, in that the levels of analysis have subtly changed. In the ethics application, although it does not use this language, the case is the children's services information sharing protocol and the Sure Start children's centres would have been embedded units of analysis but when the data collection began, it was clear that there needed to be a conceptual shift because the information sharing protocol was not the primary focus of the study. The focus was the interagency information sharing interactions. As this involved only a conceptual change and did not affect the goal of the research, the research strategy, the research questions, the data collection methods or the materials used (e.g. the information sheets, consent form and the interview topic guides), this was not problematic in terms of keeping to the agreed research procedure for the study.

Body of data 3: From the first phase of data collection

The data collection 'proper' could not begin until all aspects of the research governance were in place. The first set of research ethics application forms were developed around the original case of the adult service referred to in Section 4.3.1. The project needed to be substantially re-thought after access to this case was not forthcoming and consequently the final forms, based around the new focus on children's services, were not submitted until spring 2005.

The application to the university faculty research ethics committee was made on 13 April 2005 and approval was given for the study on 25 May 2005. The NHS application was made at the end of March and was discussed at a research ethics

committee meeting on 12 April. A letter giving a favourable opinion from the committee was dated 13 July (some minor revisions were requested initially which needed to be resubmitted to the Chair of the Committee). This is a relatively swift favourable response but the study still could not begin until the NHS Trusts had given their approval through the research governance process. I was applying to work with two trusts, a hospital trust and a primary care trust, because I foresaw the need to interview people who worked in both, which did indeed happen. One trust gave its approval on 16 September and the other on 27 October. This final approval letter, signalling the start of my empirical research, was therefore received over seven months after first applying to conduct the study.

This first phase of data collection consisted mainly in semi-structured interviews with the developers of the children's services information protocol. There were eight potential signatories listed on the most recent version of the protocol, signifying the groups that had been involved with its development. These were:

- The NHS hospitals trust
- The primary care trust
- The city council
- Connexions
- The youth offending team
- National children's homes (NCH)
- The Police constabulary
- Sure Start

I spoke with all the local representatives, except one. This was the NCH representative who had changed roles since the protocol had been developed. I did make efforts to contact her at the new address I was given, but was unsuccessful. Two of the others I spoke with admitted that they had not personally had a significant involvement

in the detailed development of the protocol. One was the Sure Start coordinator, who was involved in the study later as a manager of one of the cases, and the other was the Youth Offending Team representative and it was agreed that they would not be involved in the formal interviews of this phase. Five interviews were conducted in this phase, using Interview Topic Guide A, to be found in Appendix D, with the following personnel:

- Local manager, Connexions
- Children and young person's strategic partnership development officer, Lifelong Learning, City Council
- Corporate information manager, City Council
- Force information manager, local constabulary
- Data security manager, Hospitals Trust (acting in this capacity also for the primary care trust).

The interviews (which typically lasted between sixty and ninety minutes) spanned the period 8 November 2005 to 25 April 2006. Associated documentation was also provided as a data source in this phase.

Body of data 4: From the second phase of data collection

The second phase of data collection took place within the two cases themselves. Ideally the two cases would have been studied in series, the first finishing before the second began, but due to time pressures, they were studied in parallel. The Keystone case study spanned the period 1 December 2005 to 3 July 2006 and the Tamar Folk case study ran from 4 January 2006 to 23 May 2006. Nine interviews were conducted within the Tamar Folk case and seven within the Keystone case as shown in Table 4.2, using Interview Topic Guide B, found in Appendix E.

Keystone interviews	Tamar Folk interviews
Children's centre manager	Children's centre manager
Assistant manager	Speech and language therapist
Senior primary mental health worker	Speech and language assistant
Family support manager	(interviewed with the speech and language therapist)
Community development worker	Nursery manager
Team leader	Community family worker
Community midwife assistant	Primary care liaison worker
	Children's play co-ordinator
	Administrator/finance officer
	Project manager, money advice service

Table 4.2 Roles of those interviewed in the two cases

An interview was also conducted with the two local evaluators of the Sure Start Children's Centres who, by coincidence, had evaluated both the cases in this study. This means that semi-structured interviews, each lasting between forty minutes and two hours, were conducted with 23 people in total.

Early in the Tamar Folk case, I was invited to a team meeting that included a workshop exercise to introduce the staff to the research study and to gain insights into the kinds of interagency information sharing interactions that they encountered, so this was another source of data. In both cases, data were also gathered from observations made during meetings and from various kinds of case documentation including the original plans, minutes of meetings, activity and project publicity, blank record sheets e.g. registration forms. The intention to use data from the computer records or logs was not possible because the data were not held in a suitable form to provide the kinds of information that was being sought.

In Section 4.2.2, it was noted that an intention was to conduct a social network analysis to gain an understanding of the patterns of interagency interaction occurring. It

was decided during a discussion with the manager of one of the children's centres that this would be difficult to carry out because of the numbers of staff involved; it was anticipated that to get a complete picture it would be necessary to include over a hundred staff and it was decided that this would not be practical. Instead, a more restricted exercise was planned, to gather similar information by way of a diary to be completed for a limited time period (two weeks) by each of the interviewees within the case.

The idea was that participants would record, during the two week period, whenever personal information was requested of them or by them or was offered to them or by them, in an interaction with a professional from an agency different from their own. The diary sheet for a single interaction can be found in Appendix F. Each case interviewee was thus invited to participate in the diary keeping exercise. A diary was provided in paper form comprising what was considered to be a sufficient number of sheets, along with a stamped addressed envelope in which to return it when completed.

Initially there was no response at all and reminders were issued, requesting that the diaries be returned blank if they had not been completed. This resulted in a single completed return from the Keystone case, with data from six separate interagency information sharing interactions. The majority of the remaining diaries were returned but were blank.

It was disappointing only to receive one useful return but not altogether unexpected. I have already noted that it was a particularly stressful time and most of the professionals, although showing an interest in the diary keeping exercise when interviewed, made it clear that they were unlikely to have the time to complete it. Appreciating the time that they were already giving to the study, I made it clear that all participation was voluntary and that whilst I would be grateful for this data because I

had little in the way of such evidence, I could understand if interviewees felt unable to complete the diaries.

A range of different kinds of data, then, was used to contribute to the findings of the research, drawn from documentation, observation, diary keeping and interviews (with 23 people in all).

4.3.4 Data analysis

The analysis of data collected was driven by the three-level conceptual framework set out in Chapter 2. This applies to the interview data and to the documentation and other data collected. There are two specific methods of analysis that merit further description.

One concerns the analysis of the cases to give a 'picture' of the service activity occurring in the overall case. To do this, a framework developed to look at integration within networks of services was adapted (Browne et al., 2004:4). A detailed description of the framework is given in Chapter 6.

The other method of analysis that requires some further description is the analysis of the interview data. The first stage in the process following transcription or writing up of the interview notes (for the two instances where the interviews were not audio-recorded) was to send the transcription or notes to the interviewees for checking to ensure the raw data were accurate. This process is sometimes referred to as 'member checking' and is a method that is recommended for increasing the trustworthiness in the data and hence the subsequent findings (Stake, 1995:115-116).

The next stage is the anonymisation of the interviewee and of the content of the transcriptions/notes (henceforth jointly referred to as 'transcripts'). Anonymising the interviewee was straightforward and involved the assigning of an ID number to each of the transcripts. Anonymising the *content* of the transcripts requires a degree of judgement. Where interviews refer to individuals by name, these were replaced by role,

which has the added advantage of being more informative for readers if used in quotations. There can be a danger though that in the process of anonymisation, so much context is removed as to make the transcript less valuable in terms of the research; a balance needs to be struck.

The interview transcripts can then be input into a database in the NVivo computer package. NVivo is propriety software to assist with qualitative data analysis and can assist the researcher with two of the four components in data analysis identified by Miles and Huberman; data reduction and data display (1994:12). NVivo allows analysis to be done in two different ways. One is that an analytic conceptual framework can be imposed on the data which involves drawing up a 'coding framework' whereby variable size chunks of data can be coded to be associated with a specific element (or elements) of the framework. The data can be sub-coded or 'coded on' from the reduced data set associated with each of the elements and so on so that patterns within the framework can be elicited. The alternative method is to approach the data without imposing a framework, coding 'from the data up' as would be done for example in a grounded theory study (e.g. Strauss and Corbin, 1997). (For more information about using NVivo for qualitative data analysis, see for example, Richards, 1999.)

In this piece of research, I used a mixture of both methods. I had a conceptual framework (as in Figure 2.2) that I wished to use in the analysis of the data so I was able to use this for my basic coding framework. This is an exploratory study however and it was likely that there could be important elements of the framework that I had not yet identified. I therefore subsequently coded from the data up to identify any significant neglected issues.

~ ~ ~

This section has described the process of conducting the research and has highlighted differences between the reality and the 'idealised' plan of the research. The importance

of gaining access to data sources has been discussed, detailing two points in the process where access problems changed the course of the research. The related topic of ethics was also examined with a description of my attempts to ensure that the research was ethical. The process of data collection was described, giving details of interviews conducted as well as the range of other methods utilised. This section also provided details of the way in which the data were analysed.

Conclusion

Planning and undertaking a piece of independent research involves the taking of numerous decisions, each of which could have repercussions for the quality of data collected and conclusions drawn. An aspect of ensuring rigorous research is optimising the reliability of the findings and part of this responsibility is to document as fully as possible the decisions made in planning the research and the ways in which the research was conducted, including data collection and analysis. To this end, this chapter has documented the key planning decisions regarding research strategy and design, data collection methods and process of data analysis.

The findings reported in the coming three chapters are the result of a two-case embedded design case study. Chapter 5 gives the findings that relate to the 'environment' level of the conceptual framework in Figure 2.2, and in effect forms the shared context of both the cases. Chapters 6 and 7 provide the findings that relate specifically to the two cases, Keystone and Tamar Folk respectively.

This is a departure from the orthodox method of reporting cases, where the context forms an integral and essential component of the case itself and there are arguments in favour of both methods of reporting. The structure used here has the dual advantages of emphasising the structure of the conceptual framework and of avoiding duplication of the contexts which are extremely similar for the two cases and can, for

the purposes of this study, be dealt with as though they were identical. I move on now to this shared context, which is reported in the next chapter.

Chapter 5

The shared case context

This is the first of three chapters that present the findings from this research. All three include a mixture of 'objective' and 'subjective' data, the latter being the voices of my research participants; I will save my personal opinions for Chapter 8. This chapter creates an understanding of the context that is shared by both the case studies, by virtue of them existing in close proximity, in time as well as geography. They are governed by the same national policies and laws and fall within the same local authority boundary. Broadly, the same key professional bodies govern staff involved in both cases. There are some local differences in context but these are covered in chapters 6 and 7 for each case respectively.

This chapter provides straightforward factual information and, where available, views from participants about the context where these are relevant to both cases, from within the *context* rather than from within the cases. Views of the context, and how it influenced information sharing, from the perspective of the *cases themselves* are included in the respective case chapters. Thus, I hope to avoid unnecessary duplication whilst adhering as closely as possible to the convention of case study reporting.

The first section of the chapter provides the policy context for the cases, in particular describing the Sure Start programme. In the second section, details are given of the laws and government guidance relevant to information sharing in children's services at the time of the fieldwork. The third section provides information about the professional cultures of those involved in the case studies, giving background information about professional education, training and support. The final section is concerned with local strategy including the development of local information sharing

protocols. Thus, the structure of the chapter follows the elements in the environment (context) level of the conceptual framework.

A mixture of data sources has been used in this chapter, including policy and legal documents, information produced by agencies and the professional bodies, documentation obtained during the case studies and interviews conducted during the first phase of data collection (see Section 4.3.3). The latter contribute primarily to the final section of the chapter and this section has been given the greatest emphasis.

5.1 The central government policy context

This section explains the policy background to the very existence of the case studies; the Sure Start Programme. It describes expectations from central government about the governance of Sure Start Children's Centres and gives an account of the relevant central government technology policies that could impact on Children's Centres.

5.1.1 The Sure Start Programme

Although there are other policies that are likely to affect interagency information sharing in the cases studied, the most important are those that concern children's services, and particularly Sure Start Children's Centres. This section therefore focuses on these by summarising the background to Sure Start, its development over time and the regulatory framework that governs it.

Soon after the New Labour Government came to power in 1997, the Treasury became important, for the development of *social* as well as economic policy (Cohen et al., 2004:62). Instrumental to the implementation of the Sure Start Programme were the new tools of:

- the comprehensive spending review (CSR);
- public service agreements (leading to departmental targets); and

- cross-cutting reviews, chaired by Treasury officials.

All these were aids to inter-departmental co-ordination and as such were used, at least in part, to facilitate a reduction in inter-departmental fragmentation. In other words, they were to bring about 'joined-up' government and were part and parcel of the modernisation reforms referred to in Section 2.2.1.

As far as the cases in this research are concerned, three key outputs resulted from the 1997 CSR and the review of children's services that took place in the same year. These came bound up with the Green Paper, *Meeting the Childcare Challenge* and were: the National Childcare Strategy; the moving of responsibility of childcare and welfare services from the Department of Health to the then Department for Employment and Education; and the formulation of the Sure Start Programme (Cohen et al., 2004:63). Sure Start was conceived as a set of local, multi-agency programmes where children and their families were to take central place. Provided below is a summary of the Sure Start initiative and the way it changed over time.

Although Sure Start has returned to the aspiration of the national childcare strategy; to 'ensure quality, affordable childcare for children aged 0 – 14 years in every neighbourhood' (Tunstill et al., 2005:166), its early scope was somewhat different. The programme had an initial three year budget of £450 million and, to start with, it was definitely not aiming to cover *every* neighbourhood (Eisenstadt, 2000:6). This is because the programme was an 'area-based initiative' (ABI) and the ABIs of the early New Labour Government had the intention of concentrating resources on localities of high need; usually deprived urban areas (Painter and Clarence, 2001:1215). Sure Start fitted this pattern, being 'based largely in the 20 per cent most deprived wards of the country' (Tunstill et al., 2005:166).

In the beginning, Sure Start was not looking to cover children from 0-14 either. In its first incarnation (Sure Start Local Programmes), there was to be universal early

intervention provision within a defined geographic catchment area for the *under-fours*, their families and communities (NESS research team, 2004:2). It had the aims of improving children's social and emotional development, health and ability to learn, as well as strengthening families and communities (Cohen et al., 2004:60).

The first phase of the programme provided 260 Sure Start Local Programmes which won their funding through submitting a bid based on a plan developed in the locality (Tunstall, 2005:166). Delivery mechanisms were not prescribed by government and consequently there was large variation between individual local programmes. The 2000 Spending Review provided the funding for the second phase of local programmes, leading to a total of 524, serving over 300,000 children and their families (NESS research team, 2004:2).

The spending review of 2002 introduced the idea of Children's Centres which were to be the universal version of Sure Start Local Programmes, eventually to result in 3500 Children's Centres nationally (Anning et al., 2006:6). Although the idea was to make the advantages of Sure Start available to many more families, there was still a recognition that areas of greater deprivation have greater need and so the model for Children's Centres included graded levels of provision. Priority was given to the 30 per cent most disadvantaged areas which were to offer the widest range of services (and receive higher levels of funding). The rest of the country would receive varying levels of provision, dependent on audits of 'advantage' (Anning et al., 2006:126).

Children's Centres featured strongly in the Green Paper *Every Child Matters*, presented in September 2003 along with *Keeping Children Safe*, the Government's response to the Victoria Climbié Inquiry Report and Joint Chief Inspectors' Report (DfES, 2003a and b). In January 2004, 67 SSLPs were 'early designated' as Children's Centres (Halliday and Asthana, 2007:39) and the two case studies reported in this thesis

were among their number, becoming Children's Centres in April 2006, during the case study period.

Indeed, *Every Child Matters*, and the Children Act 2004 that resulted from it, had a great impact on the then Sure Start Local Programmes and the Children's Centres that followed. For example, the five outcomes for children published in *Every Child Matters* (derived from those things that were found to matter most to children) were to become embedded in Sure Start thinking:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- economic well-being.

(DfES, 2003a: 6-7)

Other aspects of the 2002 Spending Review that were important (and were incorporated in *Every Child Matters*) were extended schools, local safeguarding children boards, the role of lead professionals, the Common Assessment Framework (CAF) and the extension of the term Sure Start to include children up to 14. The childcare element of children's policy has been strengthened by a ten year childcare strategy, *Choice for Parents, the Best Start for Children*, which was published alongside the Pre-budget Report in 2004 and this led ultimately to the Childcare Act 2006.

Although the policies discussed in this section were set by national government, they were planned and delivered locally and, because of the policies of collaborative governance discussed in Section 2.2.1, this means that they were implemented through local partnerships. One of the things that adds complexity to the idea of the steerers (those deciding central strategy) and rowers (those working at operational level to implement the strategy locally) discussed in Section 2.2.1 is that in reality there are often two levels of strategy; the central and the local. Whilst Chapters 6 and 7 are dealing with 'rowing' we could say that section 5.4 deals with 'local steering' and this section (5.1) with 'central steering' in relation to Sure Start. Having dealt with the

question of deciding the *direction* (policy), the next thing to be addressed is the *method* of ensuring that the specified compass bearing is maintained (governance).

5.1.2 Governance policy affecting Children's Centres

In Section 2.2 the notion was introduced that New Labour policies of governance have two key components; collaboration and control, which we can see manifested most clearly as partnership working and regulation. Below I lay out the policies around these two aspects as applied to Sure Start Children's Centres.

Partnership working in Sure Start

Here I examine the vision of collaborative working in Sure Start Children's Centres as expressed in the policies of the New Labour Government. As Glass notes, the Sure Start Programme emerged from one of a number of cross-cutting reviews of children's services which, by their nature, work across different government department areas (1999:260). This review was broad indeed and this breadth was to be mirrored at the local level with Sure Start Local Programmes involving partnerships of statutory agencies and voluntary groups to provide a range of services; not just health and education but also 'additional services according to local needs, such as skills training for parents, personal development courses and practical advice and support such as debt counseling, language or literacy training' (Glass, 1999:258).

As pointed out in Section 2.2.1, partnership has been mandated as well as encouraged. While the Sure Start Programme provided additional funding for local services that met certain requirements, as those above, partnership in the provision of children's services was mandated through the Children Act 2004. One example of this is the coming legal requirement for Children's Trusts, which are to be the vehicle for

instantiating interagency cooperation for children's services by 2008 (HM Govt., 2005:7).

Collaborative working, then, is very much part of the Sure Start context and it would be the basis for some of the interagency information sharing interactions in the case studies. Relationships between agencies working within a single Centre may vary, however, depending on the structures of governance and regulation that are operating and it is to these factors that I now turn.

Regulation of Sure Start

Sullivan and Skelcher provide an informative diagram of the performance management and accountability in Sure Start from the beginning to as far as the start of the second phase of local programmes (Sullivan and Skelcher, 2002:155). Through it they make two key observations. One is the attempt at collaboration at the level of government departments and the other is the fact that Sure Start was brought into the formal system of accountability to the Treasury through the negotiation of Public Service Agreement (PSA) targets and the production of a Service Delivery Agreement (SDA).

On the first of these, it has already been noted that following the 1997 comprehensive spending review, responsibility of childcare and welfare services moved from the Department of Health to the then Department for Employment and Education. At this stage, however, 'early years' was separated from childcare, with childcare being the responsibility of Employment and early years residing within Schools (Cohen et al, 2004:66). The two were later placed together in an Early Years and Childcare Unit but the two aspects still reported to the two sides of the Department. Following the separation of the Department for Education and Employment (DfEE) into the Department for Education and Skills (DfES) and the Department of Work and Pensions (DWP), the unit reported in its entirety through Schools, as part of the DfES. In

December 2002 after the 2002 CSR, the unit merged with the Sure Start Programme, creating the Sure Start Unit which was, for the first time ‘a *single* unit with one head’; (Cohen et al., 2004:66, original emphasis). At this very point of administrative integration though, political responsibility was split again because the Sure Start Unit was tasked with reporting to both DfES and the Department for Work and Pensions (DWP).

This dual pathway of accountability reflects an increasing priority over time for Sure Start to play a role in supporting parental employment. This changing emphasis, of prioritising employment, seems to have downplayed the part of health within Sure Start and this is echoed in the changing PSA targets (Halliday and Asthana, 2007). To the extent that NHS employees continue to work in and with Children’s Centres, there is of course a health component to the services provided. The part of the health regulatory framework having greatest impact on Children’s Centres is the national service framework (NSF) for children’s and maternity services, and this was yet another piece in the regulatory jigsaw puzzle for children’s services.

One of the policy goals of the ten year children’s childcare strategy was children’s services inspection reform. With different agencies being required to work together to deliver the five outcomes set out in Every Child Matters, it made sense that there should be integrated inspection. There has been broad agreement across the agencies to the suggestion of integrated inspection, and the proposed method for achieving it was through ‘joint area reviews’ (JARs). Hudson, however, draws attention to some potential obstacles in the successful implementation of such a regime, not least that individual schools were exempted from a legal duty to cooperate while the Police, Connexions, the NHS, Youth Offending Teams (YOTs) and local authorities were required to join together to achieve the stated goals (Hudson 2005d).

In the context of the case studies, these changes existed as potential changes and concerns; things to be planned for amongst all the other changes; physical, structural, relational that were there in the background for those working in and with Children's Centres.

5.1.3 Technology policy affecting Children's Centres

In this section, the aim is to describe the way in which technology policy made at national government level impacted on the cases as part of their context, in relation to information sharing. As discussed in Section 2.2.2, individual government departments had plans in place under *Transformational Government* for using information and communications technology to support better information management, including interagency information sharing, including programmes such as IMPACT and Connecting for Health (incorporating NPfIT).

These are important as part of the context of the Children's Centres studied here but there are four specific initiatives, supported by the Children Act 2004 that will impact directly on Children's Centres. Although their origins predate the Children Act, they are now bound up with it as tools to enable the integrated working that the Act expects (Ireland, 2007:42).

The four initiatives are: the integrated children's service (ICS), the electronic common assessment framework (e-CAF), ContactPoint (previously known as the Information Sharing Index) which will probably encompass e-CAF and the children's services directory.

National policy relating to information technology that had impacted directly on Children's Centres by the time of the case studies concerns the performance monitoring requirements demanded by central government. Under the guidance provided to the Sure Start Local Programmes for planning and delivering programmes from 2004 to 2006, it

was stipulated that quarterly monitoring data needed to be submitted by each local programme to central government via a central Sure Start Information System (SSIS) (DfES, 2003c: paragraph 4.12).

The delivery guidance stated that in order to submit the required information electronically as stipulated, each Sure Start Local Programme should have its own systems in place for the collection, holding and sharing of the relevant information, either by developing their own, or by buying-in an existing database from a list of suppliers provided by DfES. (DfES, 2003c: paragraph 4.26)

~ ~ ~

To summarise, a review of governance policy concerning Children's Centres portrays a context of providing services for children and their families in a more integrated way. The technology policies herald a time of real change in how professionals communicate about the families they work with but this change was still to come for the research cases, the technology policies as well as key governance policies not having been implemented by the end of the case study period. Nevertheless, the policies themselves existed, as ideas, at the time of the case studies. These governance and technology policies were closely bound up with the new legislation and guidance relevant to information sharing in children's services and the next section surveys this, as well as the older legislation and guidance that practitioners needed to be aware of to do their job.

5.2 The legislative and guidance context

In Chapter 2, I looked at the way in which practitioners in public services might change how they share service information as a result of the legislation in force and the guidance available to them. Here, I set out the legislation and guidance specifically affecting Children's Centres, in relation to information sharing.

5.2.1 Legislation affecting Children's Centres

There is much legislation relating to information sharing in children's services, not just the key laws, applying to all public sector services, described in Chapter 2 (common law duty of confidentiality, the Human Rights Act 1998 along with the ECHR, and the Data Protection Act).

Common Law duty of confidence
National Assistance Act 1948
Children and Young Persons Act 1969
Local Authority Social Services Act 1970
Local Government Act 1972
NHS Act 1977
Adoption Agencies Regulations 1983
NHS General Ophthalmic Services Regulations 1986
NHS and Community Care Act 1990
NHS Regulations 1992
Children Act 1989
Education Act 1996
Police Act 1997
Crime and Disorder Act 1998
Data Protection Act 1998
Human Rights Act 1998
School Standards and Framework Act 1998
Health Act 1999
Asylum and Immigration Act 1999
Protection of Children Act 1999
Care Standards Act 2000
Freedom of Information Act 2000
Learning and Skills Act 2000
Local government Act 2000
NHS Bodies and LA Partnership Arrangements Regulations 2000
Education Regulations 2001
Health and Social Care Act 2001
Caldicott Standards, DH 2002
Education Act 2002
Fostering Services Regulations 2002
NHS Regulations 2002
Police Reform Act 2002
Anti-social Behaviour Act 2003
Community Care Act 2003
Children Act 2004
Education Act 2005

Box 5.1: Key statutory provisions relevant to information sharing in children's services at the time of the case studies

(Adapted from Appendix 2 of 'IRT: Information sharing to improve services for children. Guidance on Information Sharing'. Children and Young People's Unit, 2003.)

The key statutory provisions, existing at the time of the case studies, are given in Box 5.1. The Childcare Act 2006 had not been enshrined in law at the time of the studies but the Childcare Bill 2005 did exist. Likewise, the Education and Inspections Act 2006 was not enshrined until November of that year but as discussed in Section 5.1.2, the direction in which the Act pointed was inherent in the context as it existed and so, as with policy, the *knowledge* of what was likely to come did form part of the case context.

The single piece of legislation that will have had most impact on the Children's Centre cases studied in this research, is the Children Act 2004, changing, as it has, the requirement for agencies to work together and to share each others' information more freely, albeit within the law more generally.

5.2.2 Guidance affecting Children's Centres

As in Chapter 2, this discussion is not being restricted simply to statutory guidance but also includes non-statutory guidance and guidelines produced by Government departments or agencies. In contrast to the situation just a few years earlier, by the time the cases studies were conducted, an abundance of guidance and support had been devised to aid professionals moving into a multi-professional and multi-agency environment where they might need to share personal information with professionals employed by a different agency. The key guidance documents on information sharing provided by government departments or government agencies at the time of the case studies are given in Box 5.2.

- Privacy and Data Sharing – the Way Forward for Public Services. April 2002 Cabinet Office: Performance and Innovation Unit
- Guidance for Connexions Partnerships on information sharing. 2002
- Requirements with respect to ‘fair processing’ under the Data Protection Act and the passing of information to Connexions. April 2003
- What to do if you’re worried a child is being abused May 2003. DH
- Delivering a fully effective service to survivors of domestic violence, rape and sexual assault by known perpetrators: Guidance on information sharing (Draft) 2003 Home Office
- Guidance for Youth Offending Teams on Information Sharing. Youth Justice Board. 2003
- IRT: Information sharing to improve services for children. Guidance on information sharing. Children and Young People’s Unit. 2003.
- NHS information governance toolkit. NHS, November 2003.
- Public Sector Data Sharing: Guidance on the Law. DCA, 2003.
- Guidance for Local Partnerships on Alcohol-related Crime and Disorder data. Home Office, 2003.
- Information sharing toolkit. Department for Constitutional Affairs website: <http://www.dca.gov.uk/foi/sharing/toolkit/index.htm>
- Crime reduction information sharing toolkit (including information sharing helpline) <http://www.crimereduction.co.uk/toolkits/ui00.htm>
- Sure Start Delivery Guidance, Annex 11, DfES 2003
- Safety and Justice: sharing personal information in the context of domestic violence. An overview. Home Office Development and Practice Report No. 30. Research, Development and Statistics Directorate, 2004.
- Guidance for Partnerships and Primary Care Trusts (PCTs). Commencement of PCTs as responsible authorities with respect to the Police Reform Act from April 2004. DoH and Home Office, August 2004.
- Guidance to the law on data processing and sharing. DfES 2005
- Code of Practice: Confidentiality and Disclosure of Information: General Medical Services, Personal Medical Services and Alternative Provider Medical Services Directions DH 2005
- Statutory Guidance on inter-agency cooperation to improve the well-being of children: children’s trusts. DfES 2005
- ACPO Guidance on the management of police information 2006
- Information sharing: Practitioners’ guide. Integrated working to improve outcomes for children and young people. DfES 2006
- Information sharing: Further guidance on legal issues. DfES 2006
- Working together to safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. DfES 2006

Box 5.2. Guidance on information sharing published between 2002 and the end of the case study period that could be of relevance to Children’s Centres.

The guidance that was most specific to Children’s Centres was the Sure Start Delivery guidance but this was not focused entirely on information sharing. It provided delivery guidance to lead and accountable bodies and managers on how to implement the Sure Start Programme locally and included governance mechanisms as well as monitoring and inspection. Under the section on providing monitoring information, it did, however, contain some specific detail on the sharing of information across agency

boundaries. The guidance states: 'Wherever possible information should be shared between agencies as this will reduce the burden of data collection on both families and staff in Sure Start and partners agencies.' (DfES, 2003c: paragraph 4.27)

The guidance confirms that, as holders of individually identifiable information, Sure Start partnerships would 'need to either register with the Information Commissioner themselves or amend the registration of one of their key partners (lead partners or accountable body) to include the Sure Start programme' (DfES, 2003c: paragraph 4.30).

The guide does give reassurance that if parents do not wish to give their consent for information to be held about them or their children, this does not bar them from access Sure Start services. It states, 'Sure Start is for every child under 4 and their family living in the Sure Start area, regardless of whether they give their consent to your collecting and sharing information' (DfES, 2003c: paragraph 4.32).

A further key guidance document that directly addresses information sharing in Children's Centres is the guidance on the Common Assessment Framework (CAF). The guidance was published during the case study period. At that time, the City Council for the two cases was preparing the local CAF training based on this guidance (DfES, 2003c).

~ ~ ~

The relevant legislation and guidance have been provided in list form. This illustrates the fact that there are many statutory provisions and individual pieces of guidance that the practitioners in the cases needed to at least be aware of in order to do their work. In practice there are even more guidance documents than those listed in Box 5.2 because, for example, the web-based toolkits contain sets of guidance materials on different topics relating to information sharing. The sheer number of separate pieces of

legislation and guidance says something in itself about the context in which the case study participants were working.

5.3 The professional context

While the aim of the section on professional culture in Chapter 2 was to demonstrate that professional culture is capable of influencing interagency information sharing on the front-line of service provision, the aim of this section is to describe professional culture as a backcloth to the cases; as part of their context. It is important to distinguish the different levels at which professional culture is discussed. Interprofessional interaction in multiagency team-working is considered as being within the boundary of the case rather than its context. Much of which *leads* to the issues encountered in interprofessional working, however, begins as part of the context, and it is these factors that are examined here, in an attempt to provide the ‘givens’ of professional life that are, in effect, inputs to any system in which different professionals are expected to work together.

Although Children’s Centres can contain interactions between literally dozens of different professions, the core professions, and the ones considered here as important in the cases studied, are:

- Teachers
- Nursery workers
- Play workers
- Social workers
- Police officers
- Community development workers
- Mental health workers
- Speech and language therapists

- General practitioners
- Midwives
- Specialist community public health nurses (Health visitors).

It is important not to forget the army of para-professionals that support the professional groups listed above or the administrative staff, who, while generally not thought of as practitioners, are nonetheless privy to a great deal of personal information, and can be the target of requests for information sharing by a range of agencies. The Sure Start Children's Centres studied in this research are inclusive of people working, either for themselves or for local community or voluntary groups. Again, there will be times when these individuals have to make decisions about sharing information with others working within their Children's Centre. Because of space restrictions, details of the professional regulation and training of these groups will not be included here. Table 5.1 has been compiled for the core professions listed above to show:

- their primary professional focus;
- which bodies set their professional conduct and ethical values;
- the training that they are required to undergo in order to join the profession; and
- the provision for continuing professional development post-qualifying.

The remainder of this section will address the variations shown in Table 5.1 in terms of the focus and ethical priorities across the professions and the training and support that they receive.

5.3.1 Professional focus and ethics affecting Children's Centres

Professional codes have changed over the years, but even professionals trained many years ago are expected to adapt. The information in Table 5.1 which gives information current at the time of the case studies, can, therefore, provide a useful impression of some of the differences across the professions.

Profession and	Focus/responsibility	Bodies setting professional values and ethics, directly or via training	Training required to join the profession	Provision or requirement for continued development
Teachers	Individual young people, the school as community, parents/carers, society	General Teaching Council, Training and Development Agency for Schools, Ofsted	Usually three year initial training or one year postgraduate training to achieve Qualified Teacher Status.	CPD available for specific additional responsibility. Required additional leadership training for posts such as head teacher.
Play and nursery workers	Children within the context of their families, base institution, associated school if any and wider community	Council for Awards in Childcare and Education, Professional Association of Nursery Nurses, Ofsted	Length of training dependent on level of training. Can gain qualifications up to level 4 (degree equivalent).	Career progression available, e.g. to nursery manager. Expected to give and receive supervision.
Social workers	Individuals, families and their communities	General Social Care Council. Commission for Social Care Inspection, DH, Training Organisation for the personal Social Services (TOPSS) UK	From 2003, degree in social work is the usual route (three or four years) but previously Diploma or Certificate.	Specific post qualifying training available e.g. mental health, child care. Must have 15 days CPD in every three year re-registration cycle
Police officers	Main responsibility is to society and the local community,	Centrex, Association of Police Authorities, Police Learning Development Executive	Two years initial programme. Those successfully completing the programme are expected to have level 3 and at least be working towards level 4 NVQ.	Further development for specific career progression
Community development workers	Individuals, families and communities of geography or interest	Federation of Community Work Training, English Standards Board for Community Development Work Training and Qualifications	Variety of routes and levels - work-based NVQs are available up to level 4 and it is possible to take a degree in community development work	No formal system; CPD opportunities depend on work context.
Child and Adolescent Mental Health workers	Individual patients and then their family/community	Association of Child Psychotherapists, UK Psychotherapy Council, DH, NHS	A number of routes- psychiatry, social work, psychology, mental health nursing. Usually four years training after degree or previous professional training.	Continuing supervision required. CPD available, depending on employer.
Speech and language therapists	Individual patients and family	Royal College of Speech and Language Therapists, DH, NHS	Usually a three or four year specialist degree	
General practitioners	Mainly the individual patients but sometimes the wider population (e.g. vaccination)	Royal College of GPs, General Medical Council, British Medical Association, DH, NHS	Usually minimum of ten years (5 for medical degree, 2 for foundation and 3 for GP training)	There is a 5 year cycle of recertification and a range of specific CPD that can be undertaken
Midwives	Mainly mothers and babies as individual patients but also family/community	Nursing and Midwifery Council, Royal College of Nurses and Midwives, DH, NHS	Usually three year degree or diploma (shorter if already qualified to at least level 1 in nursing)	Duty to keep skills up to date but access to CPD dependent on funding streams.
Specialist community public health nurses (Health visitors)	Individual, families community, general population from public health perspective	Nursing and Midwifery Council, Royal College of Nurses and Midwives, DH, NHS	Specialist post-nurse training following at least two years practising as a nurse. The training is a minimum of one year.	As above

Table 5.1 Table of professions showing main focus, bodies setting ethical values, professional training and continuing development provision (multiple sourcesⁱ)

In terms of the breadth of focus of the professions, it is instructive to look at the detail provided in some of the standards and professional codes of conduct and ethics. For example, the current General Social Care Council (GSCC) Social Work Codes of Conduct states:

Social work helps people to live more successfully within their local communities by helping them find solutions to their problems. To succeed, social workers must work not only with clients but their families and friends as well as working closely with other organisations including the Police, NHS and schools.

(Social work codes of conduct)

This short passage sheds light not only on the breadth of the social worker's focus but also hints at one of the strongly held values of social work; the empowerment of people to solve their own problems. Displaying a different emphasis, the Statement of Professional values and Practice for Teachers places 'the learning and well-being of young people at the centre of their professional practice', recognising 'the key role that parents and carers play in children's education' (GTC Statement of Professional Values). Similarly, the professional code for childcarers holds that professionals should:

- Value and respect each child as an individual
- Be aware of, and safeguard the rights of, all children
- Facilitate and promote the growth and development of the whole child
- Be aware of, an endeavour to meet the needs of, each child for whom they are professionally responsible.

(PANN Code of Practice)

Only then does the Code go on to say that professionals should see the child in the context of his or her family.

The Nursing and Midwifery Council code of professional conduct says, 'As a registered nurse, midwife or specialist community public health nurse, you must: protect and support the health of individual patients and clients; protect and support the health of the wider community' (NMC code of professional conduct).

A new Code of Professional Standards for Police Officers was published for consultation in February 2006. This states the duty of police officers as being to: a) protect life and property; b) preserve order; c) prevent the commission of offences; and d) where an offence has been committed, to take measures to bring the offender to justice. (Home Office, 2006:6)

This brief selection from the professional codes illustrates the varying responsibilities of the different professions. There are also differences to be noted in education, training and support received by the different professionals working with children, as explored below.

5.3.2 Professional education, training and support affecting Children's Centres

Initial professional education and training has changed over the years, as have professional codes. What will not have changed is that GPs have the longest training of all the professionals; approximately ten years. One way that professionals trained many years ago keep up with changes to policy and practice is through continuing professional development. As can be seen by Table 5.1, requirements for continuing professional development vary and can be dependent on employers' funding.

In Chapter 2, the ideas of multiprofessional and interprofessional education and training were introduced and it is worth noting that in children's services, the impetus towards multiprofessional training and towards a greater integration in terms of workforce reform has been very strong in recent years. There is now a Children's Workforce Development Council that is developing a national workforce competence framework for those working with children (Anning et al., 2006:115). A new professional status is to be developed, the Early Years Professional Status (EYPS) which is to be equivalent of the Qualified Teacher Status (QTS). As Anning et al.

discuss, it will be a hard task to create a framework that will include core requirements across specialisms but also retain key professional differences (2006:116).

~ ~ ~

Each case will have its own subtly different complex of professional cultures, depending on the professions working in, and with, the Children's Centres but this section has provided some background to the key professions, noting that, despite changes to the ways professions are regulated, and a move towards greater professional alignment and multiprofessional educational training in recent years, there are still considerable differences between the professions in terms of their focus and ethics and in terms of the training and support provided in each profession. The way in which these differences play out, with regard to multiprofessional teamworking and perceptions of trust, is taken up in the case reports themselves.

Remaining with the case contexts for the rest of this chapter, the spotlight now goes on the local strategic context, and importantly on the local information sharing protocol for children and young people.

5.4 The local strategic context

The first part of this section describes the way in which local organisations have come together to work in partnership at a strategic level to plan and deliver children's services in the city. The second part relates the development of a local information sharing protocol, told in large part by the individuals who were involved in the process, describing the attitude of each of the partner agencies towards information sharing. The section aims to begin to life the reality of the local context for the cases in the study.

5.4.1 Shared planning, support and models of working

The history of strategic level partnership working in the city is described and then the focus narrows to children's services and the development of a shared operational model for working with children. Local multi-agency support and training for working in children's services is described along with the plans for technical systems for children's services and the way Sure Start has been rolled out in the city.

In Chapter 2, the introduction of local strategic partnerships (LSPs) was described and it was noted that initially, arising out the Neighbourhood Renewal strategy, eighty-eight local authority areas were required to create LSPs. Plymouth was one of these. The formation of a local strategic partnership was an important step for children's services planning in the city.

Children's services at the local strategic level

One of the partnerships reporting to the LSP was the Plymouth Children and Young People's Strategic Partnership. It was led and co-ordinated by the Children and Young Person's Strategic Partnership Development Officer, (a participant in this research) based in the City Council. It was this partnership that developed the information sharing protocol (ISP) described below.

The City Council had undergone structural changes prior to and during the case study period. This included significant changes to children's services. These resulted mainly from two events; the implementation of the Children Act 2004 and a series of inspections which had assessed children's services in the city to be weak. The Commission for Social Care Inspection (CSCI) assessments for 2004 and 2005 both pronounced that the Council was not serving children well and its capacity to improve children's services was uncertain. This meant there was recognition of the need to

improve, leading to a slightly unusual situation of anxiety and reflection within Plymouth children's services at the time of the case studies.

The Children Act 2004 required new local authority roles of Adult Services Director and Children's Services Director. The restructuring brought staff from what had been different departments for many years into the same management line, resulting in professionals reporting to those who they may not have seen as 'their own'.

Although a Children's Trust had not been established at the time of the case studies, this was the direction in which everything was slowly moving and a Shadow Children's Trust had been set up by the time the case studies were conducted. Likewise, although preparatory work began in 2004 towards a Children's Integrated System in Plymouth, this was being held pending national government decisions.

Much of the work done in preparation for the integrated system revolved around the development of a 'Child Concern Model' (CCM); an operational model that could be agreed upon and worked to by all statutory agencies and other bodies working with children in the city (PCYPSP: 2004). This model was based on *Every Child Matters* and was a local predecessor of the Common Assessment Framework. It was in place during the case study period and as will be seen in Chapters 6 and 7 was found to be important across the professions and organisations in the two cases. The Child Concern Model includes 3 levels of vulnerability:

Level 1:

- Children from households where the carer(s) is/are under stress which may affect their child's health and development
- Children whose health and development may be adversely affected

Level 2:

- Children whose health or development is being impaired or there is a high risk of impairment

Level 3:

- Children experiencing significant harm or where there is a likelihood of significant harm. Children at risk of removal from home.

(PCYPSP, 2004:10)

The agencies' responsibilities, according to the model are dependent on the assessment of the level of vulnerability. Level 1 requires only a single agency response. Level 1/2 involves the need for consultation or referral to other agencies. Level 2 involves multi-agency assessment and requires a 'child in need' action plan and review process. Level 2/3 requires social services to coordinate a multiagency response and level 3 requires social services to lead a multiagency response (PCYPSP, 2004:4).

At the higher levels of vulnerability (from level 2 to level 3) the model was designed, if necessary, to be used in conjunction with what were, at the beginning of fieldwork, the Devon Multi-agency Child Protection Procedures (Devon ACPCs, 2005). One of the many changes that took place during the case study period, though, was that Local Safeguarding Children Boards (LSCBs) came into being, with a very wide remit, encompassing the previous responsibilities of the Area Child Protection Committees, but with concern for the general welfare of children, as well as specific concern for those children at risk of harm (HM Govt., 2006:74-90).

The new LSBCs were to have responsibility for training and development of 'staff and volunteers to help them safeguard and promote the welfare of children effectively' (HM Govt., 2006:91). Throughout the time in which the case studies were conducted though, it was still the Plymouth Children and Young People's Strategic Partnership that provided the multi-agency training and support for people working with children.

This was done through the vehicle of the CCM training which was deliberately designed so that each session involved professionals from a range of agencies and included multi-agency case studies enabling professionals from different agencies to learn more about the roles of their colleagues and how they could work better together. By November 2005, it was estimated that around 1800 staff had attended the CCM training. A range of leaflets was also provided for professionals working with children in the city, including a series specifically on information sharing, available from the City

Council website. At the time of the case studies, there were already plans to link the CCM training with CAF training. The CCM training already included the role of the lead professional, which a DfES research report found was a term that was not necessarily well understood. (Cleaver et al., 2004)

This, then, was the general background in the locality. The cases were two of seven Sure Start Children's Centres in Plymouth, at the time of the fieldwork (and were two of the four that had been Sure Start Local Programmes). The Sure Start Children's Centres in Plymouth were signatories of an interagency information sharing protocol covering agencies in the city working with children and the remainder of this section is devoted to this ISP, which was seen by the PCYPSP as a key tool in facilitating effective information sharing across agency boundaries.

5.4.2 Local strategic information sharing

For a number of years prior to the fieldwork period, national guidance on interagency information sharing had promoted the use of 'information sharing protocols' to facilitate clarity about the situations where information can be shared and the procedures for doing so (see 2.5.2).

Plymouth was similar to many areas at that time, in wishing to develop an agreed protocol for sharing information across agency boundaries in children's services and here I take the opportunity to describe: the situation in each of the main agencies with regard to information sharing; the protocol that was developed and the perspectives of the various participating agencies on producing and using it; perceptions of interagency information sharing behaviours; and perceptions of the potential influences on information sharing behaviour. Except where separately referenced, the data for this section come from the interviews conducted in the first data collection phase of the research (see Section 4.3.3).

Local agency approaches to information sharing and protocols in general

The City Council. The approach of the City Council to information sharing and information sharing protocols needs to be seen in the context of its own structure. The philosophy of the Council had been to empower the individual directorates rather than the centralised supporting functions and as far as information systems were concerned, each department had its own computer server. In 2004, a change was in process that would lead to an Area Network serving the whole of the Council. Internal protocols for inter-departmental sharing were required before external protocols could be developed. An internal information strategy was also being developed for the first time.

As far as the City Council was concerned, there were three main bilateral information sharing protocols in addition to any multi-agency ones. These were with the Health Trusts, the Police and Connexions.

The local health trusts. The two health trusts in the city (Primary Care and NHS Hospitals) shared a data security manager. The data security officer managed and supported information sharing in and out of the two Trusts. There was also a network of Caldicott Guardians through the Trusts to try to ensure that the information disclosed was sufficient but not excessive. At the time of the case studies, there was a minimum of one Caldicott Guardian per Trust, in addition to the medical director, as well as one in every GP practice.

Where it was possible, it was the policy of the health Trusts to negotiate strict agency-to-agency protocols for standard information flows. These were between named individuals. For example, such a protocol existed for standard flows of information between the Trusts and the Police.

The local Constabulary. For the Police, the key overarching strategic information sharing protocol was the Crime and Disorder Protocol which included over

forty partners. Beneath this, there were tactical protocols targeted at specific areas of policing, for example housing, mental health.

The force information manager was highly experienced and had been working with interagency information sharing for many years. He had developed a model for constructing information sharing protocols; the '4P' model. The idea was that to construct an ISP, first the purpose needs to be clarified, then the partners identified, the powers to share established and then the practices for sharing could be drawn up. The force information manager and the data protection manager had been using the model for the previous five years and felt confident that it worked well, negotiating between the two of them the acceptable boundaries of data protection and sharing. The 4P model had influenced the national Management of Police Information guidance.

The local Connexions service. The local Connexions service used a Code of Practice for obtaining and sharing information that they developed in 2002, based on national requirements for Connexions partnerships. There are three basic models of Connexions partnerships nationally (Coles, et al., 2004:4). Connexions Cornwall and Devon followed what was called the 'direct delivery' model. This meant that there were no subcontract arrangements. It was a company limited by guarantee and there were therefore few issues about sharing data across internal boundaries; staff were employed by the same company and used the same database. From their very inception as partnership-based organisations working with young people, Connexions had to face issues of information sharing. In some respects, then, they had been required to think through their approach to information sharing, and the place of the young person in that process, before any of the other agencies.

Perspectives on the PCYPSP personal information sharing protocol

The Plymouth Children and Young People's Strategic Partnership protocol was first published in August 2004 and a revised version was issued in January 2006. The protocol itself was deliberately short, consisting of four A4 sized pages stating: the purpose of the protocol; legal basis for sharing information, consent, conditions for sharing information, nominated representatives, monitoring process, agents and sub-contractors, security of information, accuracy of information; secondary disclosure; data subject access requests; complaints; and indemnity. Then came a set of appendices; an information and consent form; key guidance documents; flowcharts to aid decision-making; tables showing express statutory and implied statutory powers to share information; and finally, operational support signposting to leaflets available from the City Council website and to posters that were available for organisations to use in their offices.

Eight potential signatories were listed in both versions of the protocol: the Hospitals NHS Trust; the teaching Primary Care Trust; the City Council; the Sure Start network; the Constabulary; National Children's Homes; the Youth Offending Team; Connexions. The situation during the case study period was that all had signed up to the protocol apart from the Police.

There were three concerns that at that time prevented the Police from signing up. Two were relatively minor and it was thought likely that they could be negotiated and agreed. The first of these was that, for the Police, ownership of the document was not sufficiently explicit; for the protocol to operate effectively over time, it should be very clear who needed to be contacted if a partner had a requirement for the protocol to be changed and who was responsible for conducting the regular reviews of the protocol. The second minor issue was around the indemnity clause. There had previously been

some difficulties around indemnity, particularly with organisations from the voluntary and community sector, and the wording in this clause was not acceptable to the Police.

The more substantial difficulty for the Police concerned the internal structure and governance of the local Constabulary. Across the two counties covered by the Constabulary, there were four basic command units (BCUs). Each BCU had autonomy in terms of the way it spent its budget to deliver services and each had a senior member of their command unit responsible for partnership working. This protocol included only one BCU. Although at the time of the interviews, there was not standardisation across the BCUs with respect to processing 'F121a' formsⁱⁱ, this was being worked towards. While it was acceptable to have different information sharing protocols for children's services for each BCU, it was important that this would not require different BCUs to work to different standards and procedures. Protocols for children and young people's services had already been developed in other BCUs and it would have been preferable if they could all be consistent for the Police.

The next perspective considered is that of the City Council, which was lead agency for the ISP, by virtue of the fact that the lead nominated representative for PCYPSP through that period worked for the City Council. From this perspective, the reason why it had taken so long to get the Police involved was that it had been difficult to identify the right individual.

Some other, more general, difficulties in the process were also identified by the City Council:

- getting everyone to meetings, not because people were resistant but simply very busy;
- establishing the parameters for the information sharing protocol - until this was done, progress could not be made but this ground work took time;

- complications due to the fact that some activities were covered by other protocols, for example regional or national ones;
- legal barriers to the inclusion of some partners – there were some difficulties with including the Youth Offending Team for example because of Home Office regulations;
- establishing the level and specificity of the ISP – because of the requirements of some partners for very specific, detailed protocols, it was decided that this should be an umbrella ISP, with some more detailed agreements sitting under it but it was the aim for there not to be too many of these.

The general philosophy of the City Council was that the ISP should codify good practice and that it should be a living, changing document; that it should be revised and developed in line with good practice to avoid being just another document sitting on the shelf. There was a feeling though that at the time of the case studies, the ISP had not yet reached the status of an everyday working document: ‘we haven’t got to the point where it’s part of their operational procedures. It’s not in their back pocket.’

The data security manager for the two city health Trusts was involved in the development of the PCYPSP protocol and was content that it would allow health professionals to share information with other signatory agencies within NHS requirements. It was seen as one tool to be used along with the others available.

During the development of the PCYPSP protocol, Connexions did have some concerns that the process was excessively agency-led, possibly requiring agencies to check back through each other to get the agreement of the agency originally providing the data; ‘We signed it on the basis that data can be shared with the consent of the young person.’

From the Connexions point of view, the PCYPSP ISP was seen as being a useful overview of multi-agency working in that it codified the information sharing situation as

it existed and provided some useful flowcharts to assist professionals in decisions about information sharing. It was hoped originally that it would reduce some of the barriers to information sharing that had previously existed but by the time of the study, its use was seen as limited in that it was perceived as being not so much an 'in practice' document but that it was a higher order protocol about data. The Connexions perspective was that there should have been a formal launch of the ISP and that not having one was a missed opportunity.

Perceptions of interagency information sharing behaviours

The interviewees from the different agencies had their personal perceptions about the interagency information sharing behaviours of their own and other agencies. They also had ideas about how they were perceived by the others; '...there's a whole spectrum of sharing, with NHS staff on one end of the spectrum and the Police at the other end of the spectrum and various agencies in between'. This is a quotation from one of the City Council interviewees who went on to comment that there were concerns, 'from the health side' that information they give to the Council will 'find its way, will leak, that the barriers aren't very strong.'

The other Council participant confirmed this view and went on to say that when staff were challenged by being asked how they would want their own information dealt with, they started to understand:

And very often there's a gulp and a silence and you suddenly realise that they've understood that they're having a different set of standards for other people's information when they are the professionals and a higher standard for themselves and their family.

Both City Council participants seemed to readily grasp the model of appropriate interaction. One felt that the City Council as a whole verged on the over-cautious but with pockets of over-openness. The other said, 'Parts of the City Council are in all four

boxes...The health service as an organisation tends to be in B (over-cautious). The beat policeman would be here – C (over-open)' (My parentheses).

In the view of the Force Information Manager, police officers on the ground should not be worried about information that was offered to them from other agencies.

The concern should be with information going the other way:

...you probably get three positions. You get the person who will say, "Yes, I'm going to disclose this because I've got common law power and I think it should be disclosed." And they will, at times, make excessive disclosure. At the other end, you've got the person that is absolutely scared witless under data protection and will not disclose anything. ... In the interim is the guy that will know that we've got information sharing protocols and that they are available within the force computer systems and will read them and act on them or will read them and will raise individual questions with us.

This comment reveals that at strategic level, there was the belief that information sharing protocols can help to improve appropriate information sharing. Again, there was recognition of the relevance of the model of appropriate interaction and the comment was made about those falling into the chaotic category that they,

go hot and cold and therefore there is no reliance by the partners. ... If I'm open today but I get a little bit scared and am over-cautious tomorrow, people won't know where they stand and they won't know the value of the disclosures that are made.

The perception of the health data security manager was that inappropriate usage of information was getting less. There was also the thought that more information was requested from the health Trusts than the other way round. This was put down to the fact that the quality of data is higher in health than in other agencies. It was acknowledged that judgements were made about the quality of information governance in other agencies and that assessments were made about how appropriately different agencies share and protect information. The data security manager hypothesised that problems can arise when agencies do not understand each other's needs:

And again, because of some confidentiality issues sometimes they won't tell us their needs so we can't tell them what they want to know ... it's a 'Catch 22'. 'Tell us why you want it and we'll consider it more' 'Well, we can't tell you why.' 'Well, in that case, you can't have it.'

It was proposed that in being overcautious, some agencies were setting a barrier to information sharing for themselves. When asked if sharing inappropriately was more harmful than protecting inappropriately, the data security manager asserted that it 'depends totally on context. And until you know the context of each case, you can't make a straight decision'.

The impression, from the point of view of Connexions was that they asked other agencies for larger chunks of data, while other agencies asked them for small, specific pieces of information. It was considered helpful if Connexions could provide something in return for the information received. For example, schools might be asked for details of students attending their sixth form and it might be possible to provide reports, based on the amalgamated data, to the schools that they might find beneficial. When asked what the greatest risks of harm were in terms of inappropriate information sharing, the local Connexions manager replied,

Actually there are two – not sharing data because people are afraid to do so and not seeking consent of the young person because a presumption is made that all of the work with the young person is confidential.

Perceptions of the potential influences on information sharing behaviour

When asked what factors might influence information sharing behaviour on the ground, some participants had a ready list of factors, for example, one said that 'sound procedures, good training, consent and proper escalation procedures' would help interagency information sharing to be appropriate. Others mentioned one or two issues they felt were primary influences and dwelt on those. Some were prompted to talk about specific issues, e.g. training in their agency.

Where there is a clear match with one of the elements of the conceptual framework given in Chapter 2, I have grouped comments under those headings. It was an important part of the exercise, however, to capture the factors that participants

perceived to be influencing information sharing, that do not currently appear explicitly in the framework and these are listed at the end under the heading, 'Other factors'.

Policy. While not specifically identifying policy as an influencing factor on inter-agency information sharing, one of the participants remarked that the fact that there is now more integrated working has affected the way in which information was shared between agencies. Intriguingly he said, 'I think, as more and more people understand the need for integrated working, information sharing becomes technically less but physically more.' This was perceived to be something that would assist appropriate information sharing and would discourage agencies from taking data away and using it for some other, possibly inappropriate, purpose. The explanation for this was that there would be more 'joint workers' contributing to one system, revealing the way in which, for this individual, governance policy and technology policy are intimately related.

Another interviewee also related the two policy fields in expressing anxiety about the possibility that initiatives resulting from *Every Child Matters* might require unnecessary duplicate databases.

In terms of children's services policy, a further concern was mentioned and this was that child protection issues could get lost within the overall children's services protocols and that this could hinder appropriate information sharing in child protection situations.

Law and guidance. One participant was concerned that sometimes legislation was not based on a good understanding of the way in which agencies need to work together on the ground and that this can act as a barrier to good information sharing practice. Specific examples were given of legislation giving responsibility to an agency that did not hold the relevant data and of legislation neglecting to include an important agency as a 'relevant partner'.

With respect to the usefulness of available guidance materials, there was only one specific comment and that was that guidance materials like the toolkits are useful at strategic level but not necessarily for individual front-line professionals.

Professional culture. There were many comments made about the importance of training in influencing information sharing and moving professionals towards the 'ideal' quadrant of the model of appropriate interaction. It is not always clear, however, where to place these within the conceptual framework. This is because there are different ways in which the responsibility for training is taken up. Although in many ways, what is being talked about here is training to support organisational or agency culture, these comments have been placed under the heading of 'Professional culture'.

The Confidentiality training offered to NHS employees was said to be a facilitator to good practice in information sharing primarily because awareness of the implications of information sharing had increased as a result of them, as had acceptance of individual responsibility for information held and shared. It was said that two training sessions were offered each month and that most of them were full. They covered data protection, the Confidentiality Code of Practice, IT security and information governance.

Police training was provided at force level and the training was specific to the individual tactical ISPs, so that sufficient detail on the relevant laws could be given. The most important part of the training in terms of its potential for improving information sharing behaviour was said to be the hierarchy of the power to share, from statutory obligation to common law. The Police also took responsibility for providing training to some of the other agencies involved in the tactical ISPs.

As in the NHS and the Police, the Connexions local manager said that good training was an important factor in improving information sharing. There was mandatory core training for new staff and refresher training for existing staff every couple of years. There were three relevant core courses; one on confidentiality and

information sharing, one on child protection and one on equal opportunities, including Human Rights legislation. Interestingly, there was a deliberate policy not to use multi-agency training, but to use experts who provide multi-agency training. The idea was that this way, the training could be tailored to the agency and the needs of the staff attending the training.ⁱⁱⁱ

As noted, the City Council was going through substantial change and it was observed that as an employer, the Council was not offering much specific training around information sharing or record keeping, although this was recognised as a development need for social services. The IT training provided corporately included information governance but there was no specific training on information sharing. It was the skills of professional judgement that were thought to be most needed to improve information sharing.

Local strategy. In some ways the interviews in the first phase of the data collection were all about the influence of local strategy. A specific aspect was mentioned, though, as a positive influence on information sharing behaviour; the multi-agency Child Concern Model (CCM) training. Although the PCYPSP did not provide training on multi-agency or multi-disciplinary working, an indirect and unanticipated benefit of the CCM training was that professionals came to better understand each others' roles and concerns, as illustrated by the following quotation, :

[...] the big pay-off is that they understand what the other people do now, because they discuss a case study and go through it with the CCM and they can see the part that all the other people play, so that's a big plus.

Team management. There were few comments about the potential of team management to influence interagency information sharing but one situation that was mentioned was that of a team of professionals from different agencies sharing an open plan office. It was considered that there were potentially both advantages and disadvantages with this for appropriate information sharing.

Records and ICT management. Technology was identified at the local strategic level as something that would influence information sharing behaviour. One participant felt that technology was improving and that it needed to be used well to improve information sharing. As an example, it was pointed out that it had recently become possible to establish secure internet links which meant that confidential information could be shared by email.

A related example was that other agencies were starting to be given access to NHS computerised data bases, where there were safeguards in place to check identities of staff. It was considered that being able to share databases would help good information sharing as long as information governance was adequate.

Three of the interviewees said that having good records management was necessary for good information sharing. One listed among a number of factors that were influential, 'The actual robustness of organisations' paper-based and electronic systems – do they have a source they can refer to which has got the evidence and the data?'. In this way, a link was being made between good record keeping and levels of trust.

Another was concerned about the quality of his own agency's record management, '...where we make a disclosure from a log, we should be recording that a disclosure was made and who it was made to. ... It doesn't always happen.' The third was also concerned that this was an area that could be improved:

'...we don't have a general benchmark of how records shall be kept so it's down to individual managers. Some managers say that records should be kept in a particular way and for other managers it's not a priority.'

It is possible that another influence, regulation, will affect record management which, in its turn might affect sharing behaviour, because one interviewee remarked that recently there had been checks by complaints investigators on whether or not consent forms had been signed.

System level governance and accountability. System level governance and accountability was not identified by any of the strategic level participants as a potential influencing factor. It was noted by one interviewee, however, that individuals are becoming more aware of their responsibility with respect to information sharing and it was stated by all participants that practitioners should be aware of the channels they can use if they are ever unsure about an information sharing interaction.

System level training and support. Again, these strategic level participants did not specifically offer system level training and support as a potential influencing factor but they all mentioned the importance of training and support, at whatever level it is provided. The particular things that were stated as being important for front-line professionals to know, to facilitate appropriate information sharing, were:

- the rules of information sharing; the hierarchy of powers to share
- that data protection is not a disabling process
- how ICT works; the way information is broken down before it is sent electronically and then put together again
- how to keep good records
- that obtaining explicit consent is a process rather than a single event
- how to use professional judgement; the ability to take a holistic view

When a participant was asked about the level of support for information sharing, the reply was:

I think the issue is, paradoxically, not that there's not enough guidance, but it's that there isn't the *right kind* of guidance. Most workers on the ground say, "we're damned if we do and we're damned if we don't." They have to pick their way through their particular circumstances and what particular rules might apply.

The agency intranet was used as a solution in one agency to support staff in keeping up to date with new guidance about information sharing. It was the

responsibility of staff to read the intranet and of managers to draw the attention of staff to any changes.

Confidence. One strategic level participant felt that levels of confidence about appropriate information sharing on the ground were low, and it was implied that there was a potential vicious circle, preventing people from proactively seeking out support ‘...because it’s seen as a specialist area where you’ll probably make a mistake, so therefore people don’t go near it.’ In a similar vein, another interviewee said that knowing colleagues had been disciplined for inappropriate disclosure led staff who were not sure to be over-cautious.

Trust. Trust was an issue that was brought up many times in the interviews. The distinction was made by one participant between personal trust and organisational trust:

‘I think the trust between professional colleagues is there. I think the trust fails between organisations. Because if we were two practitioners working together I would trust you but my boss might not necessarily consider your organisation to be safe. And I think that is the big barrier you’ve got to overcome. Or you have to make the barriers concrete so you can’t break them.’

This last point is also an interesting observation; that one way of approaching the problem is to try to overcome the barrier but another is to acknowledge and strengthen it.

Another participant drew attention to a different aspect of trust. He said that as a practitioner he was taught to take responsibility for any information he disclosed which entailed not sharing information if he did not understand it himself. Similarly, it was seen as important to be able to trust the quality of information held by an agency that you requested information from.

Other factors. When asked what might influence information sharing behaviour, some additional factors were identified:

- the direction of information flow
- the specific context

- the extent of client-centredness and the degree of respect for the service user
- clarity over terminology (if there is a lack of clarity it is more difficult to share appropriately)
- the level of commitment by the organisation to the benefits of sharing information
- The amount of time professionals have:

There's a danger that people fall into the chaotic because they don't have time to think about it or time to check or time to discuss. I think where people are over-open or over-cautious, they are trying to move towards the ideal – when chaotic, they don't have time to think about the situations.

~ ~ ~

The local strategic partnership context can thus be seen as complex. It comprises intertwining agencies, each with their own ideas about information sharing, protocols, information sharing behaviour and about what might influence it for their own and other agencies' staff. Whilst there is consensus on many issues, there are also differing views and differing priorities within the key agency partners.

Conclusion

When considering the context that frames and shapes and lies behind the case studies, the overwhelming image is one of movement. The environment of the cases is characterised by constant and significant changes, many of the most important ones, such as the change of status to Children's Centres, being made during the case study period itself. Indeed, Hudson writes of his concerns of the 'sheer complexity of changes' that were to occur as a result of the policy reforms related in this chapter (Hudson, 2005c). But the impression here is of purposeful movement, having a clear and broadly agreed direction. As one of the strategic level interviewees put it, '[Things] are moving and shifting but they seem to be moving and shifting in a consistent manner so that we

actually know what's happening.' This was a time of disruption nonetheless and this needs to be integrated into the understanding of the case studies to come in the next two chapters.

ⁱ Information collated from official sources of information about professional careers: NHS Careers, AimHigher, Training Development Agency for Schools, National Police Improvement Agency, Childcare Workforce Development Federation and the individual professional bodies' documentation: Social work codes of conduct, Nursing and Midwifery Council code of professional conduct: standards for conduct, performance and ethics, Royal College of Nursing: Quality Education for Quality Care, Professional Association of Nursery Nurses Code of Practice, General Teaching Council Statement of Professional values and Practice for Teachers and Hugman (2007:26-27).

ⁱⁱ F121a forms are completed whenever a child is involved in an incident, whether as a victim, offender or witness. The force has instigated a single Central Referral Unit, which now deals with all Form 121a disclosures thus removing any inconsistency within the previous system.

ⁱⁱⁱ Connexions now recognises the importance of multi agency approaches as Integrated Youth Support Services (IYSS) developments come on stream, with appropriate core competency training for practitioners and managers alongside. It is currently policy to run basic initial and refresher training for employees using experts as needed and to encourage and enable their attendance in multi agency training activity.

Chapter 6

Keystone Sure Start Children's Centre

This chapter provides the case study report for the Keystone Sure Start Children's Centre. The structure of this chapter will be duplicated in Chapter 7 in which the Tamar Folk case is reported. The data come from a variety of sources, including: notes made from field observations; the programme handbook for the Centres; local Sure Start evaluation reports; literature generated by the Centres, for example the community programme advertising activities offered; and interviews conducted within the cases.

Both chapters begin with a description which gives a 'feel' for the case; the physical environment, the people working there and the activities undertaken within the case.

Following the case description, findings about the information sharing behaviours that took place and participants' perceptions of them are presented. This is followed by an analysis of the case based on the three levels of influence on the information sharing behaviour proposed in Chapter 2 in the form of the conceptual framework.

6.1 Case Description

The case description specifically details the physical site locations, the overall governance arrangements and the services offered by the Sure Start Children's Centre.

6.1.1 Location

The two main sites of the Keystone Sure Start were the Morice Town Centre and the Manor Street Centre. The original geography of the catchment area was shaped rather like a figure of eight, with one centre to be built in each of the bounded areas. However, there was expansion over time and, while there were still the two main physical centres,

five neighbourhoods were eventually included and by the start of the fieldwork, the outline of the catchment area resembled an oblong rather than a figure of eight.

According to the most recent available local evaluation report, the Keystone Children's Centre had over 1200 families registered from within the catchment area, having contact with more than 500 children from the area each year (Taragon, 2005).

The Morice Town Centre. The Morice Town Centre was purpose built, standing next to a primary school and this site served the Northern half of the Keystone catchment area. Morice Town was in the broad city area of Keyham, this providing the first syllable of the name of the Sure Start. Morice Town was traditionally thought of within the city as one of the more deprived areas, having associated social problems. Morice Town however had recently been the focus of a pilot regeneration project and it had become a 'Home Zone'. The Home Zone project wanted to involve the local community in helping to generate a positive feel to the area that was attractive to families.

The Manor Street Centre. The Manor Street Centre was again a new-build and was on the site of an old car park, in the Southern half of the catchment area. There was initially resistance to the build by the local population, worried that it would be vandalised as there had been trouble on the car park previously but there were surprisingly few problems. As with Morice Town, the Manor Street site was in a part of the city that had a very poor reputation, neighbouring what was generally regarded to be the 'red light' district. The area of the city was Stonehouse, providing the second syllable of the name of the Sure Start.

Both centres had two stories and although they are very individual in design, they both had the following facilities:

- Reception area

- Nursery
- Crèche room
- Activities room
- Kitchen area
- Office space
- A comfortable small room for family work and supervised visits.
- Outdoor play area

The Morice Town Centre had an additional small room, used for example by an art therapist for one to one sessions with children from the school. Both the new centres were painted in bright colours such as yellow, green, blue and purple and were quite distinctive and attractive. They were approximately 2.5 miles apart and in effect served two separate catchment populations. In addition, there were two more sites worth mentioning here; Ryder Road and the Crown Centre.

'Ryder Road'. Ryder Road was about a mile from the Morice Town Centre but due east, so no nearer to the Manor Street Centre. In effect Ryder Road was a converted end-terraced house. At the time of the case study, Ryder Road was base to the Children's Centre manager and administrative staff, although it had previously housed the midwifery team, the community development worker, the money advice team and the primary care liaison worker.

Crown Centre. Although the midwifery team had started out being based at Ryder Road, they had moved into the Crown Centre (which was across the road from the Manor Street Centre) just before the start of the case study period.

6.1.2 Governance

Plymouth City Council was the accountable body for the Children's Centre, having legal and financial responsibility. The lead body, with day to day oversight of the Programme, was Keyham Community Partnership (KCP), a voluntary sector organisation. Only a small number of people were actually employed by the Sure Start, or more precisely by their lead organisation: the Children's Centre Manager; a KCP representative; a community development worker; an assistant manager; two receptionists; two caretakers; and a team leader. These formed the core staff, along with a finance administrator funded by Sure Start but employed by the city council. The Children's Centre Manager, KCP representative, community development worker, finance administrator and team leader attended regular weekly staff meetings. In addition, there was a management board which met quarterly and comprised two representatives from the City Council (one financial and one from the Early Years Partnership), a representative from KCP, the Children's Centre Manager and a parent representative. Alongside these groups was a parents' development group chaired by the parent who sat on the management board. The parents' development group had representatives from every parent group associated with the Sure Start.

It was felt that a further mechanism was needed to reach out to the whole community and so monthly communication meetings were started, to which the whole community was invited, along with all professionals or services working in or with the Sure Start Children's Centre (e.g. the library service). The format of these meetings was that some time was given to pressing issues and general announcements and to a presentation (for example presentations at the two communication meetings I attended were given by the baby massage teacher and the primary care liaison worker). Then, after a refreshment break, everyone attending was given one minute, if they wanted to use it, to communicate to the meeting new developments, upcoming events etc.

A facilitator was used to improve communication at these meetings and to advise and support the staff core team. The facilitator also helped with specific problems, for example, clarifying the teacher support role, about which there had been different interpretations by the two nurseries and the teacher.

The manager of the Children's Centre had a background in health. She had a strategic as well as operational perspective because she sat on the Plymouth Children and Young People's Strategic Partnership, representing the Sure Start network. Before the case study period started, this manager had been seconded to manage the other Children's Centre case in this research for about a year because it had been struggling. She had returned to manage the Keystone Centre before the start of the fieldwork but just before the end of the case study period, she was seconded again, this time to the city council to lead the strategic planning for Children's Centres in the city and Keystone was then managed jointly by two individuals from the lead body, splitting responsibility for strategic and operational issues.

6.1.3 Services provided

A summary analysis of the Keystone Sure Start is given in Table 6.1 based on an adaptation of a framework for analysis reported in a Canadian study of integrated children's services (Browne, et al., 2004). This framework uses the dimensions of service provision (universal, early intervention and clinical/remedial) and source of funding (public, private and non-profit) against each 'sector' (health, social services, education, housing, child care, recreation, labour and corrections). I have adapted the framework so that the sectors reflect those that occur within the case and so that the language used to describe service provision and source of funding is more familiar in an English context. I have also added the dimensions of employer (to acknowledge the

fact that a professional might be employed by an agency that they are not funded by) and base location.

The decision was made by this Children's Centre not to duplicate local services by employing professionals directly but to work in partnership with local existing services through a series of different funding arrangements, including secondment. Although this route meant that there was less direct control for the Children's Centre, it was felt that there would be advantages in terms of long term financial sustainability and that it would result in greater influence over mainstream services.

A variety of health services were provided; speech and language therapy, midwifery (including a new role of midwife assistant funded by the Sure Start), primary care liaison (mental health), baby massage, safety advice, breast feeding advice and smoking cessation. All were provided as universal (preventative) services, that is, they were available to all families registered with the Sure Start. Where specific needs arose, early intervention could also be provided. Within the health sector though, it was only mental health, within the Sure Start provision, that offered clinical, or remedial, services, referrals at this level for other services being made to other local health providers.

All the health services provided in the Children's Centre received statutory funding, either from the Sure Start budget or from either the Primary Care Trust or the NHS Hospitals Trust. All but one of the professionals providing these services were employed in the statutory sector. The exception was the baby massage teacher who was self-employed. At the start of the case study period, the safety advisor was a paediatric nurse, employed by the NHS Hospitals Trust, but funded by the Sure Start programme. This person left during the case study and the role was taken on, in part, by the Assistant Manager of the Children's Centre, who had received appropriate training. The smoking cessation and breast feeding services were part-funded with other Sure Starts in the city.

The portage service was provided by a health visitor assistant, employed by the Primary Care Trust and funded by Sure Start. The midwifery team was employed by the NHS Hospitals Trust, including a new role introduced by this Sure Start programme of community midwife assistant. The team provided services such as ante-natal classes and provided after birth care and information.

There was a social services family support team working within the Keystone Sure Start Children's Centre. The members of the team were both funded and employed by the statutory sector (the City Council). The team was based at the Manor Street Centre. While some of the work done by the team was preventative or early intervention, higher level specific services were offered by working with the central Social Services in the city for families in need.

The situation for education was slightly complicated. While the teacher supporting the nurseries was both employed and funded by the statutory sector, the nurseries were privately owned and were funded partly by the statutory sector (30 places each through the neighbourhood nursery initiative) and partly privately funded (fees paid by parents). There were nurseries at both centres and while the teacher worked with both, she was based at Morice Town. The two nurseries were run by independent private organisations which had their own individual cultures. In the words of one of the interviewees, 'One is chaotic and complete pandemonium, but very open, very honest [...] one is closed shop but very organised and very structured'.

The childcare crèche services were funded both from Sure Start and from parents' fees and were run by the private nurseries. These services were based at both Centres and the Manor Street Centre also used space in another building nearby.

Sector	Level of service provision			Base Location	Funding	Employer
	Universal/ Preventative	Early Intervention	Remedial			
				MT- MoriceTown MS - Manor St. CC-Crown Centre	S – statutory sector P – private sector V – voluntary/ community sector	
Health	Speech & Language			MS	S	S
	Midwifery team →			CC	S	S
		← Primary care liaison (mental health) →		MT	S	S
	Baby massage →			Other	S	P
	Breast feeding Co-ordinator			Other	S	S
	Smoking cessation			Other	S	S
	Safety advisor			MT	S	S
	Portage (health visitor assistant)			Other	S	S
Social Services		← Family Support →		MS	S	S
Education	Nurseries			MS & MT	S/P	P
	Teacher support			MT	S	S
Childcare	Crèche and wrap- around			MS & MT	S/P	P
Development	Community Development			MS	S	S
	Parent classes and groups			MS & MT & Other	S/P/V	S/P/V
		← Money advice →		MT	S	V
	P2P →			MT	S/V	V
Employment	Job broker →			Other	European funding	P

Table 6.1 Summary of the Keystone Sure Start activities based on the framework for analysis developed by Browne et al. (2004).

The community development worker was funded and employed by the Sure Start Programme and was based at the Manor Street Centre. The community development worker spent a lot of time developing and managing the parent classes and groups which were supported by multiple funding streams and led by people who were either employed by the statutory, private or voluntary sector or who were individual volunteers.

The money advice team was based at the Morice Town Centre. The funding/employment situation for the money advice team had changed during the case study period and was about to change again. However, for most of the time, the workers in the team were employed by a voluntary sector organisation but funded by the statutory sector (the Sure Start). This team provided universal advice and information but could also operate early intervention and remedial services.

The programme ran a P2P scheme (parent to parent) which was run by parents for parents. It operated as a befriending service but also provided information about the services and groups on offer. This was run as a voluntary scheme but received a small amount of funding from the Sure Start programme to pay the co-ordinators.

A job broker was introduced during the case study period and this was a post shared with other Sure Start Children's Centres in the city and funded through the European Social Fund. The job broker was employed by one of the other Sure Starts in the city, which was a private community enterprise.

It is important to note that whilst some services were based at one or other centre, they were available at both and were accessible to all families with children of the appropriate ages in the catchment area. The additional groups and activities offered, either at one of the main centres or at outreach centres in the area, included:

- Parent and baby/toddler groups
- Fun days
- Children's arts and crafts sessions
- School nurse drop in
- 'Time-out' for parents (learning craft skills with crèche provided)
- Young parents group (under 20)
- Twins and multiple birth group
- 'Cherish' for families who have lost a child
- 'Baby fit' exercise through play
- 'Tumbling tots'
- 'Chatterbox' weekly drop in session with health and other professionals
- 'Play in the park' holiday play session
- Toy library
- Mobile book library and story telling

~ ~ ~

The key points to take away from the case description are that there were two main physical centres where families in the designated area could access services and that the accountable body was Plymouth City Council with the lead body being a local voluntary sector organisation. A wide variety of services was provided through the Sure Start Children's Centre, funded by a number of different sources, mostly through the statutory sector. Staff were employed mainly in the statutory sector but there were also examples of private and voluntary sector employment.

Another key feature of the case was change. There had been changes through the life of the Sure Start programme, in terms of structure and key staff as well as locations. There were also changes that took place *during* the period of the case study.

The next step in the analysis of the case is to determine the kinds of information sharing that occurred and perceptions of the participants about ways in which different agencies approached information sharing, before going on to investigate how different factors might have shaped those information sharing behaviours.

6.2 Information sharing interactions

In this section, evidence is provided of the kinds of information sharing that took place between professionals in the Children's Centre and the way that information sharing was perceived. Some observations are also made about what was felt to be needed to move information sharing interactions towards the 'ideal' quadrant of the model of appropriate interaction set out in Chapter 1.

Throughout the study of this case, there was no indication by any of the professionals working in the Centre that information sharing was a major problem that they were tackling on a daily basis. However, awareness was expressed that there could be difficulties in sharing personal service user information across agency borders, whether these existed within the Sure Start boundary or across it. In fact information sharing was raised as an issue at an 'away day' event that occurred not long before I approached the Children's Centre Manager about potential participation in the study.

6.2.1 Diaries of information sharing behaviour

As described in Section 4.3.3, the professionals interviewed were invited to complete 'diaries' of information sharing. Unfortunately, only one Keystone Children's Centre participant felt able to complete the diary but the information provided was helpful for

understanding some of the interactions that took place. Six separate information sharing interactions were recorded and these occurred with workers from three different agencies in addition to that of the participant. Three of the interactions were between the diarist and professionals working within the Sure Start, the other three being with local professionals who were not part of the Keystone Sure Start. Three interactions were considered to be formal (i.e. a record was made of them) and three were considered to be informal.

Four of the interactions involved one-way information flow and two involved a two-way exchange of information. Of the four one-way interactions, on one occasion the diarist was being asked for information, twice they were being offered information and once they offered information to the other professional. In all six interactions, the decision was that the sharing should take place and in no case did the decision take longer than one minute to make. In one case, where the flow was two way, it was considered that there was not really a decision to make because the two professionals were working together with the same family in a shared care situation. In all cases the purpose of the sharing was to serve the needs of a specific child or their family (rather than, say for planning purposes).

In three of the interactions the diarist had rated trust in the other professional as 'high' and in three cases 'very high'. Four of the interactions took place in a face to face situation and two over the telephone. On no occasion was guidance sought, from another person, or any other source, in making the decision about whether, and what, should be shared.

Consent to share information had been previously obtained (rather than specifically for this instance of sharing) in one of the interactions. No consent to share had been obtained in the other five. In one case the reason for not obtaining consent was given as being the fact that the information being shared was not confidential in nature.

The level of confidence that the decision to share was the correct one was rated as ‘very high’ in four cases and ‘high’ in the other two.

Despite the paucity of diary responses, these data are helpful. They demonstrate for example that interagency information sharing is happening within, to and from the case and that sharing is happening without obtaining specific consent where the context is judged not to require it.

6.2.2 Perceptions of ‘over-cautiousness’ and ‘over-openness’

Interviewees appeared to relate readily to the Model of Appropriate Interaction, with some commenting that it was a useful representation. Discussions in interviews around the notions of ‘over-cautiousness’ and ‘over-openness’ are recorded in this section and a summary diagrammatic representation of the points made by participants is given, in Figures 6.1 and 6.2 respectively. The diagrams in these figures use solid arrows to depict directional relationships stated by participants and dotted lines to depict directional relationships *implied* by them. Boxes without arrows simply record the situation as it was found to be. The same conventions are used for all similar figures throughout this chapter and the next.

Discussions concerning ‘over-cautiousness’

In terms of the four quadrants of the Model of Appropriate Interaction, most of the discussions in the interviews were focused on the ‘over-cautious’ quadrant and on when respect for confidentiality could move an interaction from being appropriate to inappropriate. The need for confidentiality was frequently cited as a reason for being cautious (but not necessarily over-cautious) with respect to information sharing. For example, one participant explained,

‘People are very aware of confidentiality, very careful. If a health visitor phoned up and said ‘I’m Jo Smith. I’m health visitor for Mrs Brown.

Please tell me her latest address' then I'd be very cautious – are they who they say they are? I would say that I was unable to give that information without taking steps to ensure they are who they say they are and then I would check them out....I certainly wouldn't use emails to send confidential information. I don't like using fax either.'

The need to maintain confidentiality was given as one of the reasons for staff preferring to work in single-profession teams and not to share an office with other professions. The Children's Centre manager said that she had initially hoped that the professional teams would be split between the sites, making every service easily accessible across the catchment area and also to encourage teams to become multiprofessional. This was resisted however, with professional teams preferring all members to be located at the same site. This was understandable for a number of practical reasons in addition to the confidentiality issue and was considered positive from the perspective of colleagues from the same profession being able to support each other. Space restrictions however meant that although everyone in a professional team was able to be co-located, different professions were required to share offices.

References were made to this in the interviews with observations being that, in the beginning, neither the midwifery team nor the money advice team was happy about sharing an office with anybody else. Of the money advice team, one participant noted that they,

...did not want to share an office with anybody because they said their work was highly confidential and initially everybody had to keep leaving the room when anyone was on the 'phone but eventually the trust developed. They accept it now and they're all in an office up the road and they don't even think about it now.

Another interviewee perceived the midwifery team in a similar way, saying that they did not want to share an office with other staff because 'there was a shared fax machine and confidential information might come through and others might overhear telephone conversations' but this participant was puzzled by an apparent inconsistency, suggestive of the 'chaotic' quadrant in the model of appropriate interaction, continuing,

‘and yet they were happy to talk openly to the receptionist [in the reception area] about individual cases’.

It was these two teams (money advice and midwifery) that were reported to be the most concerned about confidentiality, although this was not necessarily seen as being *over*-cautious information sharing behaviour. One participant commented on the fact that the money advice team were, ‘very , very keen on confidentiality’ but also that they were ‘very sensitive’, having ‘good people skills’ and were spoken about when highlighting the need for good judgement in aspiring to the ‘ideal’ quadrant of the model of appropriate interaction. Concern for confidentiality, then, was seen as a potential cause of over-cautiousness but was not seen as *necessarily* leading to inappropriate interactions.

A further potential cause of caution given was lack of trust. Schools were cited most frequently in relation to lack of trust. Reasons for this were varied but there was disquiet about the fact that some teachers had been seen breaking the confidences of some young people in front of others and also that some teachers had said they were reluctant to talk with parents if they had a concern about a child because it might damage their relationship with the parent. It was also said that Schools, like the Police, were resistant to embracing their responsibilities at the high end of the Child Concern Model, that is, that they were not willing to lead cases, even when the case originated with them. It was reported that both agencies claimed not to be ‘geared up for it’ either in terms of human resources or space for meetings.

Sometimes, no explanation could be offered as to why an agency was appearing to be over-cautious. The example was given in one interview of the Sure Starts requiring geographical birth data for planning purposes. This was being refused and yet a neighbouring area was receiving their data without any problems.

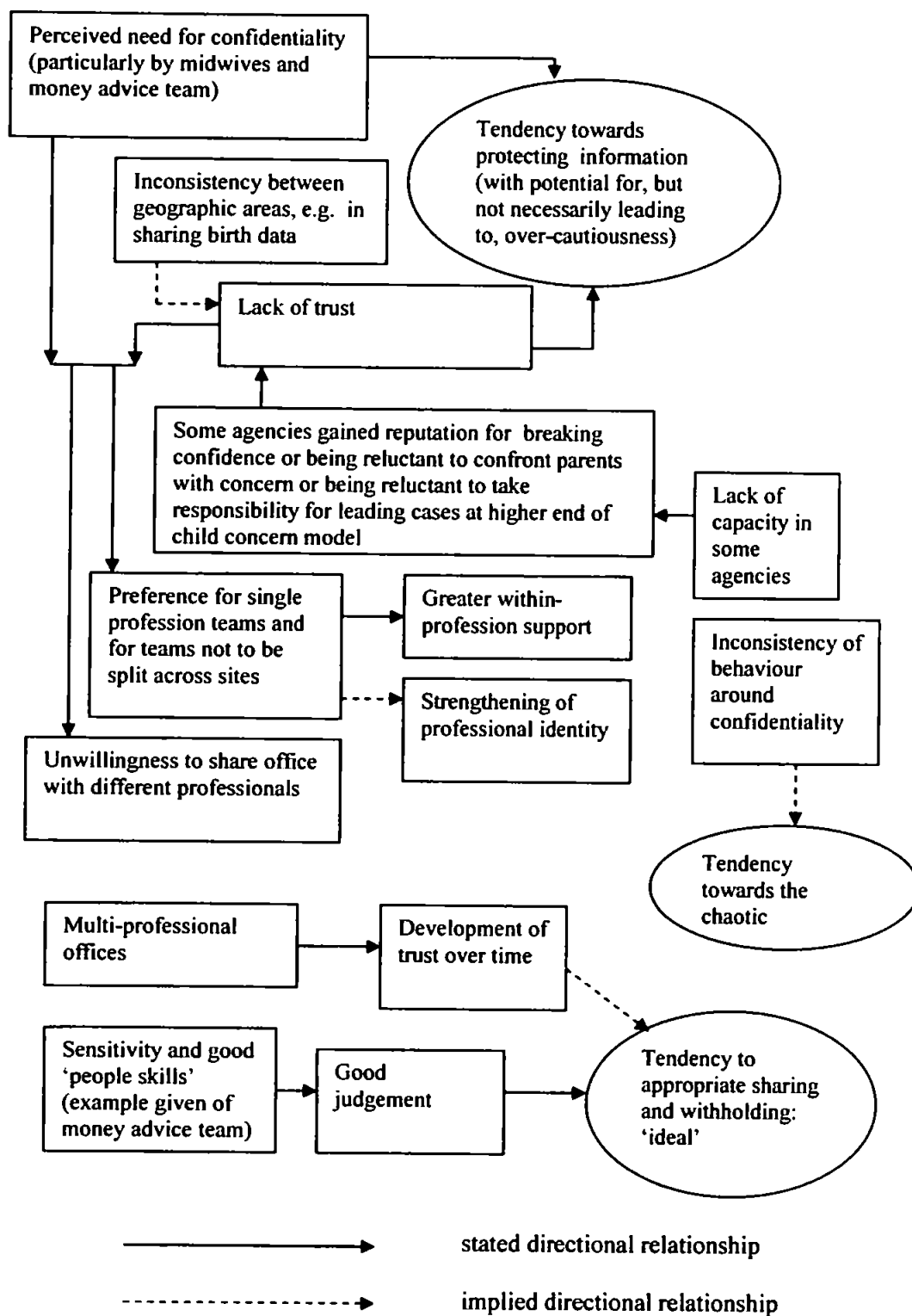


Figure 6.1 Diagrammatic summary of discussions of 'over-cautiousness' in Keystone

Discussions of ‘over-openness’

In discussing the diagonally opposite, over-open, quadrant of the Model of Appropriate Interaction with the research participants in the Keystone Children’s Centre, the focus of attention frequently turned to potential child protection cases, and the importance of context in deciding appropriateness. One of the difficulties identified was that appropriateness of information sharing can be quite subjective, relying on judgement. One participant said that in a situation where a professional colleague telephoned for a child protection enquiry, they would try to be helpful:

...if I think it’s important information and if it’s for the welfare of the child then I’ll probably share it. I tend not to worry about data protection, do you know what I mean? I guess I’m making judgements really at the time I’m doing it. I guess I feel that if it’s for the well being of the child then I’ll sort of share it and worry about the repercussions afterwards.

It was implied by one participant that experience can be an antidote to over-openness and that inexperienced workers can sometimes rush too quickly to informing Social Services about a concern for a child. The perception was that Social Services were obliged to investigate something if they are told about it. This might be counter-productive because a parent might be working with the issue and getting somewhere and an investigation may jeopardise their progress. They commented:

I’ve not met many children who have been removed who have had a good outcome really [...] The solution is that their parents actually stop hitting them and I know that if they’re breaking their legs or they’re sexually abusing them, that’s a completely different issue. [...] Now I also have thought quite a lot about that conundrum of children in care and how helpful it is or not really, because it actually becomes quite abusive..... So I don’t see things as being so black and white really.

A similar example was given by another participant of a real case that involved the parents’ abuse of amphetamines. The urge to escalate the case was resisted as the parents were considered to be demonstrating the capacity to care for their children and they were supported in this and in overcoming their own dependencies. It was reported that there was a positive outcome for both the parents and the children.

For some professionals, then, the temptation to be over-open was associated with poor judgements about the risk to the child, appropriateness perceived as involving the right agencies at the right time during the engagement with the families in question. Where child protection was not an issue, seeking consent was seen as one way of guarding against being inappropriately open in terms of sharing personal information with other agencies.

Consent was sought in different ways by different professionals. For some, the fact that a parent had signed their consent at registration, for their details to be 'passed' to the Sure Start and evaluation team, local workers and other Sure Start programmes' was sufficient for basic information, as recorded on the registration form, to be shared, at least within the Sure Start itself.ⁱ

For one professional, the preferred mode was a verbal process of seeking consent from a parent and also of checking with the other professional that consent had been obtained if information was being received rather than given. The important aspect appeared to be respect and honesty and this theme will be returned to later. This participant said that their preferred procedure in the case of a referral was also to write a letter to the referrer documenting the work that had been done with the family, a copy of the letter being sent both to the parents and to the family's GP. Sometimes a draft of the letter would be shown to parents before being sent.

Rather than make a direct referral if the parent seemed reluctant to seek specific support, one worker used a more subtle strategy, inviting a particular professional to do a 'drop-in' at a group the parent would be attending, encouraging the parent to make contact themselves. Because 'drop-ins' during parent groups happened regularly, this could be done without appearing contrived.

It was also said that it is sometimes necessary to create a specific signed contract with a parent, clearly laying out the responsibilities on 'both sides', and spelling out the

circumstances in which information would be shared with other agencies, with and without consent.

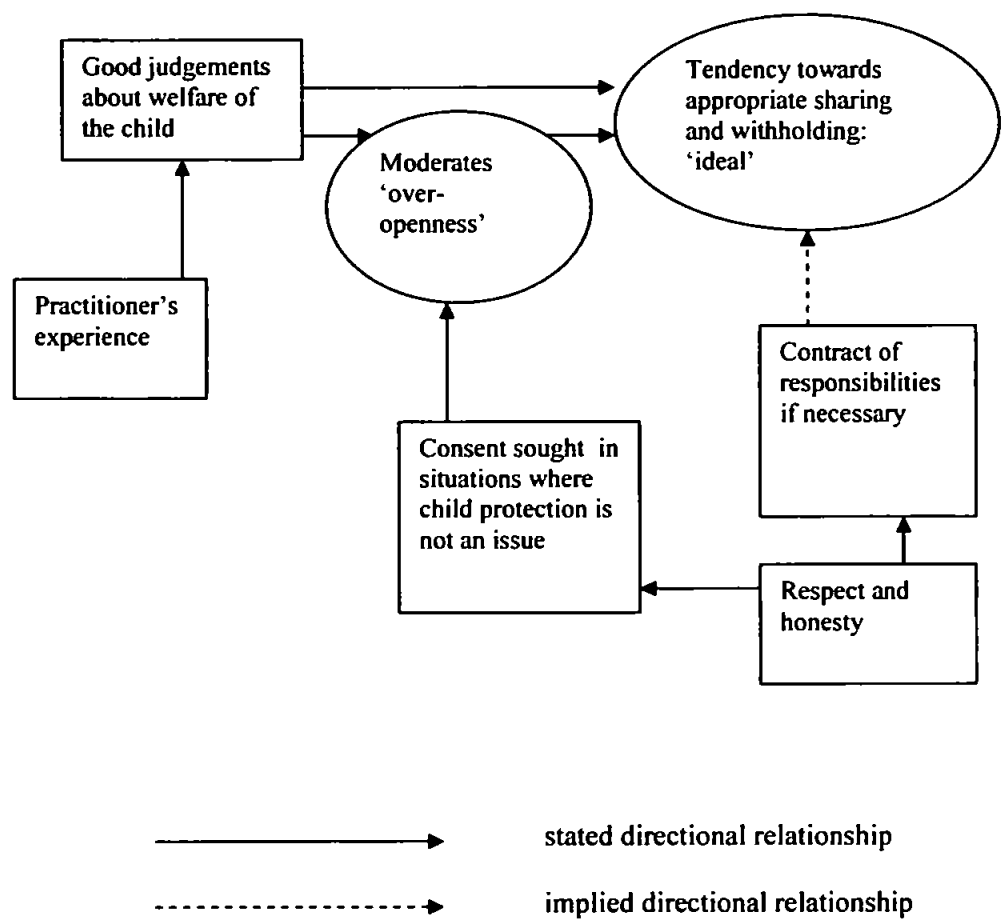


Figure 6.2 Diagrammatic summary of discussions of 'over-openness' in Keystone

6.2.3 Moving towards the 'ideal' quadrant

A number of strategies were reported, that participants said were either being used, or should be used, to improve the effectiveness of information sharing by ensuring that both sharing and protecting are done appropriately. In other words, these were strategies to move towards the 'ideal' quadrant of the Model of Appropriate Interaction. A summary diagrammatic representation is given in Figure 6.3.

One strategy was raising awareness among professionals about the issues of interagency information sharing. It was generally accepted that this was now being done. Indeed, according to one participant, 'it's coming from all directions'.

It was also felt that training could help to ensure the appropriateness of information sharing. The kinds of training that were specifically mentioned were in interpersonal skills, in knowledge of other professions, in improving judgement of risk and in guarding against empathising with the adults in the lives of children. This last requirement was mentioned a number of times and it was said that schools and nurseries were especially susceptible to empathising too closely with the adults rather than the children. With respect to training, one participant felt the necessary skills were subtle; about knowing when not to jump to conclusions: 'It's the way they interpret the information'.

A third strategy that attracted numerous mentions was clarity over confidentiality. This was usually raised within the context of respect for those being worked with, making it clear that things would be kept confidential unless there was considered to be a real risk of harm. It was reported that this clarity needs to be extended to the children themselves. One participant said that she asks job applicants at interview how they would respond if a child asked if they could tell them a secret, a favourable response being, 'Of course you can tell us but you must remember that if it's something that means that something bad's happening to you or that something bad's happening to somebody else, you know we will have to tell.' It was also noted that if it was felt necessary to share information with another agency without consent, the individual should be told that the disclosure was going to take place.

Finally, it was said by two interviewees that it helps to build trust if communication is two-way. If an agency is requested for information and provides it, it was not considered satisfactory if there was no further communication on the matter.

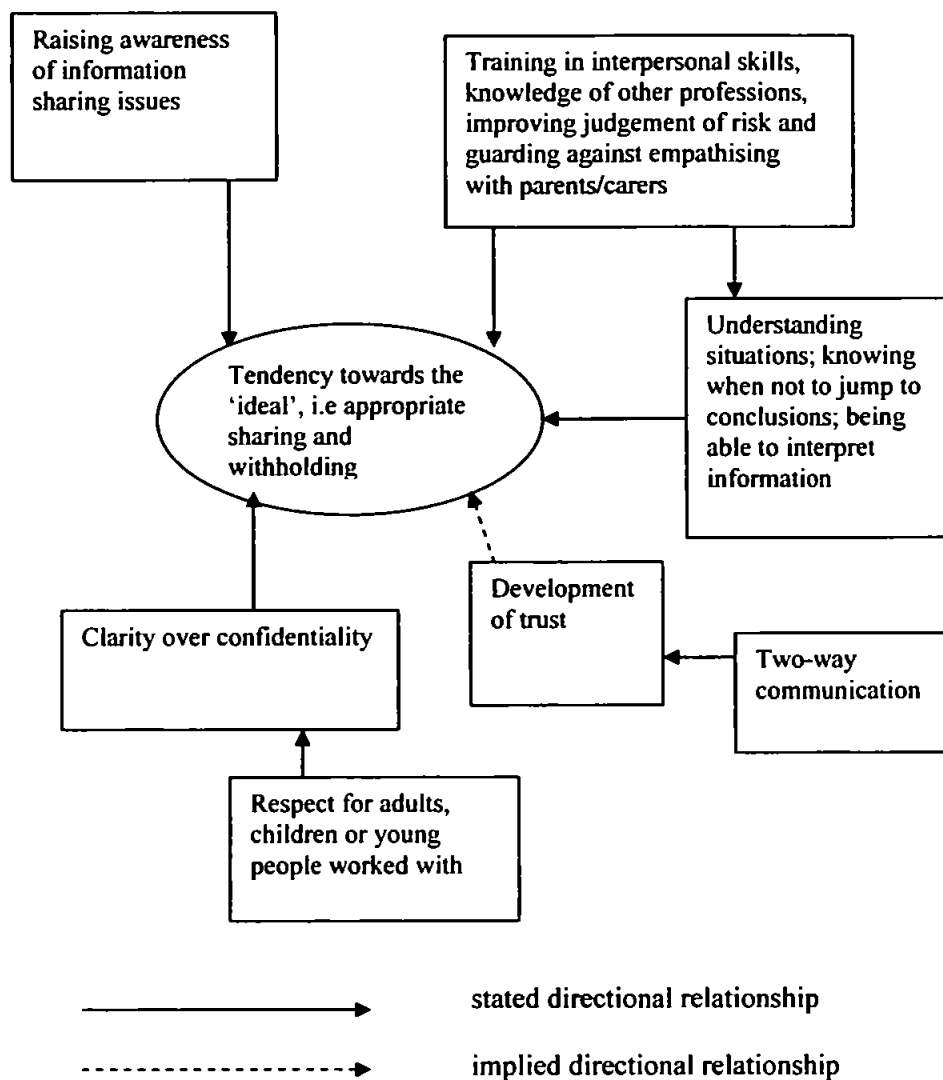


Figure 6.3 Diagrammatic summary of discussions on moving towards the 'ideal' in Keystone

~ ~ ~

This section has provided examples to illustrate how personal information is shared across agency borders by practitioners working in the Keystone Children's Centre. It has also given some indications about the ways in which these practitioners feel that their information sharing behaviours can be influenced. A systematic consideration is now given to the influences on information sharing behaviour, according to the conceptual framework given in Figure 2.2.

6.3 Analysis based on the conceptual framework

The last section in this chapter provides the results of an analysis of the case study data when using the conceptual framework as a coding frame. In addition it suggests factors that, from the data collected from this case, should be considered as additional potential influences on information sharing behaviour.

6.3.1 Environment level aspects

Where there was evidence within the data collected from the Keystone Children Centre's case that environmental level aspects had influenced information sharing behaviour or decisions around information sharing, it is documented here, using the elements in the outer level of the conceptual framework.

Central government policy

Some concern was expressed about the new governance policies for Children's Centres. One interviewee felt that the variety of different governance structures would disappear and that the city council (due to become the accountable body for all the Sure Start Children's Centres in the city) would be 'more concerned to tick boxes and with the government returns they have to complete rather than with working in the innovative, flexible ways that meet local people's needs'. However, these concerns were not being related directly to information sharing behaviours and none of the interviewees specifically reported having been influenced in their information sharing as a result of central government policy.

The sheer existence of the case though demonstrated a degree of influence in that professionals from different agencies could be seen to be exchanging personal information of their service users on a daily basis in a way that, before the Sure Start policy, they would not have done.

A small illustration is an observation made in the refreshment break at one of the communication meetings where one professional sought out the baby massage teacher to pass on the contact details of a new mother who wanted to join the baby massage class. (To try ensure that such new mothers carry through with the intention to become involved, the baby massage teacher liked to ring them ahead of the class to make personal contact and provide reassurance. Other professionals therefore asked new parents expressing an interest if their details could be given to the teacher.)

There were many other examples of information sharing taking place simply because of the Sure Start, that would not have occurred, or not to the same degree, before the Sure Start Children's Centre existed, for example referrals from a nursery to the Child and Adolescent Mental Health Service (CAMHS) and from CAMHS to the money advice team.

Government technology policy was not as evident in its influence on information sharing. It was more a question of observing hindrances to effective information sharing resulting from the lack of implemented coherent technology policies. This manifested most markedly through the records and ICT management (see Section 6.3.2).

Legislation and guidance

There were few mentions of specific pieces of legislation in the interviews, although awareness was evident of the Data Protection and Human Rights Acts. The new statutory responsibilities of role of lead professional were raised as being problematic. In some cases, this concern was linked to information sharing behaviour in that the possibility of becoming lead professional was given as a reason for people being over-cautious about disclosing a concern to other professionals. As one interviewee put it,

'...you can see how easy it is for people to think, 'oh maybe I didn't see something as bad as I thought I did' and try to brush it under the carpet, which is wrong isn't it? But you can see that if somebody has to suddenly take on a huge thing like that.....'

This participant was speaking hypothetically and went on to say, ‘But I would definitely mention it to somebody and they would support you through it. I know that they would support me if that did happen.’

Government guidance was only mentioned in relation to the coming Common Assessment Framework and the impression was given that most professionals did not have time to read all the guidance that might be relevant, relying on managers and supervisors to inform them.

A diagrammatic summary of the findings concerning policy, legislation and guidance is given in Figure 6.4.

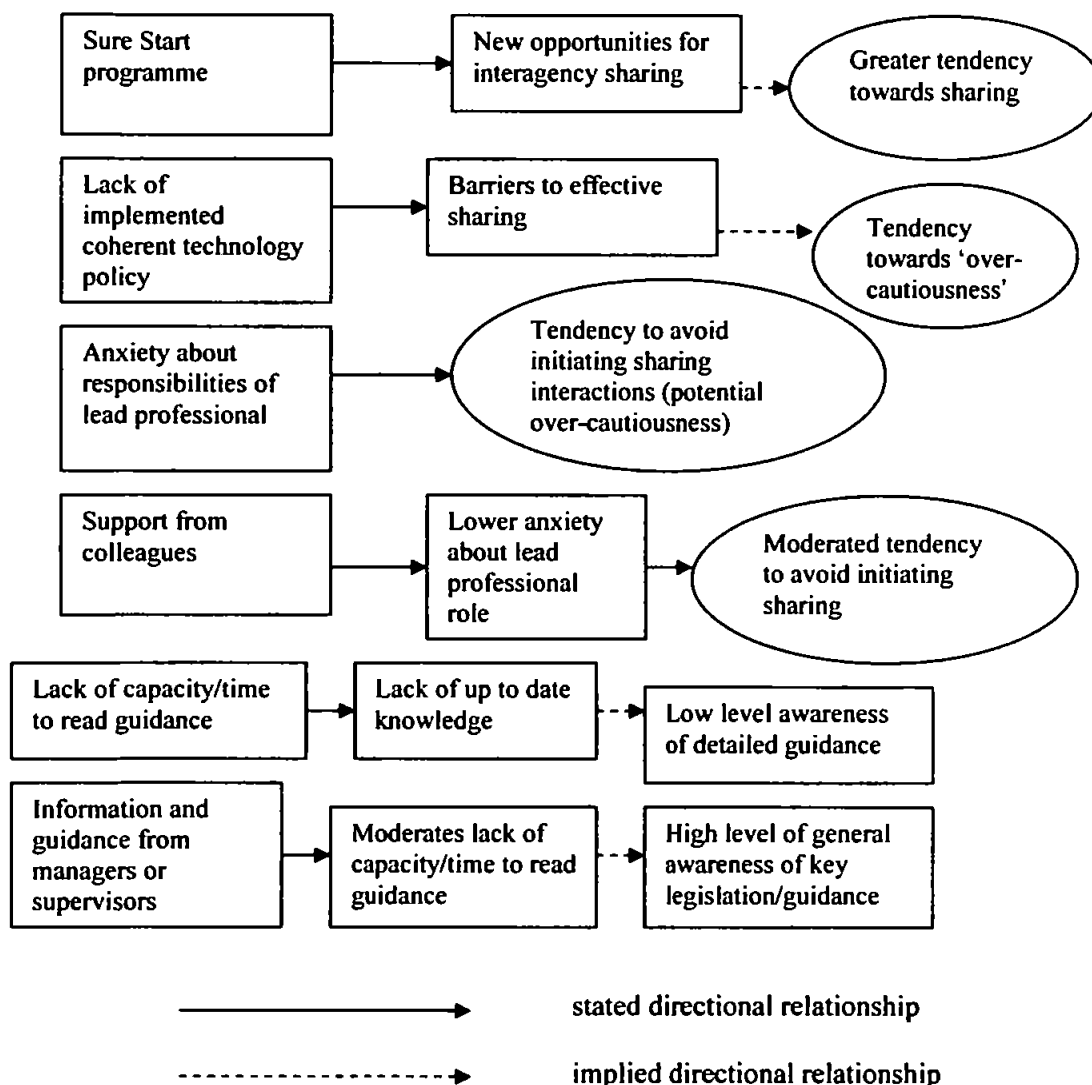


Figure 6.4 Diagrammatic summary of findings on the policy, legislation and guidance influences in Keystone

Professional culture

There were examples within the interviewees in this case of individual professionals qualified in more than one profession and one said that it helped in understanding situations better.

There was little evidence of the way in which professional training and support had directly influenced interagency information sharing behaviour. However, there were indications of indirect influence. For example, one interviewee said that she had had a very positive experience of multi-agency working during one placement that she had undergone as a student and that this had helped in working across professional boundaries post-qualifying.

Likewise there were no specific comments that related to the way in which professional focus or ethics had influenced information sharing behaviour. There was reference though to status and power in professional relationships and this related to boundaries within social work itself, observing that family support workers were sometimes not given equal respect with social workers, either by other professionals or by social workers themselves and that this can affect professional relationships.

Illustrations were given, within the interviews of positive relationships between the different professions locally, for example there was a local Professional Forum; indeed, it was the GP who led this forum who first found out about the Sure Start local programmes and suggested putting a bid together. There were also examples of perceptions of less positive interprofessional relationships. It was remarked upon by three participants that it had been difficult to engage local health visitors, especially those working in the locality of one of the main centres. There had originally been funding for two health visitors to work with this Sure Start but this was not taken up. One participant commented, 'Having worked with lots of different professionals, it

seems to be the health visitors and midwives that tend to stay in their own little bubbles and not mix so much with everybody else’.

There was some evidence produced from the case, however, that suggests that professionals may be exaggerating the differences between themselves. The Local Sure Start Evaluation team conducted an exercise with one project, firstly in individual professional groups, looking at what they would like to improve. The evaluators reported that the professionals felt able to do this in their own groups because they felt safe to express their views but they feared criticism from other groups. It transpired that in fact there was a good deal of consistency across professions about what they each wanted and there was relief expressed at the outcome when this became apparent.

Local strategy

As described in Chapter 5, one of the cornerstones of the local strategy for collaborative working in children’s services was the Child Concern Model (CCM), designed to give all professionals working with children a shared language and way of working. The strategy seems to have been successfully implemented in that the CCM was referenced across professions and organisations in the case interviews and seemed to be constantly in the background. For one participant though, things had not worked out as hoped:

‘The idea of the CCM is that we would take 20% of our work at the low level, 30% would be at the intermediate level that haven’t quite triggered the child protection sirens if you like and 50% would be at the top end. ... But in real terms over 85% of the work that my team does is in child protection where the situation is so extreme that actually the children’s names are on the register. So the idea is great and we wanted to try to do more early intervention, preventative work but the system hasn’t allowed that, because there’s no way of putting the breaks on the top end.’

What this means is that more information sharing interactions occurring within the Children’s Centre setting will be covered by the special conditions concerning child protection situations than had originally been intended.

Six out of the seven interviewees from this case said when they were asked, that they had attended the CCM training (one not being sure). There was some concern expressed though that practitioners in the wider population might not have found it so easy to attend. For example, it was theorized that schools and GP practices might have had difficulties releasing teachers and GPs for the training because of the problems with recruiting supply teachers and locums. There were ambivalent feelings about the wisdom of attempting to make the training compulsory; it was said that while it was important to have as many practitioners attend as possible, if they were there 'under duress', this could be counterproductive. One interviewee was of the opinion that it was a good start but that practitioners needed more guidance, 'I think it's a brilliant idea but I don't think a half day workshop enabled people to grasp the nettle. It didn't give people the tools they needed to understand the process.' This person felt that there was not a good understanding of the level of detail needed in making referrals, for example, 'mum not able to cope' was not sufficient information on which to make an assessment.

An important illustration of the influence of local strategy on information sharing is that of the planning and structuring of different services. Whilst some multi-agency provisions had become more localised (the Childrens Centres included) other services had become more centralised and this was commented on by one interviewee as having affected the opportunity to build relationships with professionals. It was said that the levels of inter-personal trust were affected, which in turn, it was claimed, had made some professionals more cautious about information sharing. 'They've centralised all our childcare social work teams... I don't know half these people. Something's gone [...] I think there is professional trust at a certain level but not personal trust.'

Two interviewees claimed to know about the local children and young people's strategic partnership information sharing protocol, one of these being the Children's Centre Manager (one out of the seven interviewees was not asked the question).

A diagrammatic summary of the findings relating to professional culture and local strategy are given in Figure 6.5 below.

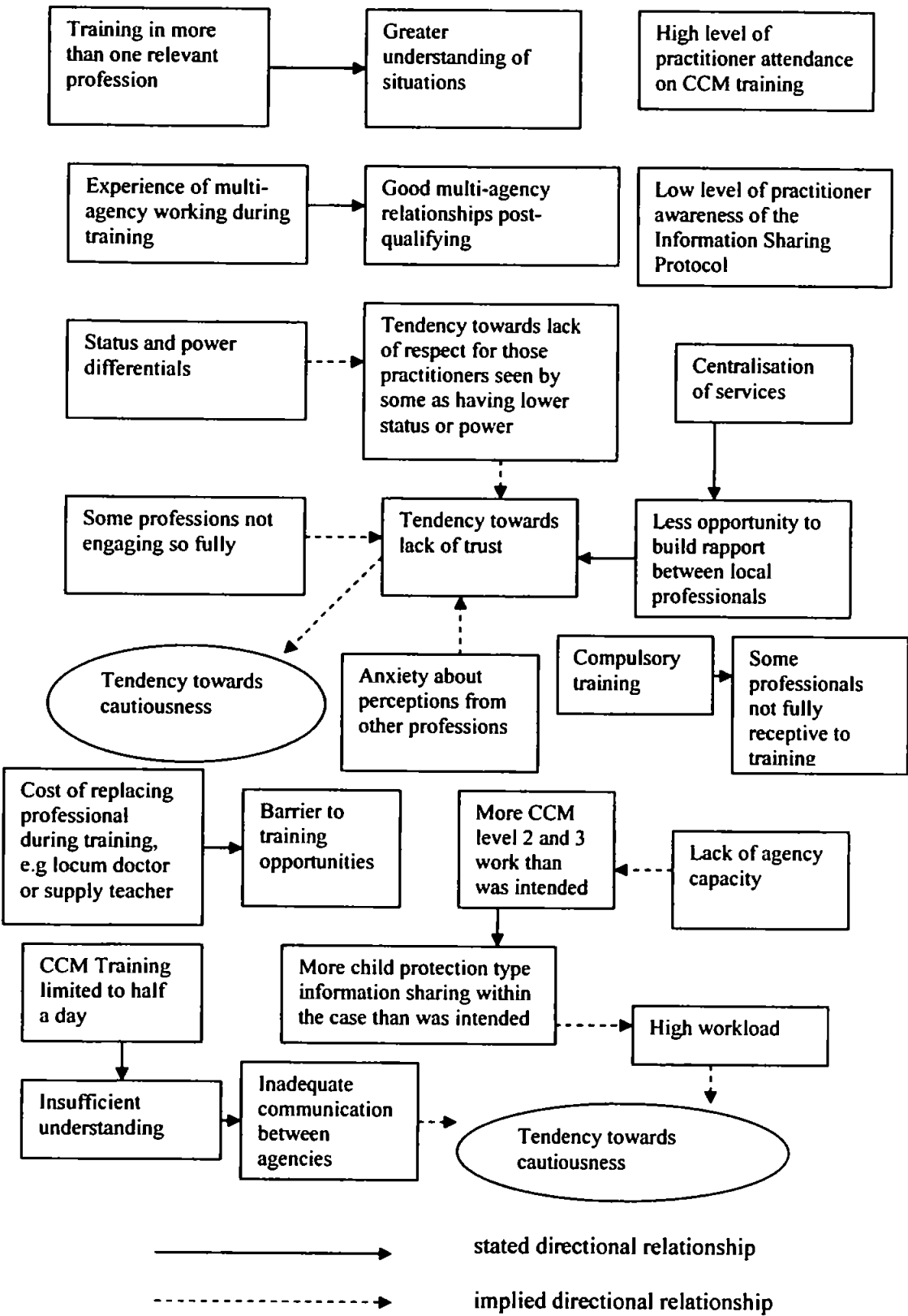


Figure 6.5 Diagrammatic summary of findings on the professional culture and local strategic influences in Keystone

6.3.2 System level

Lines of accountability at system level

Perceptions of accountability to the Sure Start Children's Centre varied among the interviewees. Those working in the staff team felt that they were accountable to the Children's Centre and then through the management board to the lead and accountable bodies. Of the others, one did not feel any direct accountability to the Children's Centre, '[...] we are nothing more than tenants here. So I haven't got any reason other than perhaps professional courtesy, to keep [the children's centre manager] abreast of anything.'

Among the concerns of one interviewee was that, as a result of local authority restructuring arising from the Children Act 2004, her new line manager was from a different profession and therefore would be unable to provide supervision.

A changing picture of accountability was also provided from another worker. On starting work within the Sure Start, employment was by a local service within the NHS Hospital Trust but funding was through a secondment, by the Sure Start. Supervision was provided through the service and the interviewee in turn supervised other professionals, one of whom worked in another Sure Start. Shortly before the interview the participant's funding had been taken on by the Hospital Trust so that both employment and funding were provided by the same agency. Perception of accountability was not straightforward, there clearly being the perception of accountability to the NHS Hospital Trust but also, some accountability was felt to the Sure Start through the Children's Centre Manager. In a similar way, the midwifery assistant perceived an accountability to Sure Start, through the Children's Centre Manager, or Acting Manager, but also to the midwifery team leader.

Leadership and team management

Team management is related to accountability structures and one of the difficulties in describing teams in Children's Centres is that team boundaries can be elusive. In this case there were the professional teams (e.g. the midwifery team, the nursery teams, the family support team, etc.). Then there was the Children's Centre staff team, as previously described. For some professionals, where they were the only one of their kind in the Children's Centre, there was still a feeling of being part of a professional team that extended to include them, but was based elsewhere.

The manager of one of the professional teams based in the Children's Centre felt that maintaining team morale was very important, particularly in the climate of change that existed at the time of the case study.

And we're a failing authority and not a day goes by when you're not reminded of that. So morale's not great [...] We're very committed and we do a lot. My team do a lot of stuff together. We go on walks and do amateur dramatics and go to shows and, you know, we do all sorts of mad, crazy stuff. We're really, really close and feel very strong.

Another interviewee described ways that co-location affected inter-team relationships over time:

'It did work really well, although we were really crowded when we were at Ryder Road. I met our mental health worker and the team from (money advice). We were all sharing an office. To start with, people from the (money advice) team, they were very concerned about confidentiality, but after a while, you just get on and forget people are there really. If you've got a phone call to make, you get on and make it. But it was breaking down those barriers as well.'

In talking about the Children's Centre and working as a team, one of the participants said, 'I like team work a lot. I feel that we've all got strengths and weaknesses and it's about pulling together and respecting the people you work with. I do respect them and I think they respect me.'

It is also possible to conceive of the larger 'Sure Start' team, with the Children's Centre Manager providing overall leadership, despite not having formal line management for many members. The impression given by the Children's Centre Manager was that she trusted the professional teams and individual practitioners to get on and do their jobs but she made it clear what she expected in terms of the overall Programme and the targets that needed to be achieved. She was respectful and supportive and did provide strong leadership. This was reflected by an interviewee who commented on the change that occurred when the Children's Centre Manager went on secondment for the first time:

'I have a very good relationship with the Sure Start Manager [...] and she was seconded somewhere else for about a year and it felt like there was a real vacuum here. So I kind of felt I closed ranks in a way in that time. It did have an impact on me in a way.'

It was thus shown that a leader can have an effect on team members' interpersonal responses.

System level records and ICT management

There was an internal telephone system linking the Sure Start buildings so that the offices could be called directly through the internal system. This was seen as being very helpful given the distances between the sites.

As described in Chapter 5, Sure Starts were required to submit monitoring data electronically to the DfES. In this case, data were held on a computer system located at the Morice Town Centre that was linked to the PCC mainframe. When a parent completed a membership form, they gave it to the receptionists, who gave (or sent) it to the finance officer, who inputted the information onto the computer. The information then went on to the E-Start system for the government statistics. The paper registration forms were stored at Morice Town and data from hand-held systems, used by most of the practitioners, were downloaded onto the finance officer's computer and information

from the computer (e.g. new names and addresses) went back onto the hand-held. Staff not using a hand-held system logged paper forms with the finance officer and she transferred the information onto the main computer database. Crèche bookings were made onto the computer at the relevant Centre and a hard copy put on file.

There was a great deal of variation in the way professionals kept their own notes and records. One of the NHS employees had no access to the NHS email system or the NHS mainframe system. This practitioner did use a computer on which letters were stored but records were handwritten and stored as hard copies.

The family support team had access to the social services computer files kept on the City Council system and they were therefore able to see when social work colleagues had made visits to Sure Start families. The community development worker did not keep individual records unless there was an involvement in a child protection case or there was a concern that a child might be at risk of harm. Likewise the midwife assistant did not keep her own records on individual families but reported that she did write on their notes, which would eventually be stored at the Hospital by the midwife.

One of the participants was looking forward to the integrated children's system, '... it is very positive and I think it (the integrated children's system) is going to make a big, big difference but it's just that people are at different stages.' The latter comment referred to the fact that some people were thought to be more ready than others for the change, 'I'm not being ageist but I've got people who have been doing this job for twenty or thirty years and then they're expected to change the way they do everything'.

System level training and support

Appreciation was expressed for the funding that Sure Start provided for training, for example, 'I'm very lucky really because I've had lots of training and things because of

the Sure Start funding.’ One interviewee who was not funded by Sure Start had recently been told that, ‘all training has been stopped because of the [...] finances.’

Overwhelmingly, interviewees said they would ask colleagues, their professional supervisor or line manager if not sure about an inter-agency information sharing interaction. No use had been made of the paper or web-based advice that was available, including the information sharing protocol.

A diagrammatic summary of findings at the system level is given in Figure 6.6.

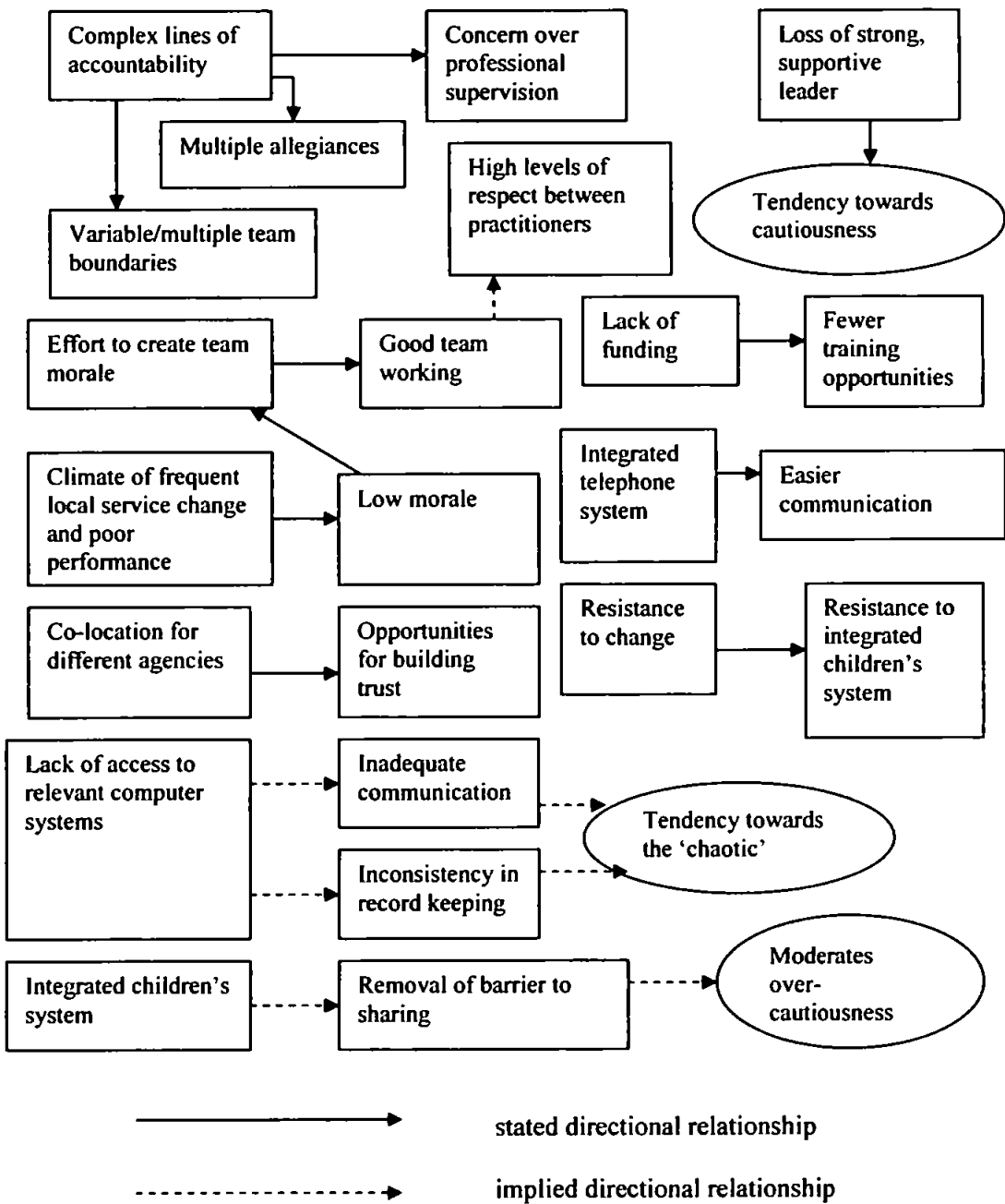


Figure 6.6 Diagrammatic summary of findings on the system level influences in Keystone

6.3.3 Individual level

Confidence

The level of personal confidence in one's ability to make the right decision in an information sharing interaction was reported as high by all except one participant, who was not asked the question. Even the administrative staff interviewed were confident that they would make the right decision. One noted that she had worked in children's services environments previously and added, 'I have been in a situation where a child wanted to confide in me. I had to say that if what he told me meant that someone was at risk of harm, I would need to tell somebody else and I did.' As in this case, discussions around confidence were usually couched in terms of child protection and feeling confident to break confidentiality if it was thought to be necessary. It is possible, therefore, that more subtle forms of the every day interactions may not have been thought through.

A diagrammatic summary of the findings concerning the individual level is combined with that of the additional aspects to consider in Figure 6.7.

Trust

Trust was something stated by nearly all the interviewees as important in their information sharing interactions. There was generally a high level of trust with colleagues from all professions within the Sure Start itself, but this trust was not *universally* extended, as expressed in the following:

'I wouldn't share it (information) with *everyone* in Sure Start. It would depend. I suppose it depends on the personal trust you feel with the people you want to share with [...] I haven't analysed in great detail why I'll say something to someone but just thinking about the people I know, I suspect I'm more likely to give more information to the people I feel I have more of a rapport with, actually [...] so if I thought somebody didn't really have much of an understanding, I wouldn't give the information because I'd think 'what's that going to do?'[...] I guess there are issues of personality as well.'

Another participant agreed that personal rapport was an important factor in feeling a professional could be trusted with information. When asked if, in a situation where they felt they needed to share information with a health visitor, for example, whether they would be happier going to one health visitor rather than another, they answered in the affirmative, 'Yes, and that will always depend on historic working relationships.' This interviewee went on to explain that strong working relationships had been built up with the professionals based locally,

[...] and that is just because of the time that elapsed, that we've built up a rapport. You know, I can go to the doctor's surgery and check something out and they can come over here and we can have a cup of tea and a catch up.

Again there was reference to the fact that the social workers were not based locally, despite the strong local base within the Centre of the social services family support team,

I've actually said, on some occasions, that we've got better relationships with head teachers, class teachers, our colleagues in speech and language service and school nurses than we ever have with our social work team because we just don't know them.

6.3.4 Additional aspects to consider

An analysis of the interview data for other potential influencing factors, not included in the conceptual framework revealed the following as the most important to consider: identity, context, organisational culture, personality and location.

Identity

What is meant here is the proposition that the dominant perceived identity of a practitioner could affect their willingness to share information with another agency. For example, there could be identification with the profession, the 'parent' organisation if relevant, the Sure Start, the locality or the team, or sub-team. There is not only the question of whether someone might be more likely to share within the group identified

with, than with 'other' groups, but also that dominant identification could affect the practitioner's values and outlook on sharing information. The following quotation shows how complicated identity can be and that it can be influenced by employment, funding and ethos:

When I came here, my identity was with the [...] service, who were actually, technically my employers and I was managed through that service, but I think I quickly became part of the Sure Start. I was more identifying with the Sure Start. So I've been generally more identified with the Sure Start but I mean they were basically paying my wages, so I was basically working for them. So it made sense. But also, I quite liked their ethos in a way, this sort of energy and early intervention...

Context

The specific context of the information sharing interaction has been mentioned before, under Sections 6.2.1 and 6.2.2 and in some ways, context is inherent in the model of appropriate information sharing, because what determines appropriateness is often the context of the specific situation. However, the quotation below illustrates the perception that context is not always paid sufficient attention in the decision about sharing information with other agencies.

There is also a risk from how people deal with the information you give them. Its all very...like I was at a meeting yesterday with some people I am supervising and we were talking about a case in that meeting and like one of the workers was keen to call a meeting and get all sorts of agencies in and I was actually saying, well, hang on a minute, you need to see the context of this thing, you need to see the context.

In this case, there was an interaction of two factors at work; the need to see the context of the situation in question and the lack of trust in other agencies to be able to 'deal with' the information, so this also illustrates the fact that influences can be hard to disentangle.

One of the particular components of the context that was also commented upon was the direction of flow of the information, and the importance of the initiator of the information sharing interaction.

Organisational culture

The conceptual framework contains the element of professional culture. There are also aspects of organisational culture included within leadership and team management. Organisational culture though does not appear in the framework as a separate influence on information sharing behaviour. The references to it in the case interviews suggest that this should be considered but care needs to be taken not only to differentiate between professional culture and organisational culture but also agency culture and team culture. A recurring theme in organisational culture with respect to information sharing was the means and ease (or lack of it) of communication generally. It was also shown that this aspect is made more difficult because of the complexity of governance within the Sure Start Children's Centre and that it interacts with technology issues, '[...] communicating is just a nightmare for us because of the way that it works - some employed by one group and others employed by somebody else [...] they don't all have email.'

Personality

The individual personality of practitioners was claimed to be a factor that influenced information sharing, mainly from the point of view of relating to trust, as has been mentioned, but also in that people with certain personalities might be prone to over-openness or over-cautiousness.

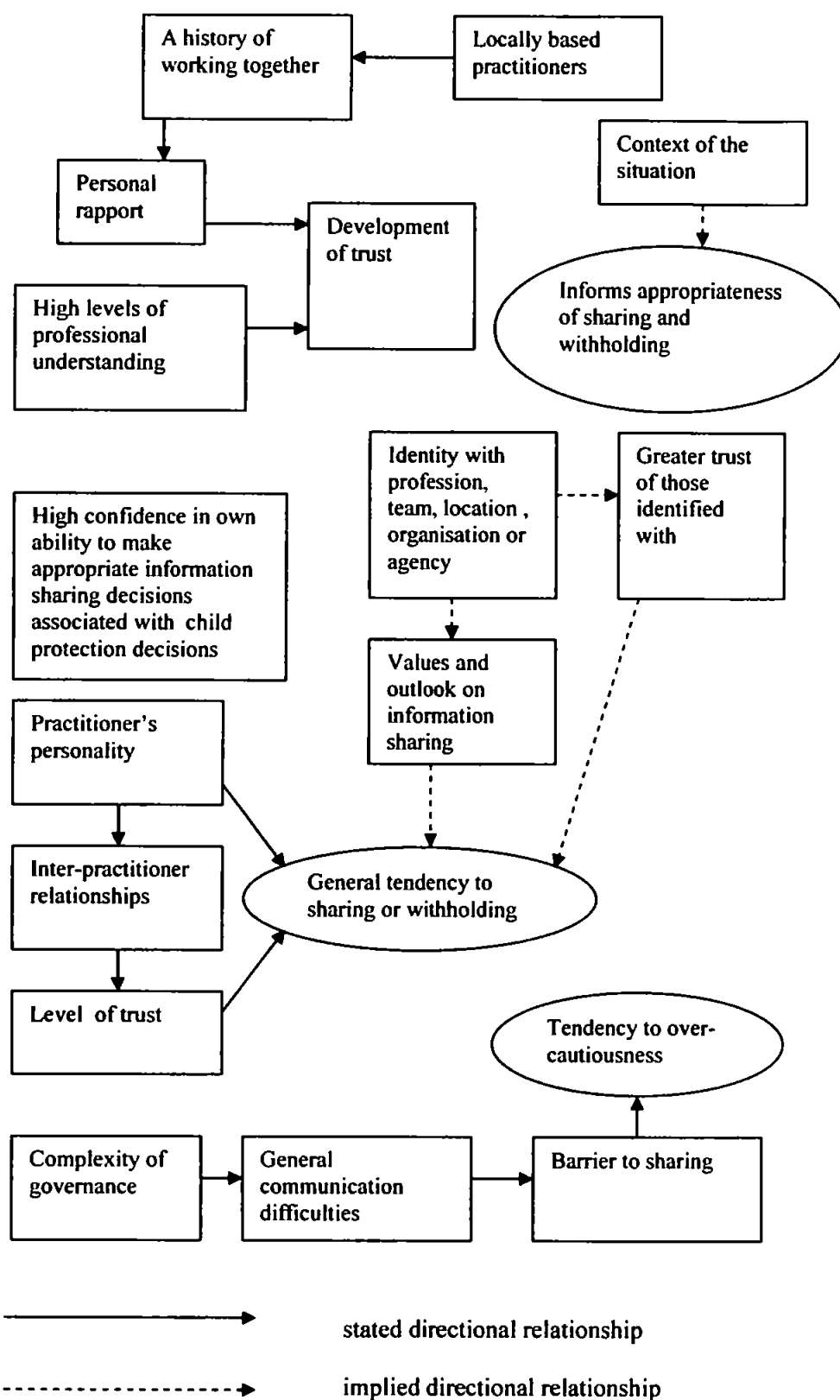


Figure 6.7 Diagrammatic summary of findings on the individual level and additional aspects in Keystone

Location

Location as an influence on information sharing was said to be important, not only in the sense of practitioners from different agencies being co-located (or not) but also in the sense of the importance of local networks of professionals. This has been mentioned indirectly under the headings of *local strategy* and *trust* but it is possible that ‘location’ or ‘physical proximity’ needs to be considered as an influence in its own right.

One of the interviewees who talked about the effect that moving offices had on interprofessional relationships illustrates the importance of location:

[...] it wasn't until I came here (Manor Street Centre) that I realised how much work they (family support team) did with families. I had no involvement with family support workers at all before and it's really nice that they're making a lot of use of me now. But equally, I've missed not having so much involvement with the midwives. It's very interesting.

Another participant also remarked on the move of the midwives to the crown Centre:

It's literally just over the road but it's really made a difference. They don't communicate with us half as much or half as well as they did. You can see it from the window but now they don't drop in – it's interesting.

These additional aspects then will need to be considered carefully in any revision of the conceptual framework. The findings concerning the additional aspects are summarised in Figure 6.7 along with the findings concerning the individual level influences.

~ ~ ~

This section, presenting the findings from the analysis according to the conceptual framework, has shown, where evidence was available, some indications of the ways in which the different factors proposed to be influencing information sharing in the framework were operating in this particular case, and of additional factors that should also be considered.

Conclusion

The case considered in this Chapter was split across its geography, with each of the main sites offering similar services but with individual professional teams being based at a single site. The only exception to this was that there were nurseries and childcare services at both main sites, but at each site they were run by distinct private companies.

In general, information sharing was considered to be potentially difficult but was not the source of on-going professional anxiety. Interagency information sharing interactions occurred frequently, within the Sure Start and across its boundary.

Important findings to carry forward concern: the significance of the personal relationships between practitioners and factors affecting these relationships; the ability of the individual practitioners to exercise professional judgement; the right kind of training and support; the quality of general communications; and the integration of ICT systems.

The second case is reported next, in Chapter 7 before the findings from both cases are brought together with the findings from their shared context, to address the research questions in the final chapter.

¹ Taken from the Keystone Sure Start registration form

The Tamar Folk Sure Start Children's Centre

This chapter provides the second case study report. It follows the structure of Chapter 6 and draws on the same data sources but from the Tamar Folk Children's Centre.

7.1 Case Description

This section describes the physical environment of the Tamar Folk Children's Centre, the people working there, the formal structures of the Centre and the activities undertaken within the case.

7.1.1 Location

The Tamar Folk Sure Start area was located on the North West edge of Plymouth. Although physically not far from the city centre (a fifteen minute bus ride), it was psychologically much further away. The catchment area was known as an area of deprivation in the city and its boundaries were strong; the river (giving its name to the Sure Start) and two major roads. They contained a fairly regular shape, bringing together the communities of Kings Tamerton, Weston Mill, St Budeaux and Barne Barton, with its main site at the physical centre of the area, in St Budeaux, in the grounds of the Primary School.

At the start of the fieldwork, the Sure Start was working under difficult physical circumstances. The School was undergoing major reconstruction work, including a new extension that was to contain the Children's Centre. Until the building work was complete, the Tamar Folk Sure Start was administratively working out of Portakabins in a fenced off part of the playground, with some space being used in the School building for the nursery provision. By the end of the study, all the staff to be based at the main centre had offices in the new extension and the nursery provision was due to move in

for September. Some staff were still not in their final rooms and there was still building work going on all around but there was a great sense of relief at having the new provisions, after 'putting up' with temporary accommodation for a long time. The new building was at one end of the refurbished school building, with a reception area between the School and the Children's Centre. The Children's Centre was a three storey building, designed to be light, airy and welcoming. Apart from the main centre, activities were conducted at community venues across the catchment area. Of the professional teams participating in this study, all were based in the main Centre apart from the money advice team who had offices at a community venue.

According to the most recent available evaluation report, the Tamar Folk Children's Centre had 788 families registered from within their catchment area, having contact with 169 children from the area in a year (Red Door Associates, 2005).

7.1.2 Governance

Not only was the Tamar Folk Sure Start Children's Centre coming out of a turbulent time in terms of the disruption caused by the building work, but it was also emerging from a difficult period of governance changes. When the Tamar Folk Sure Start began, it was set up using a voluntary sector led model but the programme had experienced difficulties and a number of changes had been brought in over the year prior to the case study. The most significant changes were that an experienced Children's Centre manager was seconded to the Centre on a temporary basis to re-establish and refocus the Sure Start and the Local Authority took on both the accountable body and lead body responsibilities. By the start of the case study, a new permanent Children's Centre Manager had been appointed and had taken up the post.

The Tamar Folk Children's Centre had decided to use a similar model of employment as that used in the Keystone case, having a small core of staff employed

directly by the lead body, with the professionals being seconded or contracted in or working under a partnership arrangement. The core staff, i.e. those employed by the City Council, as lead body, consisted of the Children's Centre Manager, four members of administrative staff, and a cleaner. On taking up her post however, the Manager was keen to create a strong team feel to the Sure Start and wanted to improve communication between all the professionals working under the Tamar Folk Sure Start 'banner', irrespective of who they were employed by, and to create 'the feeling that we're all one bigger team'. Two key innovations were brought in to assist; pigeon holes and team meetings. Defining the boundary of the team was difficult though, even for the manager, as she found when she started to map out who exactly the team should consist of.

The Tamar Folk Sure Start had a City Council led executive board and an advisory board. The advisory board consisted of the Children's Centre Manager, a Social Services representative, a health visitor, a facilitator, the Children's Centre Manager's line manager, the finance officer and three parent representatives from the 'parasol' group, which was the collective of parent groups and classes run by the Tamar Folk Sure Start.

7.1.3 Services provided

The services provided by the Tamar Folk Children's Centre were similar, but not identical to, those provided by the Keystone Sure Start and, as in Chapter 6, a summary resulting from an analysis of services is provided using the framework from Browne et al. (2004) described in Section 6.1.3. It is given in Figure 7.1.

Sector	Level of service provision			Base Location	Funding	Employer
	Universal/ Preventative	Early Intervention	Remedial			
				M – Main site O – other venues	S – Statutory sector P – Private sector V – voluntary/ community sector	
Health	Speech & Language			M	S	S
	Midwife (on good will basis) →			M	S	S
	Health visitor assistant (family community worker) →			M	S	S
	← Primary mental health →			M	S	V
	Baby massage →			O	S	P
	Breast feeding			O	S	S
	Smoking cessation			O	S	S
	Chrysalis fitness and nutrition			O	S	P
	Nursery			M	S/P	P
	Teacher support			M	S	S
Childcare	Crèche and toy library			M	S/P	P
	Extended school provision			M	P	P
Development	Community Development			M	S	P
	Library involvement			O	S	S
	Parent classes and groups			O	S/P/V	S/P/V
	← Money advice →			O	S	V
	P2P →			O	S/V	V
Employment	Job broker →			M	European funding	P

Table 7.1 Summary of the Tamar Folk Sure Start activities based on the framework for analysis developed by Browne et al. (2004)

All the health services offered through the Centre were funded by the statutory sector. The speech and language therapy team were employed by the Primary Care Trust and funded by the Sure Start. They provided a preventive service to the community, e.g. running baby signing courses, and ran a language library for the pre-schools in the Sure Start area. This team did collaborative work as well. They joined with the primary mental health worker for sessions where they provided speech and language activities and guidance cards and a 'Rhyme Time' at the end of each session. Also they often took the 'guest spot' in the Chatterbox sessions run by the health visitor assistant and they worked with another Children's Centre to produce 'Let's Talk' packs.

A good relationship had been developed with the local midwife. She was neither funded nor employed by the Sure Start, but worked collaboratively with them. The community family worker was a health visitor assistant and as such was part of the health visiting team, employed and managed through the NHS but with Sure Start funding the post.

The primary care liaison worker (primary mental health worker) was funded by Sure Start and employed through the local branch of a mental health charity, so funded by the statutory sector but employed by the voluntary sector. This was the only health service provided through the Sure Start that extended to remedial or clinical work.

The baby massage teacher was self employed, funded by the Sure Start. The smoking cessation service was provided through a contract with the Primary Care Trust and the breast feeding co-ordinator was funded by the four Children's Centres in the city that had been Sure Start local programmes and was employed by one of them that was a private community enterprise.

The Chrysalis programme was a fitness programme for parents, which also worked with family nutrition. This programme overlapped with health and development because there was an educational focus with physical activity built into the sessions.

The providers were self employed and funded by the Sure Start for the services provided through the Children's Centre.

The nursery for the Children's Centre was a privately run enterprise, having a similar arrangement as in the *Keystone* case. The Tamar Folk Centre funded a teacher half time to work with the nursery, the teacher being employed by the City Council, but with the nursery staff employed by the nursery itself. The crèche workers were funded by the Sure Start and parents/carers and were employed by the nursery. A play co-ordinator managed the crèche activities and was funded by the Sure Start but employed through the nursery. There was an extended schools provision provided on a similar basis.

The community development worker was self employed and funded by the Sure Start, co-ordinating all the parent/carers groups and classes offered through the Children's Centre. These were mainly self-sustaining, financed through fees paid for attending sessions but volunteers helped out, for example with the parent and toddler groups and the Sure Start provided some facilities and a small amount of funding.

There was a contract with the library service to work with Sure Start and the library worker went out to various groups doing reading/story telling/rhyming activities. The funding was from Sure Start and employment was by the City Council library service. The money advice team was funded, at the time of the study, through Sure Start but employed by the local branch of a mental health charity, so employment was in the voluntary sector. Money advice was the only service apart from mental health that was offered across the range of provision, from preventive to remedial. The P2P (parent to parent) team was actually based at the Ryder Road location of the *Keystone* Sure Start because it was coordinated across all four of what had been the Sure Start local programmes in the city. It received some funding from Tamar Folk but also relied on local volunteers and was a voluntary sector organisation. The job broker began during

the case study period. This post was funded (part time) through the European Social Fund and was employed by another Sure Start that was a private community enterprise.

Particular groups and activities offered, either at the main Sure Start Children's Centre at the school site or at other community venues, included:

- Parent and toddler groups
- Twins and multiple birth group
- Rhyme time (on its own at the library or part of other groups)
- Baby signing
- Chatterbox (fun, activity based sessions for parents and children)
- 'Nip it in the bud' (positive parenting group)
- Portage – Child wise (for moderate and severe behavioural difficulties)
- Safety sessions, with safety equipment available
- Sure Start plus (for parents under 18)
- Resuscitation classes
- Scrapstore (making available play ideas and cheap craft materials)
- Safety in numbers (post natal support)
- It's all about you (time-out for parents to think about how *they* feel)

~ ~ ~

To summarise, the case was coming out of a difficult time and was looking forward to an exciting and positive future, symbolised first by a new governance structure and Children's Centre Manager and then by a brand new building. The area served by the centre was a deprived part of the city but was geographically quite compact with distinct community areas within it, each having additional community venues that could host Sure Start activities in addition to the main Centre. The Tamar Folk Sure Start funded a wide variety of professionals employed by different agencies across the statutory,

private and voluntary sectors. One notable exception was social services which had no staff working within this case.

This was the background to the case then. The next section is about the information sharing interactions taking place there.

7.2 Information sharing interactions

There was no evidence that interagency information sharing was considered a major problem in the lives of the practitioners working in this case but there were still examples of sharing that was considered by some participants to be 'inappropriate' according to the model of appropriate interaction. Most of the interactions that were felt to be inappropriate fell into the 'over-cautious' category and concerned professional 'preciousness'.

There were also examples given of appropriate information sharing between agencies, both within the Sure Start itself and between Tamar Folk practitioners and other agencies not considered part of the Sure Start. One reported recent advance in information sharing concerned information that came to one of the participants from the police via a local health visitor. Domestic violence reports had begun to be sent automatically from the police to health visitors and one of these related to a family that a health visitor and one of the case study participants were working with. This information was shared between the two professionals and it solved a puzzle about the behaviour of a child that had not made sense previously, meaning that services were offered to the family that would not otherwise have been made available.

None of the professionals invited to keep information sharing diaries in this case felt able to do so, hence unfortunately, this category of data was not available. However, there was another source of data available from the Tamar Folk case; a workshop that took place during one of the team meetings gave some indications about the ways in

which information sharing was seen. This, along with the findings from it, is described before giving an account of perceptions of inappropriate information sharing and how behaviour can move towards the 'ideal' quadrant in the model of appropriate interaction.

7.2.1 Information sharing workshop

Ten Tamar Folk staff attended the workshop (the manager and two administrators, the nursery manager, the play co-ordinator, two health visitor assistants, the money advice administrator, the P2P co-ordinator and the primary care liaison (mental health) worker). The workshop consisted of a scenario-based exercise followed by a discussion around three questions and the account given here follows that structure.

Scenario-based exercise

The scenario was based on a real case, provided by the primary care liaison worker. It involved a family of two parents and three children (all under five). The parents were both very young. The health visitor had called a 'child in need' meeting as there were domestic violence concerns (concerning violence towards the mother but not the children) and there were parenting concerns. The key question discussed was: *which agencies might become involved in this case?* The responses were wide ranging:

- Education
- Relate
- P2P
- Women's Aid and/or domestic violence worker
- Social services
- Money advice worker
- Inclusion advisory service

- Police

The workshop was informed that in this particular incident, the health visitor called a 'child in need' meeting which involved social services and family therapy referrals. The money advice team was later involved and, through them, so were Housing. The ensuing discussion included the fact that it was possible for many different agencies to be involved in such a case and questions were raised about how many professionals to involve at the beginning. 'Child in need' meetings are usually held in the family home and it was thought that it could be intimidating and confusing if there were too many professionals present, so it was not just a question of including everyone who might be relevant.

It was stated that the professional raising concerns needed a certain amount of confidence and experience to know how to handle such a situation and it was generally agreed that information sharing in such a scenario would work smoothly within the Sure Start but that problems could arise when professionals from outside the Sure Start became involved. It was felt that within the Sure Start, it would be a case of constantly referring back to the family - 'I really think it would be useful to let so and so know about this now, would that be okay with you?' and that this would be more straightforward than when involving a professional from 'outside'.

Question 1:

If you have had experience of a situation where it has been necessary to share personal information across agency boundaries, what do you consider to be the greatest problems or barriers to effective information sharing?

Given that this thesis equates effective information sharing with appropriate interaction, answers to this question can give an indication to what is being thought to contribute to interactions that are over-open, over-cautious or chaotic.

In general, it was said that there can be dangers in only having a small piece of information and that it frequently feels as though each professional working with a family has been told a small part of the picture, 'It is almost as though they want you to suggest the rest so that they don't need to say it.' The specific concerns that were raised were noted and have subsequently been analysed according to the conceptual framework and summarised in Table 7.2.

Reported Concern		
Environment level	System level	Individual level
Inflexible procedural protocols	Incompatible computer systems	Lack of trust between professionals
Data protection laws	Data protection training	Power games/ Chess games
Professionalism not recognised	Health visitors working outside Sure Start	Lack of previous personal contact with professionals
	Multiple lines of accountability	Poor professional practice

Table 7.2 Concerns about interagency information sharing reported during the team meeting workshop, analysed according to the levels in the conceptual framework

Concerns that have been analysed as falling under the heading of environment level influences included the fact that standardised procedural protocols to ensure confidentiality can be problematic in themselves. An example was given of creditor institutions who will usually not talk about a case with a money advice worker unless the client is in the room with the worker and the way they require confirmation of this is to talk with the client on the telephone. In one case the client was deaf and mute and the creditor institution refused to engage. (Although it might be the individual

organisation's procedures that might be problematic, it is frequently the case that standard procedures are nationally agreed, hence categorising this at the environment level.) The participants felt that there needed to be some flexibility to cope with individual cases. It was also said that when professionals become aware of data protection laws, they can sometimes become fearful about them and tend towards over-cautiousness as a result. A further concern at this level was the lack of recognition of professionalism within some agencies by others.

Under the heading of system level concerns came the incompatibility of computer systems (although this overlaps with the environmental level because national policy will drive the infrastructure changes to allow greater compatibility). Perhaps surprisingly data protection training was reported to be a cause of concern. This was said to be because of a tendency for professionals to become more fearful about the Data Protection Act (as outlined above) having undergone the training. This was not necessarily a call to stop having the training but to improve it by giving adequate reassurances. The fact that there can be problems when some health visitors were not part of the Sure Start was given as an information sharing concern because some families do not know who their health visitor is and it can be difficult to identify the professional to be sharing information with. Finally under the system level influences, examples were given where professionals felt that having multiple lines of accountability was problematic for effective information sharing, because this led to a lack of clarity about when information was judged to be crossing boundaries in terms of data protection.

As far as individual level influences were concerned, lack of trust between professionals was given as a potential barrier to effective interagency information sharing and some interactions were described as 'power games' or 'chess games'. It was generally agreed that things worked well at a personal level but that blockages could

occur with sharing information with another agency if personal contact is not already established. Poor professional practice was said to be problematic in a small number of instances and two examples were given. One was where a family with mental health problems had not received health visitor visits after the baby was born because the handover from midwife to health visitor had not happened as it should have done. The other was where a service user was upset because their neighbour, who worked for social services but who was not a social worker, clearly knew information held on the service user's file.

Question 2:

If you have experienced problems with information sharing difficulties, what have you found useful to support you, e.g. guidance materials, colleagues, training, websites etc.?

The consensus was that those attending the team meeting turned to other people in such situations, rather than paper or web based guidance materials. They used their own networks and said they consciously took opportunities at meetings and conferences to extend their networks.

Question 3:

What can you think of, that would support you in sharing information more effectively?

Overwhelmingly, the response to this question was that better general communication systems would be the greatest help in improving interagency information sharing. This was probably influenced by the fact that at the time of the meeting, general communications within the Sure Start were particularly difficult, due to the stage the building works had reached. For example, one answer to the question was 'To have a land line!!' Many people round the table said they did not have access to email at work. Some steps had been taken internally to alleviate the problems, with professionals

instigating their own communication mechanisms. The primary mental health worker and the money advice team for example had started having monthly meetings.

7.2.2 Perceptions of ‘over-cautiousness’ and ‘over-openness’

The interviewees were able to understand the model of appropriate interaction although on some occasions, it was necessary to reiterate that within the model, high levels of caution and openness were not necessarily inappropriate and it was the judgement around appropriateness that determined whether or not the interaction was ‘ideal’. Figures 7.1 and 7.2 provide diagrammatic summaries of the findings based on the interview discussions of over-cautiousness and over-openness reported below.

Discussions concerning over-cautiousness

Discussions about over-cautiousness, frequently concerned reasons to be cautious, for example the need for confidentiality, rather than necessarily the tendency to be *over-cautious*, e.g.

In a difficult situation I would probably err on the side of caution and if another professional was asking me for information, I would say I would get back to them and then I would phone someone in human resources at (hospital) that I know would be able to help and then I’d phone them back and either give them the information or explain why I can’t.

This participant though went on to say, ‘I would like to share with other organisations more [...] but I wouldn’t always feel able to’ and one of the factors contributing to the feeling of not being able to was being unfamiliar with other agencies’ ways of doing things. ‘You know your own organisation. You are working to the same aims and policies and procedures. With others, you wouldn’t always know.’

Other reasons given for over-cautiousness were too much bureaucracy and the fear of litigation and one participant felt that a high work load and lack of time could lead people to become over-cautious,

Some people may not have time to share or can't get hold of people because they're too busy. Case workers are really stretched and it is very time-consuming chasing up people to give them information or to ask them for it. If I had a big concern about a child, of course I would do it, no matter what, but it was something small, it might get left and then when that gets added to someone else's small concern that gets left....

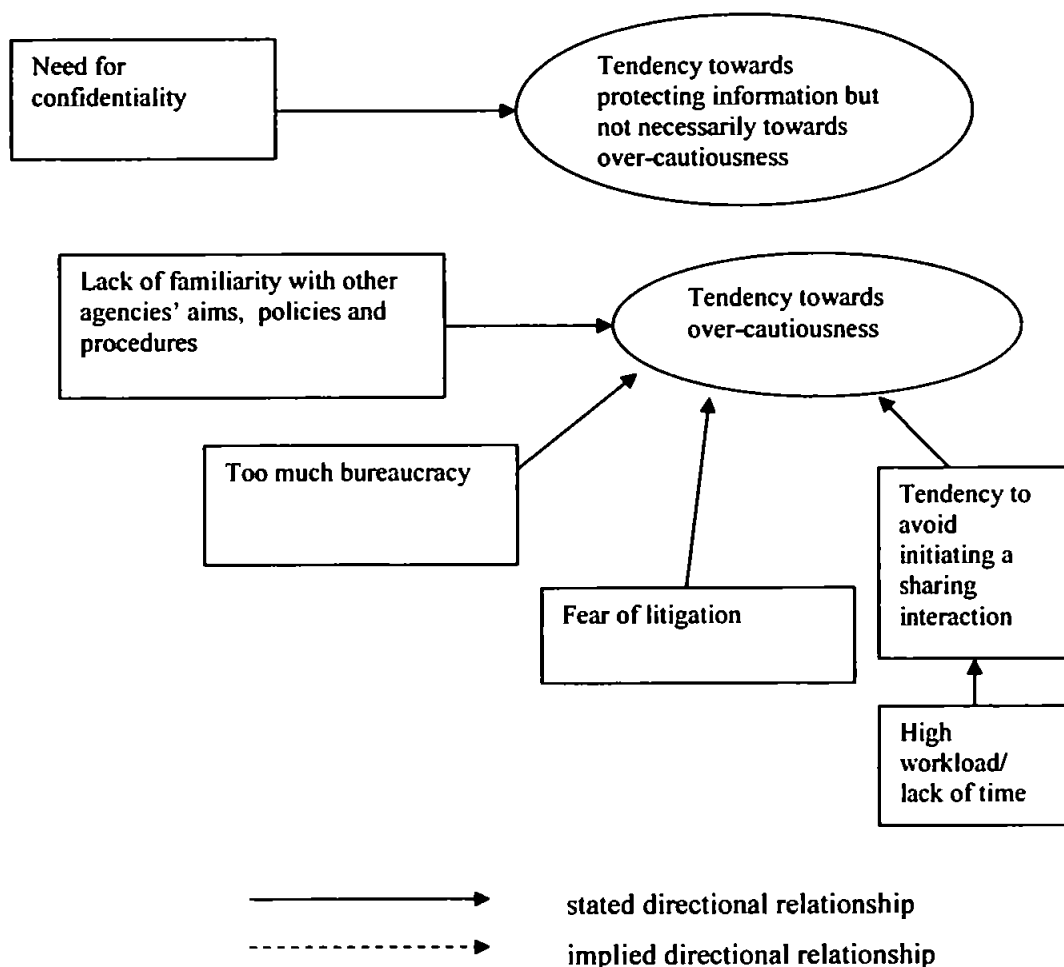


Figure 7.1 Diagrammatic summary of discussions of ‘over-cautiousness’ in Tamar Folk

Discussions of over-openness

The context, and especially the judgement of whether or not a child is at risk, was said to be particularly important in terms of the potential to change an ‘open’ interaction into an ‘over-open’ one. As one interviewee put it, when talking about cases of concern for a child’s well-being,

[...] Can you be over-open with a professional? If I'm working with a family and there's historically child abuse in that family and concerns over it, and then I'm talking to a professional and they're not willing to tell me that, aren't they then putting those children at risk?

In one discussion of over-openness, a participant reasserted the importance of maintaining confidentiality,

because otherwise people wouldn't come [...] in the first place. So it's quite crucial how we share information and I guess the bottom line is we don't, unless we have the authority to do so [...] we do need to explicitly say to them what we would be using it for and it's important that we don't abuse that trust.

The implication of this is that there may need to be a series of negotiations to obtain consent to share, if there were different purposes for sharing at different times. This was generally confirmed as being good practice.

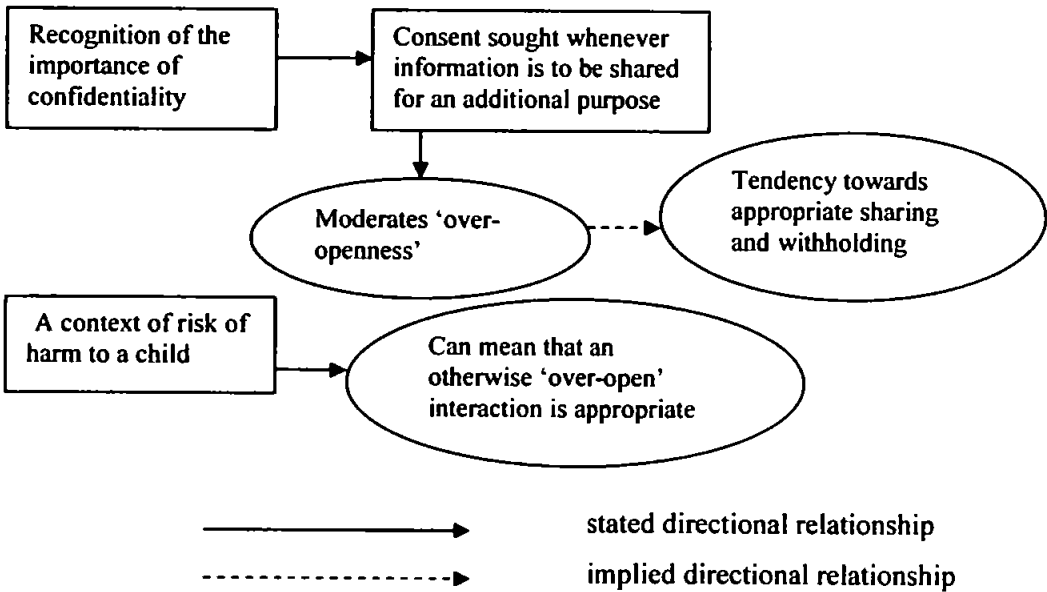


Figure 7.2 Diagrammatic summary of discussions of 'over-openness' in Tamar Folk

7.2.3 Moving towards the 'ideal' quadrant

Suggestions were given about how to increase the number of information sharing interactions in the 'ideal' quadrant of the model. For some, it was the problem of 'professional preciousness' or the 'professional hierarchy' that needed to be tackled.

The Child Concern Model and Sure Start was seen as helping to deal with this, e.g.

What would help would be people not being too precious to share – social services, health, education etc. It may be that without that bit of information there is an important part of the jigsaw missing. In Sure Start, it's early days, but I think it's the way to go.

In a similar vein, another participant said,

Dealing with professional hierarchy. Everybody's got to keep pushing in the right direction. The Child Concern Model is good. I think there are still huge divides between health, social services, education. There is no way around that.

This interviewee was concerned that professionals in Education could feel somewhat isolated and that steps could be taken to lessen that sense of isolation, which would help move information sharing interactions towards the 'ideal' kind.

The idea of having a philosophy of openness and honesty not only with other professionals but with the families as well was raised. As one practitioner said,

I think it's important to share all information really, you, well, within confidentiality. I think it's important and that's one of the reasons why I think our group is quite a successful group is because I think we are very keen to share information and because we are a very open group...

Training was seen as part of the solution by a number of people. Topics reported as important to cover included: confidentiality, role play to check that trainees have understood what they have been told and good practice examples so that 'you kind of know what direction you're heading rather than this open book'. It was also thought to be important to train people working in Sure Start to understand the values and priorities of the other professions. 'If you want to make the most of specialist services, you've got to be able to understand amongst all of us, exactly what we are and what we're about.'

Finally, one interviewee was keen to see good, clear policies that everyone understands and for there to be a mechanism available offering some separation and independence in cases where there may need to be a breach of confidentiality. This was considered important for the maintenance of relationships between the family and the worker and between the worker and manager and for a greater degree of objectivity in decisions about risk of harm.

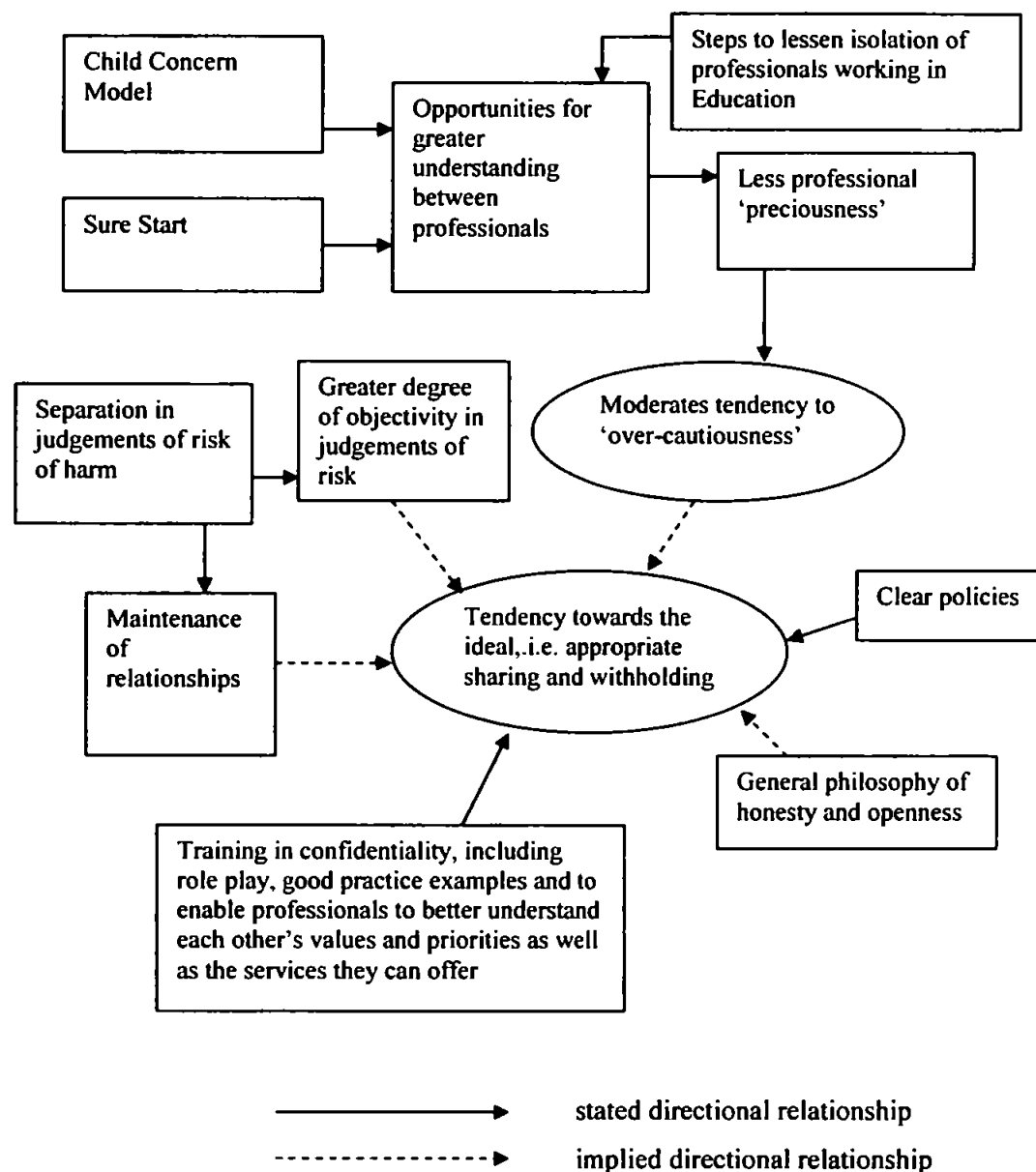


Figure 7.3 Diagrammatic summary of discussions on moving towards the 'ideal' in Tamar Folk

This section has demonstrated that the participants in the case were actively engaging in interagency information sharing, mostly through making referrals, working together with families and in disclosing concerns about the welfare of children. They had their own theories about what can help (or hinder) professionals to interact appropriately with each other when information is being sought or shared.

7.3 Analysis based on the conceptual framework

Where there was evidence within the data collected from the Tamar Folk Children Centre's case that elements of the conceptual framework had influenced information sharing behaviour or decisions around information sharing, it is documented here, according to each of the three levels of the framework.

7.3.1 Environment level

Policy, legislation and guidance

There was general agreement that policies of greater interagency working, through initiatives such as Sure Start, had been helpful in improving information sharing. One participant described the ease with which she could now put a parent in contact with a professional who could provide specialist support:

I would say to the parent that there may be some support there. Would they like me to initiate a meeting, which they do, you know – they all do. They always say, 'oh yes, that would be great, thank you'. [...] Which is really useful now with it all being here now - gosh it's so much easier!

There was, however, the feeling that there was simply too much policy and guidance literature coming down from central government,

You couldn't possibly keep on top of everything [...] I think people need some guidelines when they start but it needs to be simplified – the number

of different guidelines and policies. And it needs to be acknowledged that people have got common sense

For one interviewee, it was not the legislation that was as influential on information sharing behaviour as the principle of confidentiality used in conjunction with policies such as child protection:

Confidentiality itself is far more important than the law on data protection.[...] Because having clear policies like child protection for example, will hopefully deal with things like when it's appropriate to withhold or when not to.

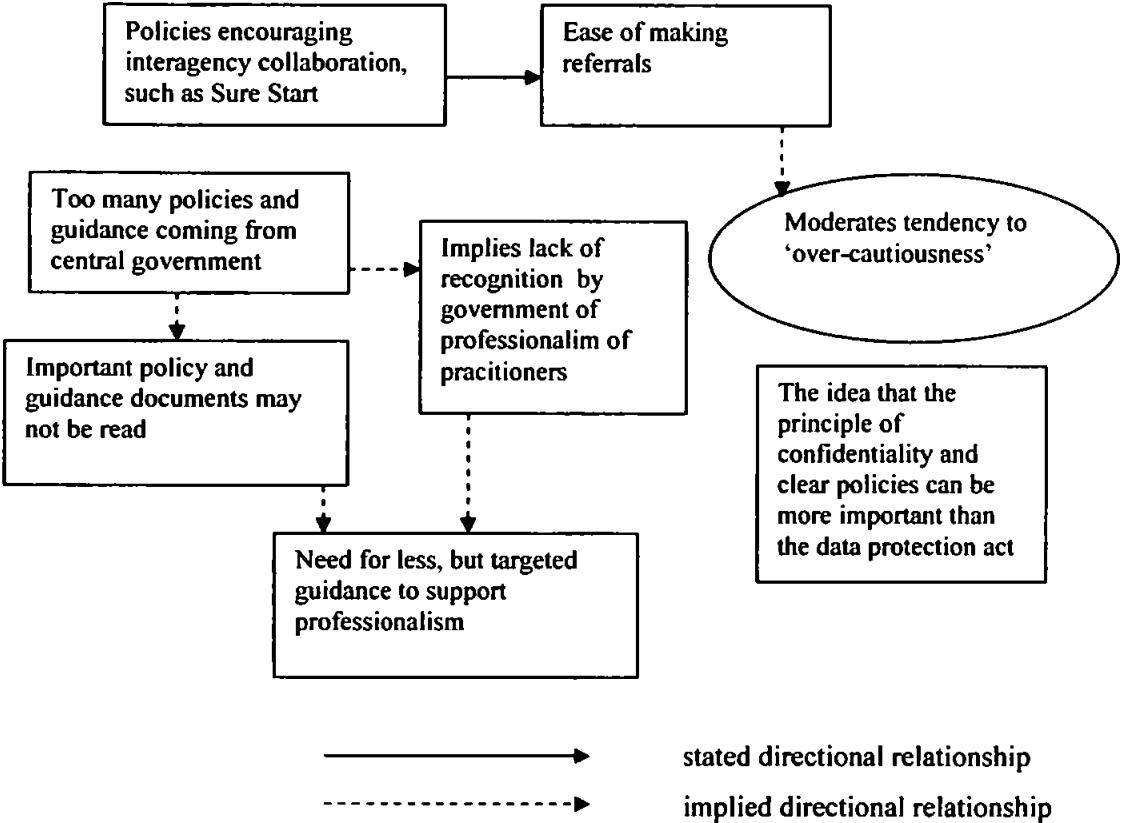


Figure 7.4 Diagrammatic summary of the reported findings on policy, legislation and guidance influences in Tamar Folk

Professional culture

One of the interviewees was qualified in more than one of the professions and this was seen as being helpful. Two participants commented on the fact that the degrees leading to professional qualification in their professions had changed recently to become more

interdisciplinary and one was said to include material specifically on interagency information sharing.

Differences between the professions were commented on and participants said that they had different relationships with the different professions. For example,

I have to say it is completely different with different professionals. I have a very good working relationship with the health visitors and we do share information extremely well and I have no complaints in that area. It is slightly more difficult with other professionals – social services, police. Obviously they are governed by their own rules and regulations, even if you have the consent of the family involved, it's still a bit hit and miss, depending on who you are dealing with.

It was noted that there can be differences in outlook and models used, even within the same profession, depending on the working context. The example was given that when working in the Sure Start a community based model is used. In other environments, the same professional could be involved in, say, an education model.

The term 'professional preciousness' has already been used, and it was one that was frequently mentioned. The idea was discussed by one participant that there was a degree of confusion over the concepts of professional preciousness and professional passion. It was pointed out that there will inevitably be passion in a room of different professionals who have all worked hard for their own projects, particularly when funding is at stake and that this can be confused for hostility. She said that passion was one thing, 'and just not giving information is another'. It was also said that passion, when taken to excess can be counterproductive and an illustration of observing professionals at a health and young people conference was given. Because of the topic of the conference, there were young people present. It was said that some professionals were,

banging on about their own area [...] and you can understand their passion and why they're fighting for funding. You know this woman was getting all heated but there were young people in the room and the young women were giggling. And it was looking at the young people giggling and thinking, it must look ridiculous – you've got all these people that they see as being

professional and they're going 'no, no, no, no,' and throwing their toys out of the their pram about their particular thing and these young girls were crying with laughter and you had to take a step back and look at them and think 'that's pretty silly'.

An example was given where the interviewee experienced one professional refusing to disclose information and no reason could be found, other than 'preciousness'. The example was a multiprofessional meeting that had been called to discuss a family case. The family had been given the opportunity to attend but they had declined, preferring that they should be given feedback from the meeting. They had however given consent for the different professionals concerned to discuss their case. The meeting included the interviewee, a community psychiatric nurse (CPN) who was chairing, a family therapist and a health visitor. The meeting had the doctor's feedback, the CPN's feedback and consent from the family. The health visitor, when asked for her contribution, refused on the grounds of confidentiality. Because the meeting seemed to have all the relevant information that was needed, in the end the Chair said they would proceed without the information that was being withheld but it was experienced by the interviewee as frustrating.

The fact that professional title can alter responses by other professionals was raised, one interviewee saying that she changed her title, depending on the circumstances and that a colleague had gone even further, changing her standard title to 'lead practitioner', 'and she's amazed how many people – the same people – actually now want to hear what she has to say.'

Education was said to be particularly difficult with respect to 'preciousness': 'School is like a chess game – What do you know? What do I know, What do you know? What do I know? Definitely professional preciousness there'. It was accepted however that sometimes problems resulted from structural and financial problems, for example some professions can access services (for instance referrals to specialist

facilities) whereas others cannot. It was said that each agency has their own financial structures and processes and ‘so you spend a lot of time banging your head against a lot of other establishments and services and it’s not necessarily their fault’.

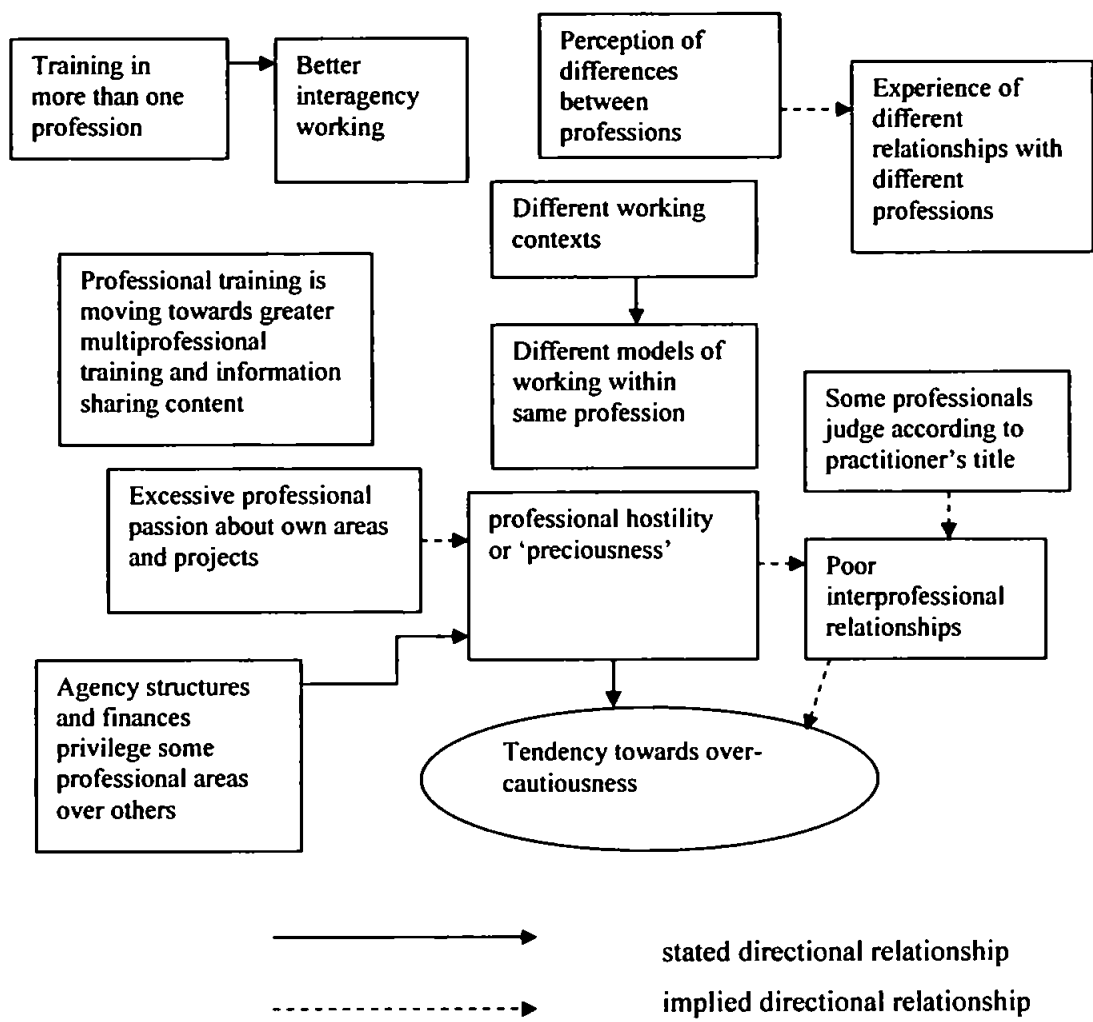


Figure 7.5 Diagrammatic summary of the reported findings on the professional culture influences in Tamar Folk

Local strategy

Two of the nine workers interviewed in the case said they had not attended the Child Concern Model (CCM) training and one of the nine was not asked the question during interview. Of the two that had not attended, one had been booked onto a training session but had not been able to attend that day.

There was generally a positive attitude towards the CCM in the case but one participant had ambivalent feelings about the new emphasis on parent-led processes that the CCM brings. On the one hand it was appreciated that a parent-led process was positive; parents could be actively included in meetings to discuss the family, encouraging an atmosphere of honesty and openness. In this way the CCM was seen to instil a real respect for the family rather than just paying lip service to it. On the other hand, it was considered that the arrangement could mean that there would need to be two meetings, one with the family present and one with just the professionals and this then goes against that spirit. For example, it was said that there were some things that it was not necessarily appropriate to discuss in such a situation with the family present:

I've gone to some meetings and I've found them to be quite brutal towards the family [...] if you've got a child that's in care and you hold a review meeting, so you've got the parent there and a child, how much of that child's past do you need to go over?

It was said, however, that it might help the professionals to have the full history. An example was given where, following such a meeting the professionals all went to have a cup of tea to 'actually thrash through it. [...] We had to share that information to see what the overall picture was.'

Five of the Tamar Folk participants had not heard of the Plymouth Children and Young People's Strategic Partnership Information Sharing Protocol. One was not sure whether or not they had and one was not asked the question. One of the two who were aware of the protocol was the Children's Centre Manager and the other said, 'I was on a course and heard someone else mention it and went on the internet and looked at it but I don't really use it, not really. There is a specialist [...] that deals with child protection issues and I can ask her about things.'

One of those who had not seen it was interested to find out more and added, 'I think it would be really useful for people to have a copy of this.' The person who was

not sure said, ‘My supervisor is amazing at passing me information which I file [...] and then when I need it I can go back to it. It’s probably in there somewhere.’

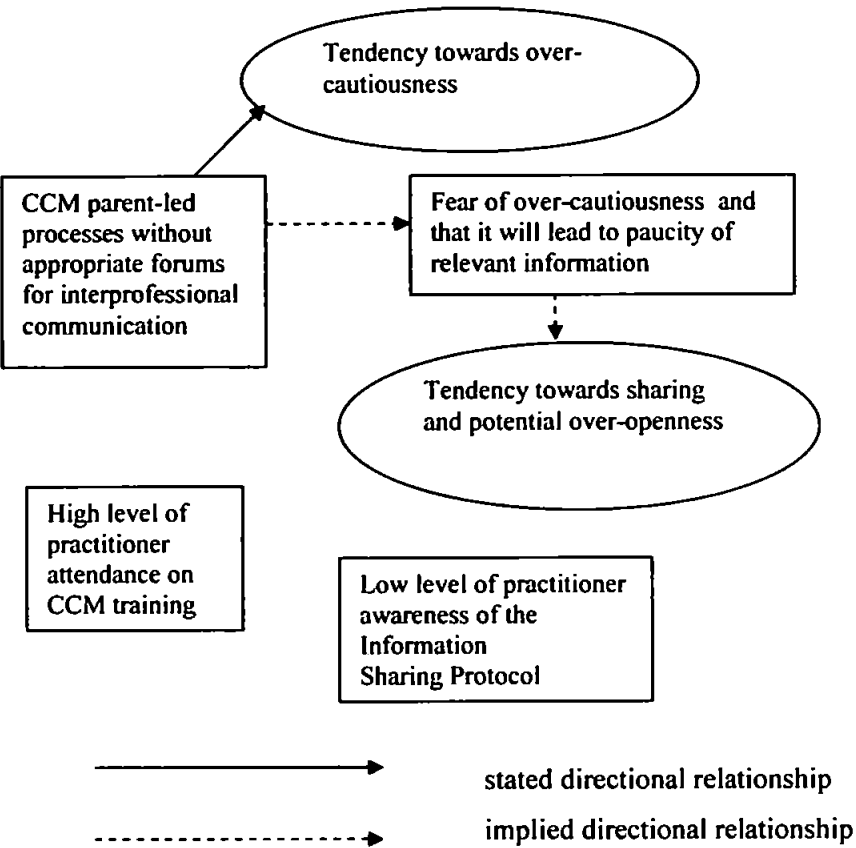


Figure 7.6 Diagrammatic summary of the reported findings on the local strategic influences in Tamar Folk

7.3.2 System level

Accountability

Most of the interviewees in this case described having multiple lines of accountability. For example, the speech and language assistant worked to the speech and language therapist on a day to day basis, both working within the Sure Start. They reported to the Head of the Speech and Language Service (outside the case). In addition there was supervision and also reviews with the Children’s Centre Manager. Once every three months, a meeting was held with the two Tamar Folk speech and language professionals and their Head of Service as well as the Children’s Centre Manager. Similarly, the

Health Visitor Assistant attended reviews with both the Children's Centre Manager and her line manager, based in the Primary Care Trust. Her clinical supervisor was neither of these individuals.

Few implications of the complex accountability situation for information sharing behaviour were discussed but an important one concerned the potential for conflict between different policies that an individual was expected to work to. An illustration was given of where there were differences both in the lone worker policies and the child protection policies between the three organisations to which the professional felt accountable.

Another interviewee who had experienced a policy conflict had attempted to simplify accountability by having one clear line, saying, 'I don't think it's necessarily very helpful to have more than one manager because it starts to get complicated with a worker not knowing who they are truly accountable to, and the manager not sure whether they are duplicating or abdicating responsibilities [...] if it's clear I think you can be much more effective.'

The impression gained from observing the case and from talking with the people working within it was of a growing coherence, possibly aided by the new building but also by the efforts of the Children's Centre Manager to create a 'bigger team'. She accepted that this also brought with it potential problems because she could only actually be responsible for the administrative team.

There had already been some concern on the part of manager about her staff who were based in the Children's Centre; they needed to be using NHS computers and keeping the paperwork in the way required for the NHS. The Children's Centre Manager concurred: 'and I have to agree with it because that's what their job entails and that's what keeps them safe professionally.' A way of supporting these staff in their responsibilities, both to the Sure Start and to their parent organisation, was to ensure

that an NHS computer link was available in the Children's Centre and this was being arranged.

A further stark example of the confusion caused by the complexity of the situation was given. A worker (funded but not employed through Sure Start) had decided to leave the area. The Children's Centre Manager related the event, 'She came to me and she said 'I've come to talk to you as my boss. How much notice do I have to give?' And I said, 'No, I'm not your boss. You're employed through the [...] service'.

The Children's Centre Manager herself felt accountable to the Executive Board but also to the parents and she was not alone in attributing accountability to the parents (or the wider community). The history of this Sure Start meant that there had been some confusion around the responsibilities to, and of, the parents and it had taken time, since the restructuring to arrive at a situation where the community, including parents, were involved and had a say in what went on and yet where decisions were made by those responsible for them and their consequences.

The parents were one of the groups that the nursery manager felt accountable to but drawing out all the lines of accountability was not easy, because she had set the nursery organisation up.

There isn't anybody that I can say I work for. I work with Sure Start and I work at (the name of the nursery). [...] We're a community based group and we follow a charitable constitution, therefore in a way, we're accountable to the parents. In effect it's their group. But I suppose we're accountable to the City Council because a large proportion of the funding is Early Years funding [...]. And I guess with signing a contract with Sure Start, we could be loosely accountable to Sure Start [...]. In a way, I say that my line manager is Ofsted. [...] So the Ofsted inspector would come in and we'd sit down at the end of the inspection for our kind of appraisal. That's what I take my lead from, isn't it?

Leadership and team working

As reported earlier, there was a sense of a growing coherence and wider team development within the Tamar Folk Sure Start, which, considering the poor

communications systems and physical environment that had been endured during the previous year, was a considerable achievement.

The Children's Centre Manager's leadership needs to be given credit for this but she said that even when she arrived, she was quite surprised to discover that on doing a visual mapping exercise, most professionals saw their role as part of the Sure Start as central and that relationships with their employment organisations were seen as more peripheral. She had a clear vision, however, of where she wanted to get to, 'I want this to feel like one organisation. I think it's just important, that although there are separate organisations within, I want people to feel they know us too.'

In terms of teamworking, the main problem for the Children's Centre Manager was identifying who the 'team' comprised, 'When I started off it was about, 'well, who is my team?' Because I was told [...] quite clearly in my induction that the only people who are truly part of my team are the people that are directly employed by PCC and I thought, 'well no, actually, the people in my team are the people that I'm working alongside. It's that looser interpretation of *team* - so I thought, 'well who exactly are my team?'

The Manager had been attending a postgraduate level leadership training course which had led to her questioning the tension between government policy and the team building she was trying to do. The current policy is for funding for the Sure Starts to begin to tail off, as it is intended that the services will become mainstreamed. The Manager said that the leadership training was encouraging her, 'to create an organisation that lets people learn by trial and error without criticism, and an organisation that is supportive in nature and all those sorts of things [...] and at the same time, I'm very conscious that people see me as the funder and I'm having to make decisions about stopping or starting their roles so it is tricky really.'

In this Sure Start, apart from the money advice team and the nursery team, the professional teams were very small (no more than two individuals) and there were no formalised multiprofessional teams (apart from the one overarching Sure Start team). Rather, different professionals worked together on an informal basis to shared goals.

Records management and ICT

Since the new governance arrangement for the Children's Centre, the main financial and administrative systems were City Council systems.

The way records were kept and managed varied widely across the Sure Start. Some records were paper based and some were computerised. Many of the professionals working in the Children's Centre did not keep records of individual families because they were providing a universal, preventive service and were only required to record data for monitoring statistics, e.g. numbers attending groups.

The issue of records management had begun to be a problem for the speech and language service because although the speech and language therapist's job description included scope for early intervention, i.e. to work with specific families in need of the service, were this to happen, records would need to be kept securely and there was no provision at the time to enable this to be achieved. This problem was being worked on jointly by the Children's Centre and the Speech and Language service.

Some of those needing to access the NHS databases could not do so from the Children's Centre. It was not recognised as a registered NHS station at the time and so the health visitors needed to walk about half a mile down the road to a local surgery to be able to access records and their emails. The computer they could use there was not a dedicated system so they could need to wait when they got there for someone else to finish using it before they could have access. One interviewee said,

I can only manage to go every so often and I have missed trainings before now because I have found out about them too late because the information was sent by email. It's not very good because sometimes you need to get information quickly.

Plans were in place however to get a link to the NHS computing network at the Children's Centre. This move would also benefit another worker (not employed by the NHS) who also had password access to the NHS system but could not use it from the Children's Centre. To be able to have some email access on a daily basis, she had set up an AOL email account, accessed from a laptop, although clearly, use of this would have been limited to general communication. This interviewee kept paper-based records rather than computerised records but this was not because of the lack of a computer link. It was because information needed to be recorded on NHS paper sheets and keeping them electronically would have therefore involved duplication of effort.

Some of the nursery records were confidential and some were not, so records were treated accordingly. When parents first joined the nursery, they were asked for consent to share the child's records with the school that they moved on to and this happened whether it was the school that was associated with the Children's Centre or another school.

At the time of the study, the nursery staff had very poor ICT facilities; no email access and no landline for a telephone in their temporary office. They relied on a mobile telephone but the reception was not reliable.

The Tamar Folk case used the E-Start system for collecting the monitoring information required by the Government. The database was licensed to be held on only one (City Council) computer and was password protected. Paper copies of the registration forms, completed when a family first joined the Centre, were kept on file and the data from them were input onto the E-Start database. Again things were due to change because not only was a link to the NHS system going to be created but also the

Children's Centre was going to be linked to the Plymouth City Council network. When this happened, there was a possibility that the E-Start database would be held on the Council mainframe computer. Having access to the Council intranet was an event that was being looked forward to, 'I know we've always got left out of the loop. People just assume that we get the information and we don't get the information!'

A decision on whether to issue hand-held systems was being delayed, dependent on the decision to be made by the City Council about which monitoring database would be used in the future. Different Children's Centres used different databases and although E-Start was known to have been used effectively by one Children's Centre in the city, Tamar Folk and others had experienced some difficulties with it and the evaluators had reported that it was not easy to interrogate. The City Council was soon to have responsibility for monitoring all Centres across the city and so all Centres were going to use whichever database the Council decided upon. It was speculated that one of the contributory factors to the problems experienced was the computer on which the database was held, in the Children's Centre office, 'Part of it could be that the computer keeps crashing. I don't think it's actually big enough to hold all the information.'

An administrative staff interviewee explained how she can play an important role in information sharing within the Children's Centre. There is space on the form for 'further information' and sometimes, it would look as though a particular professional might be able to provide support,

So you ring the parent as ask them then, 'Do you mind me passing on your name and number to a colleague who I think could help you?' And depending on if they say yes or no, we would fill in a referral form [...] I mean, I had a mother and she wrote on the back that she's registered disabled, has six sons, finding it difficult. To me that says, 'Help me'

The referral form mentioned in this quotation was a simple referral form used for referrals within the Sure Start that was devised along with forms to acknowledge referral and to acknowledge completion of work with a family.

System level training and support

All those interviewed said that they seek out managers, supervisors or colleagues if they needed support, 'Even if there was no great concern about a child, it can be helpful to talk these things over with other professionals. There are usually colleagues around that we can chat to professionally.' This kind of support was said to help with judgements about appropriateness in an information sharing interaction. The impression was given that professionals would not turn to paper-based or web-based sources for support, confirming the assertions made during the team meeting workshop, 'I would tend to say, [...] I would speak to another professional rather than go to a piece of paper.'

Not much was said about other sources of system level support but one participant reported that she might have appreciated some kind of mentoring or peer support system when she was once faced with a difficult information sharing decision.

As far as system level training is concerned, two suggestions were made about how this could help move information sharing towards the 'ideal' quadrant of the model of appropriate interaction. One was for training in chairing 'child in need' meetings, 'Although we're given training in the Child Concern Model, I haven't actually received training to chair a meeting.' This suggestion came after a discussion about the importance of the role of the chair for ensuring appropriate information sharing between the professionals in attendance at a 'child in need' meeting.

The second proposal for training was targeted at the new receptionists that were soon to start work at the Children's Centre, 'We need to give people some induction about how you share information – how you talk to people to gain enough information and pass it on rather than make people feel they have to give you the whole lot.'

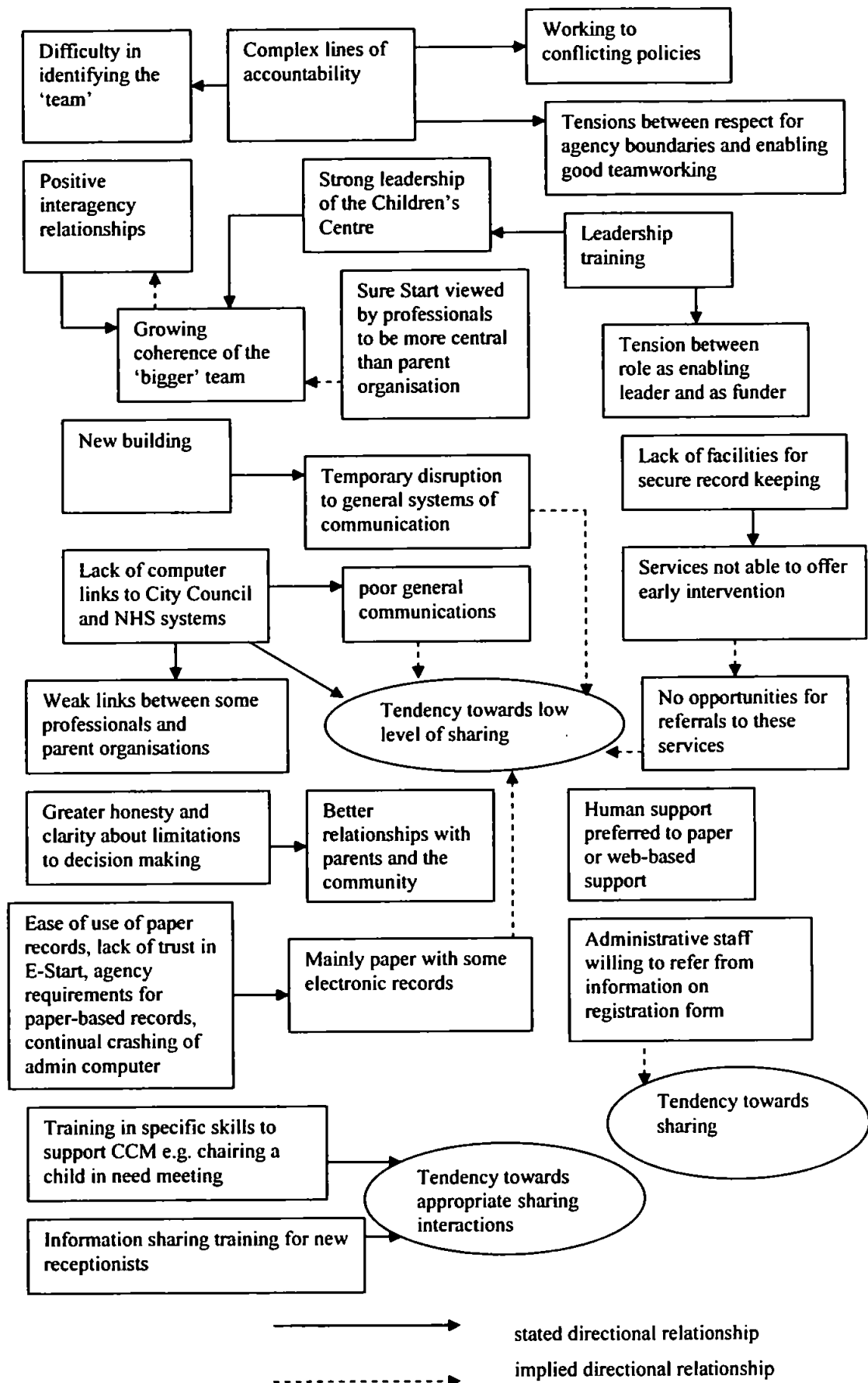


Figure 7.7 Diagrammatic summary of findings on the system level influences in Tamar Folk

7.3.3 Individual level

Confidence

The majority of participants reported a high level of confidence in their information sharing decisions and two of those who had rated confidence as high said that this was due to previous experience, one saying, 'that's very much to do with my experience and my value base rather than having some sort of protocol written down to say, 'This is what you do in this situation.'

One interviewee was reflective and said that her confidence would depend on the particular situation. 'Some situations you're unsure how much they really need to know for what they need to do and it's not about you – it's about other professionals as well.'

In one case, a practitioner had rated confidence as high but then began talking about a specific situation where confidentiality had needed to be broken because a child was at risk,

It wasn't very pleasant but there was a need and it was a good job that we did at that time. But it's not nice is it? [...] they were very angry but at the time it had to be done. It raised issues but it sorted itself out I think. But initially it's the anger that you have to deal with. It's not nice but the child's needs have to be met don't they? It's paramount, isn't it?

When asked if she was confident that it was the right decision at the time, she replied,

Well, I lost sleep over it, so I'm not so sure if I was... but it had to be done...I did have to deal with that but yes, I did lose sleep over it and felt pretty sick for a while to be honest over it but yes, you've got to get on with it, haven't you?

Trust

A high level of trust was reported. This was particularly said to be the case within the Sure Start, for example, 'I think we can all speak quite freely within this building. I think we all trust each other to know that it's not going to go any further – that we respect other people.' This trust was not unconditional however. When talking about relationships within the Sure Start, one practitioner said, 'There are people that I would say that I wouldn't trust.'

The distinction between trust and distrust was reported as being, ‘more of a personal than professional thing.’ Another participant explained that trust was built on an individual basis,

I like to think that anybody could phone me or talk to me and that it would be in confidence. And like I said, I’ve got a good relationship with the health visitors in this area. And there are one or two I haven’t got such a good relationship with because it hasn’t developed because they haven’t put the referrals through.

It was suggested that there needed to be the opportunity for the relationship to develop before the trust would be there.

Trusting was more basic for one participant, ‘A lot of it comes down to personality as well – some people are more open and chatty than others.’

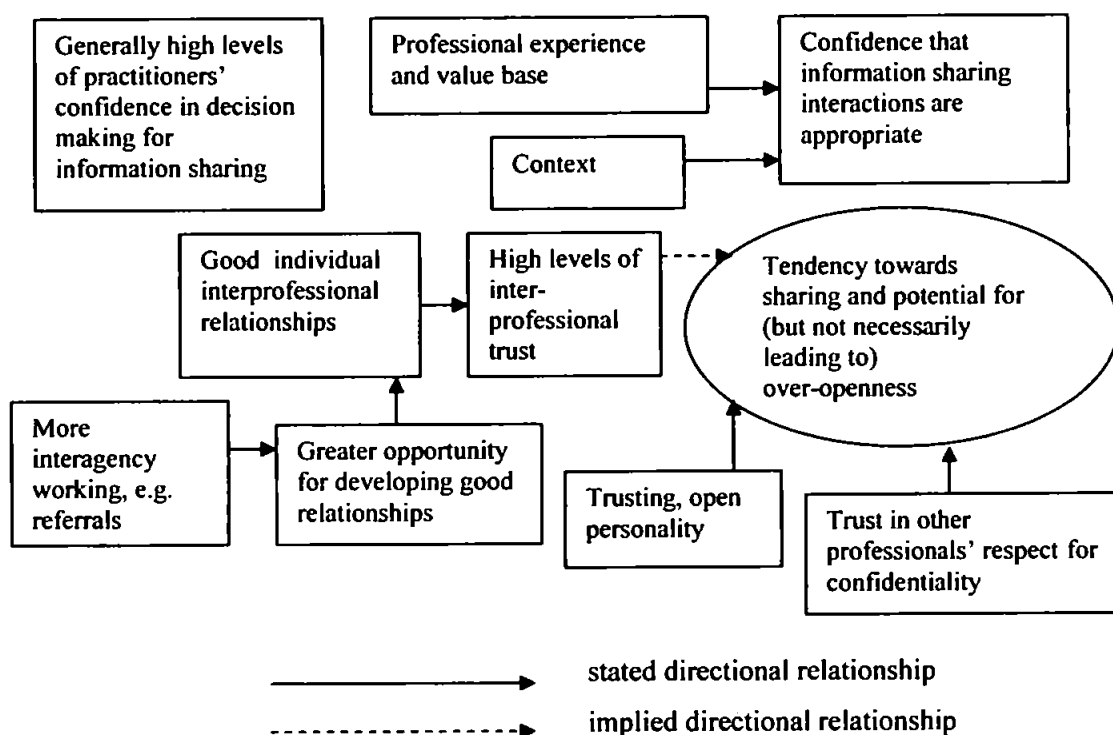


Figure 7.8 Diagrammatic summary of findings on the individual level influences in Tamar Folk

7.3.4 Additional aspects to consider

There were no additional themes that asserted themselves strongly from the data in this case that were not covered by the components of the conceptual framework.

This section has documented ways in which information sharing might be influenced by the elements making up the three levels of the conceptual framework. There is evidence of interaction of factors within and between levels. In this case the data could not support the inclusion of additional framework components.

Conclusion

The Tamar Folk Children's Centre had been through a difficult year or two prior to the case study period but when the study was conducted it was looking forward to better times, particularly with the completion of the new building. Relationships were good within the Sure Start and with other professionals in the locality working with families and children.

Interagency information sharing was valued by the professionals in the case and the opportunity that working in the Sure Start offered to share more was generally welcomed. Having said this, there was also great concern for confidentiality, this being particularly important for some professionals. Interagency sharing was not a source of great anxiety but rather had been a source of frustration for professionals in Tamar Folk. There seemed to be a high level of experience of child protection cases.

Important findings to take forward to a consideration of totality of the research in the next chapter are: the different kinds of sharing that take place (e.g. at preventive as opposed to early intervention levels of service); the fact that the story does not end with the tendency towards openness or cautiousness but with an assessment of just how appropriate that level of sharing/withholding is; the potential of technology to create new opportunities for sharing information and the hope that is invested in it; and the fact

that one component of trust is trust that a professional respects confidentiality (meaning that demonstration of the willingness to withhold can support the willingness to share).

The case has been made for the research and the theoretical basis for it has been established. The methodology has been justified and the findings reported. It is now time to interpret and discuss the findings and to draw together the conclusions of the study in the final chapter.

Chapter 8

Meeting the challenge

This chapter provides an overall summation and conclusion to the thesis but before doing this, it discusses the findings reported in Chapters 5, 6 and 7, gives space to the important process of reflecting on the research, and suggests implications of the findings for policy and practice.

The first section is a synthesis of findings. It interprets the study findings by addressing the research questions set out in Chapter 4 and it revisits the model of appropriate interaction and the conceptual framework, proposing modifications in the light of the findings. The second section reflects on the study, noting its achievements but also its limitations, particularly in terms of methodology and scope. The third section extrapolates the findings of the research to a consideration of their implications for policy and practice.

Finally the chapter summarises the key aspects of the research, highlighting the modest but significant step forward that this endeavour has made in the contribution to the body of knowledge in relation to interagency information sharing, especially within children's services.

8.1 Synthesis of findings

This section brings together the totality of the research evidence put forward in the thesis thus far. It interprets and synthesises the data from the two cases and their context in order to answer the research questions. It then goes on to discuss the implications of the findings for the theoretical underpinnings of the research.

8.1.1 Answering the research questions

I return now to the research questions set out in Chapter 4, to discover their answers, based on the findings of the research in the case study reports in Chapters 6 and 7 along with the account of their shared context given in Chapter 5. This section will take each research question one by one.

1. What kinds of interagency information sharing are currently taking place? From the two case studies and their context, it can be discerned that there are three distinct kinds of interagency information sharing taking place and these are all regarded differently by the practitioners and other staff working in the Children's Centres. It is important to note the distinctions between them because, when combined with other data, they will have implications for policy and practice.

The first is sharing information for routine purposes. This is most usually data moving from one database to another and pertains to the kind of data that are used for policy and planning purposes and for routine monitoring. Although the databases may be in different parts of the same agency, other agencies may have contributed to the database from which data are moved. As one of the strategic level participants observed, in the future, it may not be so much a case of data being moved as wider access being given to a database. This could be access being given to the agency that is requesting the information or it could be that access is given to the supplying agencies so that data can be input onto the receiving database.

The second kind of sharing is where exchange of information is needed in day-to-day service provision. Within this category, there was some differentiation to be made between information sharing in preventive services and in early intervention or clinical services and it may, in some circumstances, be helpful to make a subdivision in this category to reflect this. Most of the information sharing behaviour observed or described in the cases came into this category.

The participants in the two Children's Centres seemed to make a third distinction when thinking about their information sharing behaviours and this is in the special case of potential, or actual, child protection situations.

2. *How is interagency information sharing currently perceived by different stakeholder groups within the public services?* As stated in Chapter 4, the study did not include all the stakeholder groups but the key distinctions to make here are between the strategic and operational levels and between the different professions. The main difference that can be detected from comparing the findings in Chapter 5 with those in Chapters 6 and 7 concerns the timescales that the strategic level and operational level participants were working to, which is as would be expected.

The strategic level participants were very much looking towards the future and making preparations for implementing new initiatives. The pre-occupations were with the Common Assessment Framework, the Children's Trust, and the Integrated Children's System and how these might affect information sharing. The focus was on ensuring that policies and procedures were in place to facilitate effective information sharing and ultimately effective service provision. These issues were not at the forefront of the thoughts of the practitioners, who were more concerned with the interpersonal relationships they had with the service users and with the professionals from other agencies that they worked with on a daily basis. Their main concerns were with how these relationships would affect information sharing and vice versa.

Specific differences in perceptions between the professional groups were difficult to discern. There were indications that professionals working in money advice and those who were employed by the NHS were the groups that prioritised confidentiality most highly. They were also the groups that believed that without confidentiality the entire basis of their service would be threatened, so this priority could be seen to have a rational foundation. This was not always recognised by other professionals.

3. *What are the key issues concerning interagency information sharing from the perspective of those involved?* There was a good deal of consistency across the three sets of interviewees regarding their main concerns about interagency information sharing. To start with, it is important to note that there was no evidence of high levels of anxiety about interagency information sharing, in either of the cases or at local strategic level, although the anxiety observed at strategic level was probably greater than that displayed in the Children's Centres. Information sharing was, however, a subject that everyone had thought about and there were concerns that were raised during the interviews that are listed below.

At both local strategic and system levels, there was concern about *information and communications technology*. At strategic level the concern was to ensure that future systems would be compatible with each other and with government recommendations and networks. At local level, the worries were over lack of access to computers generally, and specifically to secure email and agency networks and intranets. Basic ICT such as telephone communication was also an issue for some.

In the Children's Centres there was concern over *communications generally*, and it was acknowledged that poor general communications would be a barrier to effective information sharing. One of the reasons stated for the difficulties in general communications was that staff worked from a number of sites and were employed by different employers.

This leads to another concern and that was the *complexity of governance and accountability arrangements*. Although these issues were not said to affect information sharing directly, examples were given of indirect impacts, in addition to the issue of communication. A number of such difficulties were mentioned. One was simply that there could be confusion about who practitioners should be reporting to and which of the management tasks were being carried out by which of the managers, either inside or

outside the Children's Centres. There were also concerns over supervision, partly again because of having a number of reporting lines and partly because of local authority restructuring. Further concerns were aired on this matter by those in charge of the Children's Centres; the less than obvious team boundaries and a tension between providing a supportive enabling environment and being perceived as the primary funder. There were examples of where working 'to' different organisations sometimes meant there was a conflict of policies (e.g. child protection and lone worker) which was a concern for some, although satisfactory negotiations seemed to have been made.

This is related to the next major concern and that was around *protocols, procedures and policies* in general. There were complaints over the sheer number of documents that practitioners were expected to read and over the amount of 'bureaucracy'. Examples were also given of where inflexible protocols had been a barrier to information sharing. At a strategic level, the concern was that protocols between agencies needed to be practical and fit with agencies' own procedures.

One of the policies that was a concern (but was only mentioned as such by one participant) was the policy of *parent-led processes*. It was recognised that there were many positive aspects about this policy but that there were also practical difficulties that needed to be addressed. It was suggested for example that there need to be provision for a professional-only forum to facilitate information sharing when this was deemed necessary for the well-being of the child.

Another policy that was said to be a concern for information sharing was the centralisation of services, and in this case, specifically the social services teams. It was felt that this led to a *lack of opportunity to build good professional relationships* with practitioners. It was also noted that some professions seemed to be isolated (particularly in education) and that again, this hindered the opportunity for regular exchange and the creation of rapport.

There was concern on the part of both the case and context interviewee sets about *training*. One of the issues raised was funding, with some practitioners being told by their employers that there was no more funding for training in that financial year. Another concern was about ensuring the right balance around training; it was important that enough training was offered, particularly multi/interprofessional training but that at the same time, there should not be too much as this could be counterproductive because of difficulties over time pressures and staff coverage. A list of key training areas thought to be important by the strategic level participants is listed in Section 5.4.2. Many of them were mirrored in the findings from the cases, especially the need for training in judgement skills, to facilitate more appropriate information sharing interactions.

Another area where it was thought there should be more training and merits listing as a concern in its own right, was the *lack of understanding of other professions/agencies*; their processes and procedures and the nature of the relationship with service users. Allied to this was concern about *the lack of acknowledgement of professionalism*; professionals' abilities, roles, specialist expertise and needs.

A particular anxiety was identified and this was about the *role of 'lead practitioner'*. This was seen as problematic in two ways; individual practitioners did not always feel they had the knowledge and skills to take on the role and there was also concern that some agencies did not have the capacity or that they were not taking responsibility as they should in this respect. Again, training was offered as a partial solution, particularly in chairing 'child in need' meetings. An issue here was that junior professionals may be required to take on the role of lead practitioner and to chair meetings. There was concern both that professionals should have sufficient skills to be able to chair effectively but also that they should not feel intimidated by professionals present who were more senior.

This is one aspect of another major issue identified in this study; *status and power differentials* which were seen to be barriers to effective information sharing. Status and power differentials were said to be used across professional and agency boundaries to sway decisions and because this could result in one profession being portrayed as superior to another, it was often referred to as professional 'preciousness'.

This is related to the next issue; *confidentiality*, because it was said that some professionals used their professional need for confidentiality as an excuse to withhold information. The other side of this coin is that there were concerns over possible litigation if confidential information was released and fear on the part of others that this would be a reason (rather than as an excuse) that could prevent sharing. There were other concerns around confidentiality. One was that there were not adequate facilities for storing confidential records. Confidentiality was mentioned with respect to agencies as well as individual professionals because some had acquired a reputation for being 'leaky' and there was concern about the effect of this on trust. Linking back to an earlier concern (lack of understanding of other professions and agencies) it was said by those that prioritised confidentiality that the reasons for this prioritisation were not always understood by others. Concerns over confidentiality led to some issues around office sharing between different professions. This concern however seemed to diminish considerably over time. It was noticed that individuals sometimes displayed inconsistency in their behaviour over confidentiality, and this was an example of a further concern, poor professional practice.

Poor practice was said to be a problem, because apart from the obvious repercussions, it could lead to lack of trust, not simply in the individual but in the agency they worked for. The final concern was practitioners' *workload and lack of time*. This was said to be a problem partly because it meant that guidance and policy

documents were not always read and also because it might prevent the sharing of information, particularly the *offering* of information.

4. *What factors are influencing interagency information sharing behaviour?*

There are two things to consider here. One is the identification of the factors that can influence information sharing behaviour and the other is the identification of the *form* of influence they have on it. I will start here with the latter. In the model of appropriate interaction put forward in Chapter 1, four possible actions were identified: appropriate sharing and withholding (ideal), inappropriate sharing and withholding (chaotic), inappropriate sharing, but appropriate withholding (over-openness) and inappropriate withholding, but appropriate sharing (over-cautiousness). The case studies suggest that a more subtle taxonomy is required when we are attempting to understand the form of action that some factors have on information sharing.

For example, some factors will encourage sharing but this will not necessarily lead to over-openness because this will depend on whether the sharing is appropriate. The increase in sharing might be rectifying a previously over-cautious situation, for example. 'High levels of trust' seems to fall into this category. It seems as though this will always produce a tendency towards openness but is neutral in terms of appropriateness. Some factors will tend to encourage withholding but this will not necessarily lead to over-cautious behaviour. Again, this will depend on context; it may be rectifying a previously over-open situation. 'A perceived need for confidentiality' is an example of this. It will always produce a tendency towards caution but can be equally likely to be appropriate or inappropriate.

It is possible in some cases to go as far as to suggest that a factor can act specifically to moderate inappropriate behaviour and these instances need to be noted. Another specific influence that can be identified for some factors is their influence on one kind of interaction rather than another. For example, 'anxiety about the

responsibilities of the role of lead practitioner' is more likely to inhibit the *initiation* of a sharing interaction (and hence lead to over-cautiousness) rather than any other kind of over-cautiousness, for example, the reluctance to disclose information when it is asked for.

Then there are some factors where contingency prevents the ability to indicate a direction at all. For example, we may be able to say that a factor will affect trust, but not whether it will increase or decrease trust; it may do either. Identity is an example of this. From the findings it appears as though identity affects trust levels and trust levels will affect the tendency to share or withhold, but without knowing the context we cannot predict direction.

It is therefore necessary to map the findings onto seven main tendencies and these are toward:

- Openness
- Cautiousness
- Over-openness
- Over-cautiousness
- Chaotic
- Ideal
- Contingent

The findings have been brought together under these headings in an attempt to understand the influences that are likely to occur. It should be noted that the evidence for the directional relationships shown is partial and it relies on interviewees' reports of how they see information sharing being influenced. There are no direct behavioural data to draw on in this study and this is one of the limitations that will be discussed in Section 8.2.2. In the maps of influences provided below for each of the identified categories, solid lines only have been used, to show indicative direction but it should be

remembered that some of these connections were only implied by participants and not made explicitly. Caution therefore needs to be exercised in drawing conclusions.

Returning to the factors of influence themselves, and their relationship with the conceptual framework, at the bottom right hand corner of each box there is a small insert box which indicates the associated factor from the conceptual framework that is concerned. The key for these is given in Table 8.1.

Environment level	System level	Individual level
GP = governance policy	A = accountability	C = confidence
TP = technology policy	L/T = leadership and team management	T = trust
L = legislation	R/ICT = records and ICT management	
G = guidance		
PC = professional culture	T/S = local training and support	
LS = local strategy		

Table 8.1 Key to the maps of influencing factors

The first situation to be considered is the tendency to share (openness) and the mapping for the factors that the findings indicate are operating on this tendency is given in Figure 8.1.

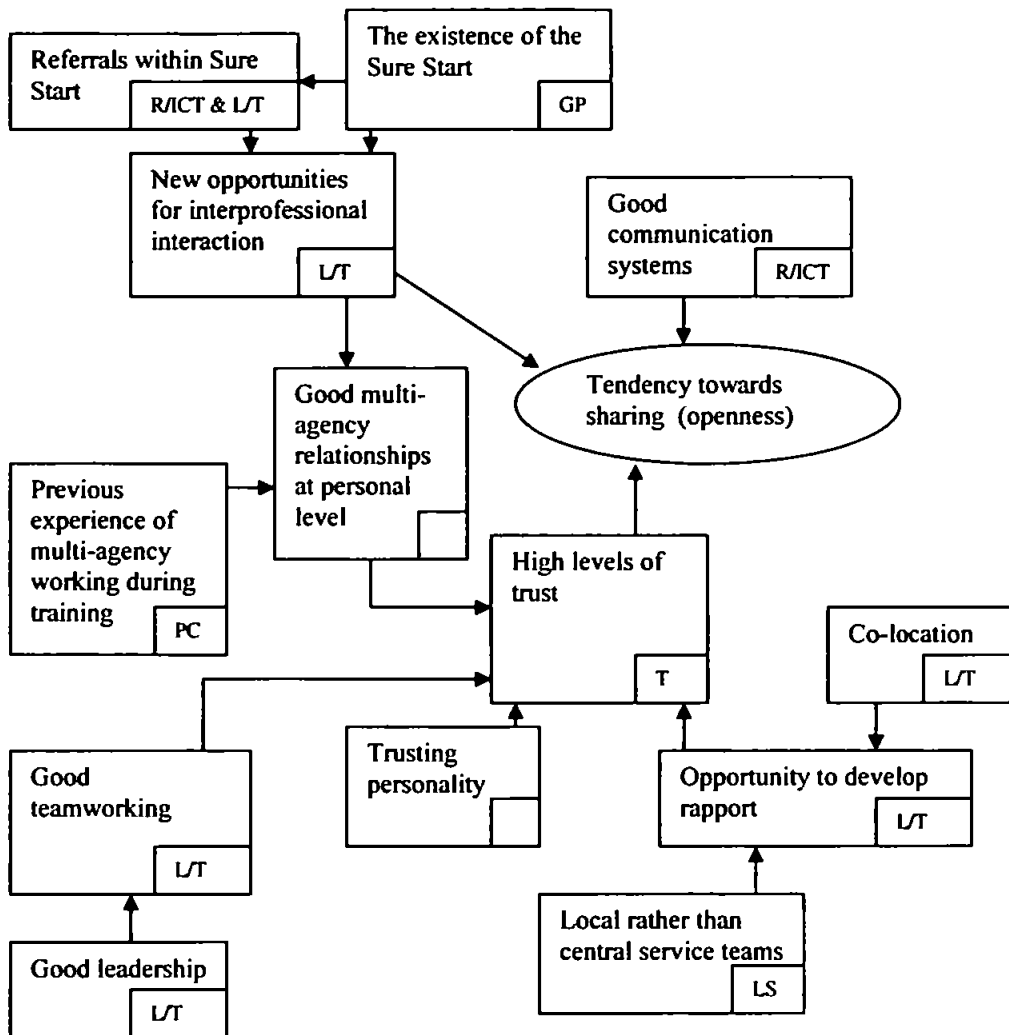


Figure 8.1 Mapping of factors said to contribute to a tendency to share (openness)

As stated, care should be used in discussing these findings but it is interesting to note that there are factors operating at all three levels of the conceptual framework, and that as would be expected, the environment level factors are towards the periphery and the individual level factors towards the centre of the map. It should also be noted that there are two factors that have not been classified under any of the existing factors in the conceptual framework (that is, the insert boxes are blank).

The next tendency to be considered is that towards withholding (cautiousness) and the map for this is shown in Figure 8.2. Some factors previously shown in Figure 7.7 as contributing towards a tendency to a lower level of sharing have been adapted so that

they can be included in this category. Figure 7.7 was dealing with some very precise details about the situation in the Tamar Folk Children's Centre and an attempt has been made to make them more general here. For example, 'temporary disruption to general systems of communication' in Tamar Folk, as a result of the building works, was shown as being implied to contribute to a tendency towards a lower level of sharing. In Figure 8.2 this has been translated into 'inadequate communication systems' contributing to a tendency towards cautiousness.

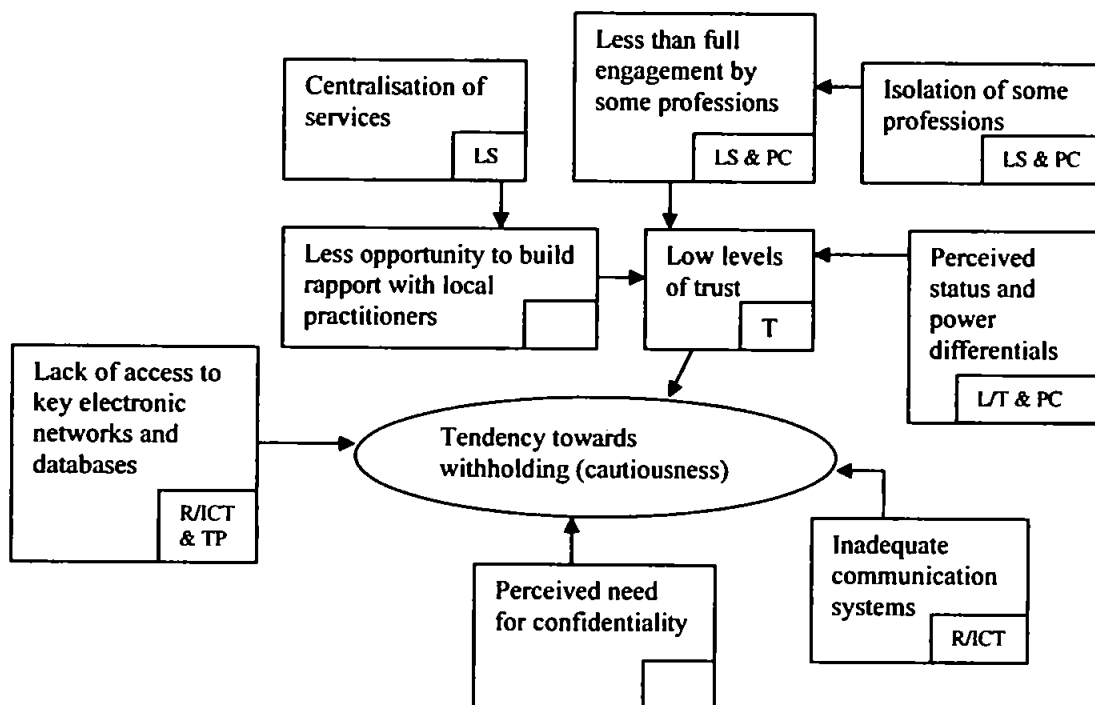


Figure 8.2 Mapping of factors said to contribute to a tendency to withhold (cautiousness)

In this map, again there are examples from each of the levels of the framework and factors which have not been assigned to an element of the conceptual framework. This will be discussed in Section 8.1.2 when suggestions are given for refining the framework, based on the findings. In figure 8.3, the tendency towards *over*-openness is considered.

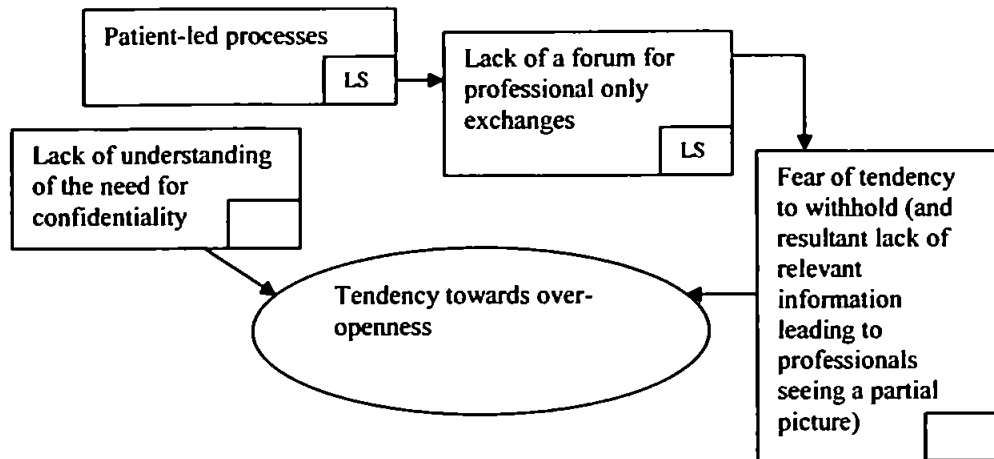


Figure 8.3 Mapping of factors said to contribute to a tendency to share inappropriately (over-openness)

This is an interesting map for two reasons. The first is that there are few situations that interviewees have identified as contributing to over-openness. The second is that one of the pathways concerns a very specific situation concerning perceptions of parent-led process which can, as can be seen from Figure 8.5, contribute equally to over-cautiousness. Over-cautiousness is the situation that is mapped next, over two figures, starting with the particular case of the avoidance of initiating sharing interactions, as shown in Figure 8.4 and then going on to the more general case in Figure 8.5.

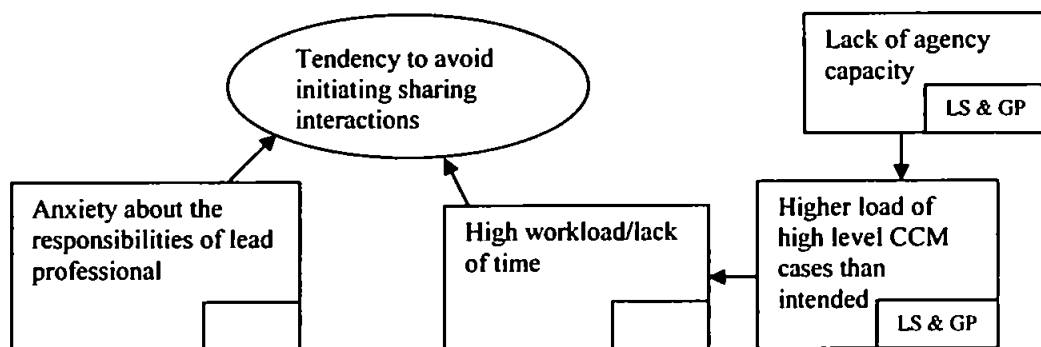


Figure 8.4 Mapping of factors said to contribute to a particular case of over-cautiousness, that is the tendency to avoid initiating sharing interactions

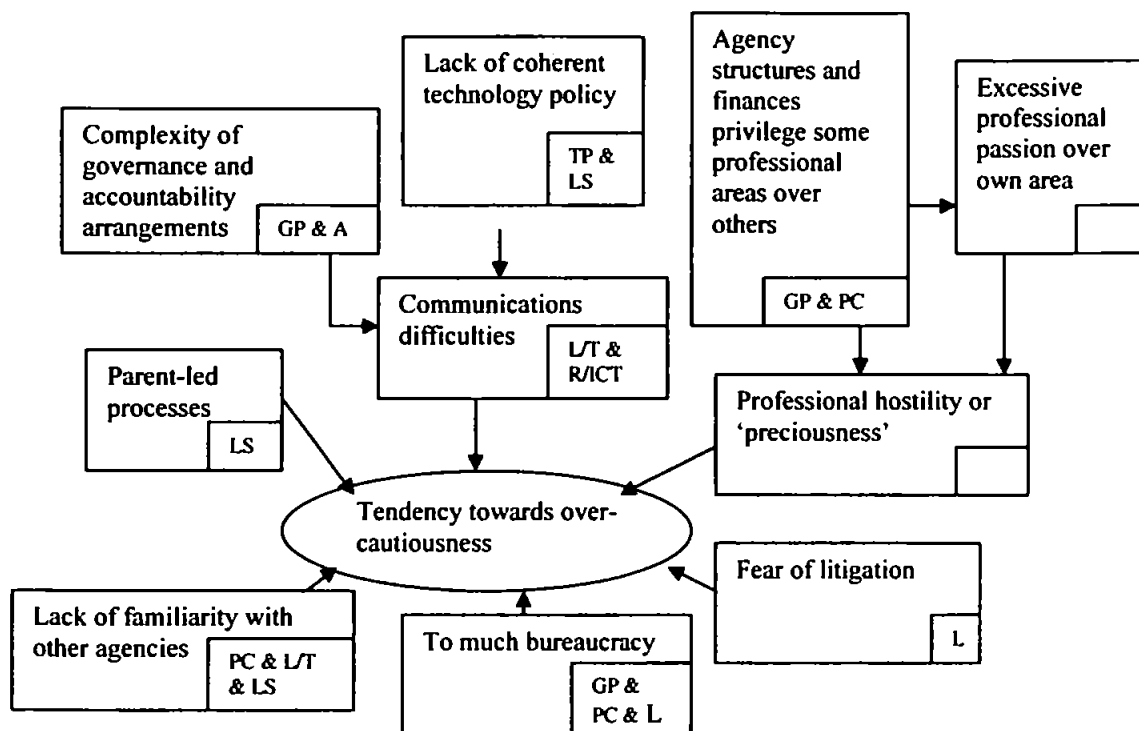


Figure 8.5 Mapping of factors said to contribute to a tendency to share inappropriately (over-cautiousness)

Figure 8.6 shows the factors it was suggested could lead to the most inappropriate interagency sharing interactions (chaotic) and the mapping of the last of the main categories of possible behaviours is given in Figure 8.7 which shows factors that the research participants felt could help contribute to the 'ideal' form of information sharing where information is both shared and withheld appropriately, including the 'moderating' factors that can mitigate potential inappropriate sharing situations.

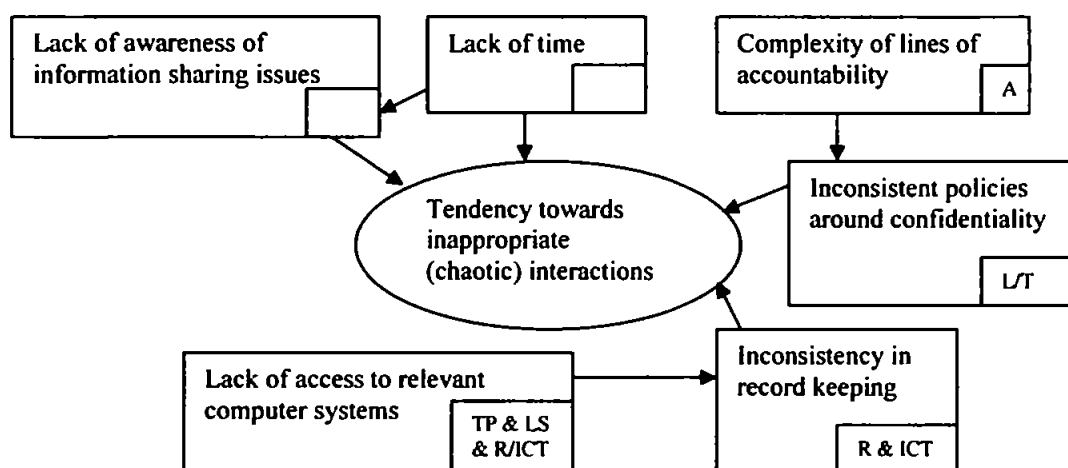


Figure 8.6 Mapping of factors said to contribute to a tendency to share inappropriately (chaotic)

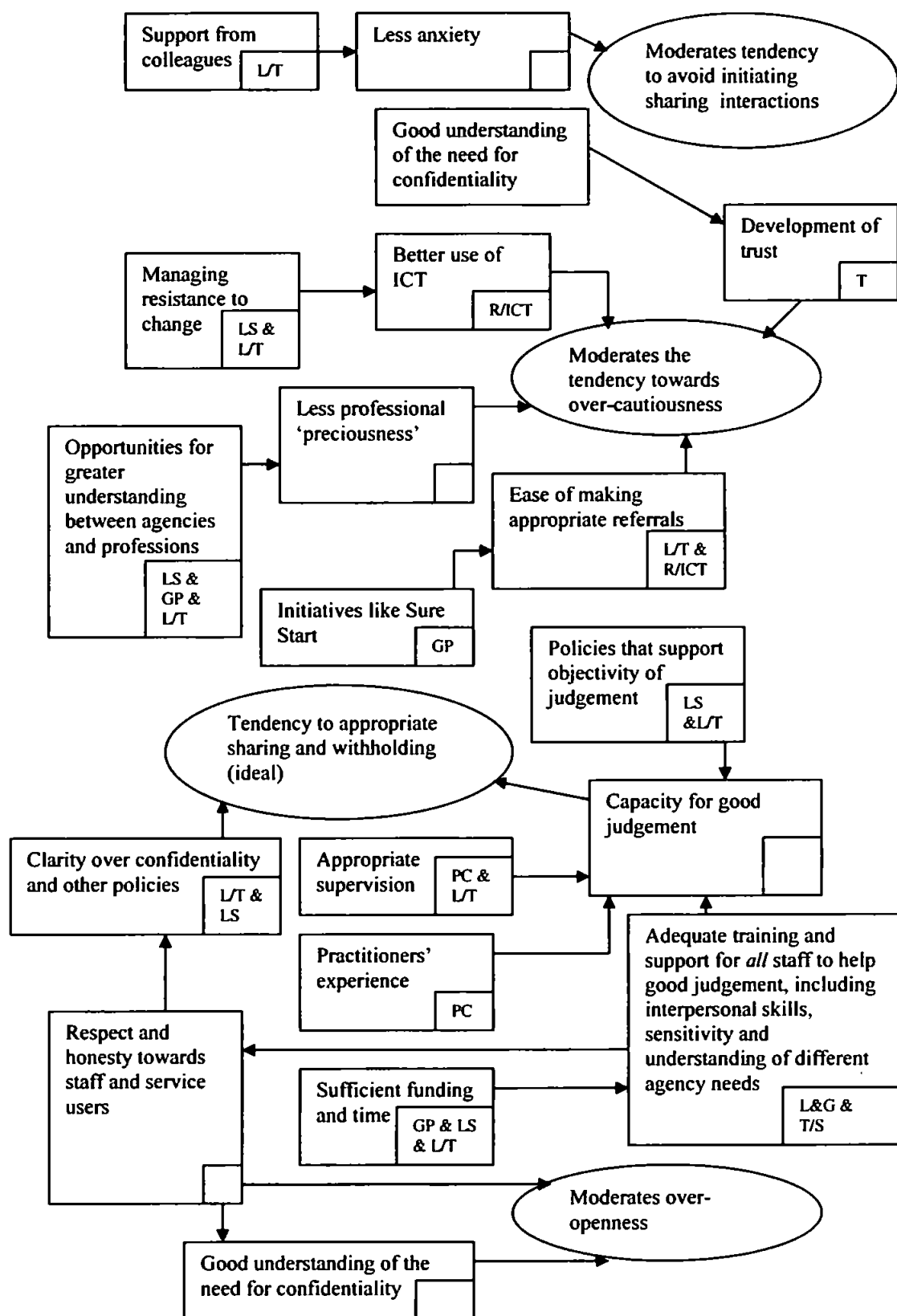


Figure 8.7 Mapping of factors said to contribute to a tendency to share appropriately (ideal) and to the factors that were said to moderate the inappropriate interactions

Note that ‘good understanding of the need for confidentiality’ would seem to moderate both over-openness and over-cautiousness. In Figure 8.8 the map is given to show factors that appear to influence towards either sharing or withholding, being dependent on their value (given by the context) to determine which.

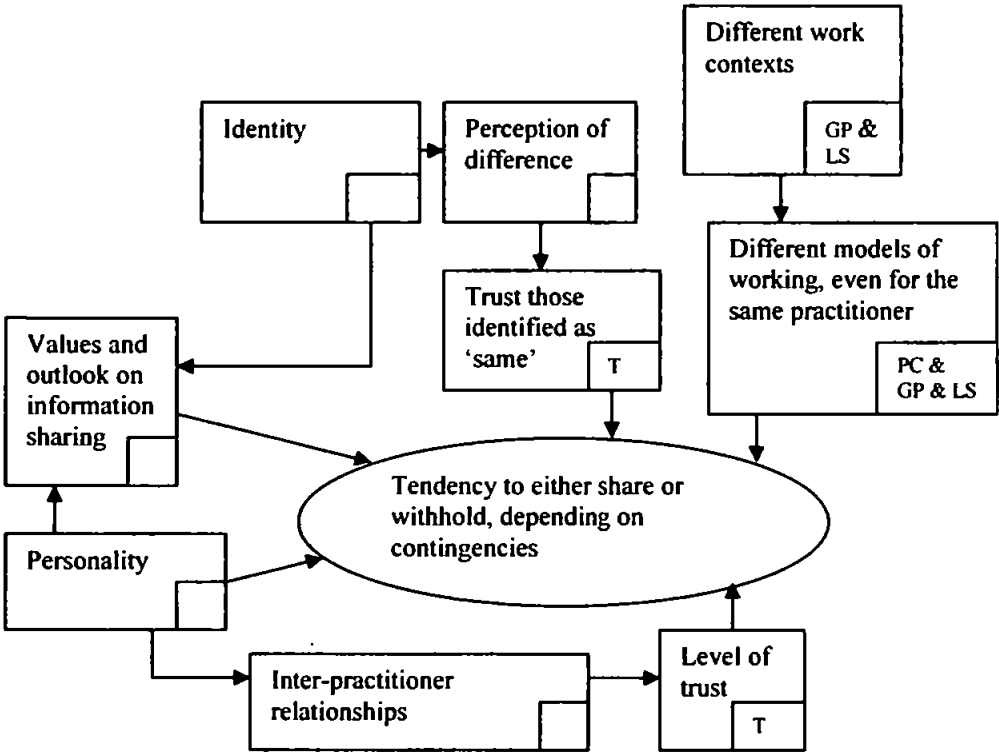


Figure 8.8 Mapping of factors said to influence towards either sharing or withholding (or both) dependent on their value

5. *What strategies are being used to move towards the ‘ideal’ form of information sharing?* There are examples from the research of many strategies that are being used to move towards the ‘ideal’ form of information sharing. An obvious one is the development of the Plymouth Children and Young People’s Strategic Partnership (PCYPSP) Information Sharing Protocol (ISP). One of the findings shown in Figure 8.7 was that clarity over confidentiality and other policies could help. This was one of the aims of the ISP and it might be thought to be surprising that so few of the practitioners

interviewed had seen, let alone used, the protocol. Out of the sixteen case interviewees, four were sure that they had heard of the protocol and two of these were the Centre Managers (two of the remaining twelve had not been asked and one was not sure). If we look at other findings though, the situation might not be so surprising. Lack of time was said to be a problem and too much bureaucracy was another issue. People also said that they much preferred to ask a colleague, supervisor or manager if they were not sure about an information sharing situation than refer to a document or web-site.

Another strategy used to move sharing towards the ideal was the Child Concern Model training, run by the City Council on behalf of the PCYPSP. Twelve of the Children's Centre participants said they had attended the training, two said they had not, one was not sure and one was not asked. The training was positively regarded generally and although there were some minor criticisms or concerns (already mentioned), the training not only seems to have given participants the information they needed to work within the agreed framework, but it also helped them to gain an understanding of the roles and processes of other agencies and professions. This is shown in Figure 8.7 as a factor that was said to work towards appropriate sharing. One curious aspect of the findings on the awareness of the ISP and the attendance of the CCM trainings was that the CCM training included information about the ISP but many of those who said they had not heard of the ISP had attended the training.

The other main strategies for moving towards the 'ideal' were employed at a system level and included an emphasis on better teamworking, internal referral systems with simple documentation, good supervision and support systems and improved information technology and communication systems.

6. *How can interagency information sharing become more effective?* In order for interagency information sharing in public services to become more effective, it seems from the findings that there are a number of things that need to happen. Barriers

to the ability to sharing need to be removed, barriers to the ability to withhold (protect) need to be removed and, most importantly, interactions need to be appropriate. If the interviewees statements are taken to be a good indicator of the situation, then Figures 8.7 and 8.8 hold most of the answers to this question. To summarise, the findings would suggest that for information sharing to become more effective the following steps could be taken:

- Improve practitioners' capacity for good professional judgements
- Enable respect and honesty
- Institute clear, agreed local policies around the obligations and powers to share information
- Ensure that the need for confidentiality, especially in some professional relationships, is understood by all
- Increase opportunities for local interagency interactions in daily practice
- Ensure adequate funding for local training and support, especially in improving understanding of agencies' processes and needs and of skills required to make information sharing judgements of appropriateness
- Acknowledge that different kinds of information sharing require different information sharing responses
- Ensure adequate records and information technology systems to provide local secure access to relevant networks and databases
- Enable local human support, acknowledging and using experience and expertise

The synthesis of findings provided above does not provide evidence of causal dependence of factors, which is why I have used the language of influence, and not causality. As pointed out, in fact, it does not even provide evidence of influence. What it

does show, and in some detail, is the *perception* of practitioners themselves about information sharing behaviour and what can influence it.

8.1.2 Implications of the findings for theory

With the research questions answered, within the limitations of the study, it is important to questions what the findings can contribute to the theoretical understanding of the subject. There were two main theoretical contributions which ran through the whole of the research; the model of appropriate interaction and the conceptual framework and both are examined below.

On the whole, the model of appropriate interaction did its job well. Participants could readily understand it, whether they were at the local strategic (context) or the operational (case) levels. It needed to be stressed that a tendency to openness or cautiousness was not itself inappropriate but once this was grasped, the model could be employed and, in a way, this is the point of the model because practitioners, as well as researchers such as Bellamy, 6 and Raab, are used to conceiving of a tendency to share (or withhold) as being a good or a bad thing in itself.

I am disinclined therefore to tamper with the model although a useful addition might be a decision matrix for the possible decisions that can be made around information sharing. This is different from, but complementary to, the model of appropriate interaction. It may serve to highlight the options that can tend to get overlooked. The decision matrix is given in Table 8.2. The main division is between information held by 'me' and that held by another agency. In each case, there are two possible sharing actions and two possible protecting actions that I, if I were a practitioner could take. It can be difficult to understand, to begin with, why my decision not to request information is classed as a protecting action rather than no action at all, but when put with the model of appropriate interaction, it can be seen that a decision not to request information might

itself be appropriate or inappropriate, depending on the circumstances, and as it results in a situation where information is not shared, it is classed as a protecting action. The ‘invisible’ actions of not offering and not requesting often need to be made visible in discussions about appropriate information sharing because they are frequently neglected.

I hold (or have access to) information	Another agency holds information
I offer (sharing action)	I request the information (sharing action)
I do not offer (withholding/protecting action)	I do not request the information (withholding/protecting action)
I disclose if a professional in another agency requests the information (sharing action)	I accept the information if it is offered to me by a professional in another agency (sharing action)
I withhold if a professional in another agency requests the information (withholding/protecting action)	I do not accept the information if it is offered to me by a professional in another agency (withholding/protecting action)

Table 8.2 Decision matrix for information sharing interactions

The findings have more serious consequences for the conceptual framework than for the model of appropriate interaction. It has already been noted that some of the factors in Figures 8.1 to 8.8 could not be assigned to a factor from the conceptual framework so there are gaps that need to be filled. Likewise, some of the factors from the conceptual framework have been hardly mentioned in the findings and these need to be reviewed.

A revised conceptual framework

Following from the analysis of data using NVivo, the findings in Chapters 5 and 6 identified some factors that were potential additions to the conceptual framework. These are shown in Table 8.3.

Additional factors suggested at context level	Additional factors suggested at case level
Specific context	Identity
Client-centredness and respect for service users	Context
Clarity of terminology	Organisational culture
Level of organisational commitment to the benefits of information sharing	Personality
The amount of time professionals have	Location

Table 8.3 Additional conceptual framework factors suggested by the NVivo analysis of the data

There are some overlaps here in that both groups cited ‘context’ and it might be plausible to categorise both ‘organisational commitment to information sharing’ and ‘client-centredness and respect for service users’ as sub-categories under ‘organisational culture’. This reduces the primary list to: clarity of terminology, specific context, organisational culture, location, identity, personality and professionals’ workload (time). The next step in the puzzle is to look at where the blank boxes were in Figures 8.1 to 8.8. These are shown in Box 8.1(adapted wording to be comparable):

<p>interpersonal relationships personality opportunity to build rapport perceived need for confidentiality(and understanding of the need for confidentiality) anxiety about responsibilities of lead practitioner workload/time fear of not seeing the whole picture professional hostility/preciousness excessive professional passion awareness of information sharing issues capacity for good judgement respect and honesty perception of difference identity values and outlook on information sharing</p>

Box 8.1 Additional framework factors suggested from mapping the synthesised data

Again there are overlaps and the number of individual factors can be reduced. We can remove from the new list: 'identity', 'workload/time' and 'personality' because these are directly duplicated. It would also be plausible to place 'opportunity to build rapport' under the heading of location because this was the context in which the opportunity to build rapport was usually spoken about and is seen as prior in the direction of influence. 'Professional passion', 'preciousness' and 'values and outlook on information sharing' could all be seen as an individual manifestation of professional culture, although they could also be associated with 'organisational culture', both of which exist in the framework and would become visible if a new factor of 'quality of interpersonal relationships' was added to the individual level. Another factor that it would be hard to deny a place in the framework is 'capacity for good judgement' as it seems to be so important in moderating the potential for inappropriate interactions and for moving towards the 'ideal'. 'Fear of not seeing the whole picture' can be generalised and thought of as the 'need for additional information' and is the converse therefore of the need for confidentiality (and understanding it). These can be placed under the more general heading of 'awareness of information sharing issues' or, more precisely, 'understanding different interagency information sharing contexts'. That leaves 'anxiety about responsibilities of the role of lead practitioner'. This is difficult. It is associated with 'confidence' but as we shall see when the under-used factors are considered, 'confidence' is a candidate for removal from the framework. For now, we can suggest a factor 'confidence/anxiety', not requiring a whole new factor. This would leave the total list of factors potentially to be added as that shown in Table 8.3.

System Level	Individual Level
Specific information sharing context	Identity
Organisational culture	Personality
Location	Workload
Clarity of terminology	Quality of interpersonal relationships
	Capacity for good judgement
	Understanding different interagency information sharing contexts

Table 8.3 New factors the data suggest should be added to the conceptual framework

Identity and location are not a surprise in hindsight. Identity was written about under the heading of Leadership and Team Management in Chapter 3 but it justifies its own place in the framework. Location (and co-location) has been written about in relation to multiprofessional team working and interagency information sharing recently (Anning, 2006:121; Tunstill, 2007) and would seem to be an important addition to the conceptual framework. It would seem a wise move to also include the other factors in the framework in any further research on the subject.

It may have been observed by astute readers that there is a discrepancy here that one would not expect. Theoretically, the results of an analysis of the data using NVivo should have suggested identical factors as those indicated through the process of mapping the factors according to the different information sharing behaviours. There was overlap but the sets were not identical. There are a number of possible explanations for this and there is not the space to discuss them here but I raise it in passing as an interesting methodological observation that I shall investigate in future. One route would be to retain only the factors that were identified through both processes but my judgement in this case is that this would be overly limiting.

The next step is to review the original framework to see if there are any factors that should be excluded from it. ‘Legislation’, ‘guidance’ and ‘confidence’ occur rarely in Figures 8.1 to 8.8. Despite the appearance of the data, ‘legislation’ and ‘guidance’ cannot simply be discarded. The data tell us more about the perceptions of the participants of the influence of these factors on their work than about the influence itself, but herein lies a warning. Although it is tempting, perception of influence should not be mistaken for influence itself. It is harder to justify the place of confidence in the framework because the case from the literature was also weak. It was proposed earlier that a provisional factor of ‘confidence/anxiety’ should be used but it may be wiser to propose simply ‘anxiety’ as a factor that is more likely to influence information sharing behaviour. The factors therefore proposed for the revised conceptual framework are those shown in Table 8.4.

Environment Level	System Level	Individual Level
Government policy, particularly governance and technology policy	Accountability	Trust
Legislation and Guidance	Leadership and Team management	Anxiety
Professional culture	Records and ICT management	Identity
Local strategic working	Local training and support	Personality
	Specific information sharing context	Workload
	Organisational culture	Quality of interpersonal relationships
	Location	Capacity for good judgement
	Clarity of terminology	Understanding of different interagency information sharing contexts

Table 8.4 Revised conceptual framework

One of the assumptions of the framework which has been validated by the research is the level of interdependence between the factors, both within and between levels. This complexity, I am proposing, is one reason why interagency working in general, and information sharing in particular has proved so hard to get right.

~ ~ ~

The section has enabled the data from the research to be synthesised so as to answer the research questions and to improve the tools for approaching an understanding of interagency information sharing; the model of interaction, to which was added the decision matrix, and the conceptual framework, which was revised. Some of the limitations of the study have already been alluded to and it is important in any piece of research to reflect, both on its achievements and its limitations and this reflection is the subject of the next section.

8.2 Reflections

From a personal point of view, the research reported in this dissertation has been invaluable. It has enabled me to explore a topic about which I have long been curious. *The Challenge of Interagency Information Sharing* has been a challenge in itself though and has posed many problems along the way. It has also provided insights. This section gives the chance to step back from the process of ‘doing’ the research and to reflect on what worked well and not so well.

8.2.1 Contribution to knowledge

I consider the main achievement of the study to be the contribution it has made to the under-researched topic of interagency information sharing; particularly the two theoretical advances of the model of appropriate interaction and the conceptual

framework. These were based on assumptions which the empirical research has supported.

One of these is the importance of the concept of appropriateness with respect to information sharing interactions and I believe this will clarify some of the debate in the literature around the tension between the need to share information and the need to protect it. Another is the sheer complexity of the factors that contribute to the decision about the actual exchange (or withholding) of information during each information sharing interaction.

The research provides an alternative perspective on information sharing theory to the institutional theory of Bellamy, 6 and Raab. Whilst the findings of their own research have undoubtedly added to understanding of the issues, particularly in terms of the way in which institutional form influences tendencies to share or withhold, my own feeling is that the Bellamy team has somewhat missed the point. They state that it is not possible to know, at the point of making a decision about sharing, whether the decision is appropriate or not and that false positives and false negatives are inevitable (6 et al. 2006:240-241). I do not dispute this but rather argue that it does not mean there is no 'fact of the matter' about appropriateness, i.e. the difficulty is with the epistemology and not the ontology. We should still aim for the 'ideal', by understanding those things that are likely to move us towards it. I also feel that, although we must begin somewhere, focusing on the institutional variables alone, as do Bellamy and her team, will not solve the puzzle.

The conceptual framework provides the basis for systemic analyses of information sharing, which I believe is essential for a full understanding. The interconnectedness of factors means that focusing on one, or a very small number, will always miss the mark. The framework has been revised as a result of the empirical findings but more work

needs to be done. Perhaps the next step is to begin to describe the dominant pathways from the environment level factors to the individual ones.

My study, I propose, does have something significant and original to offer the disciplines on which it has drawn and with this I feel satisfied. There are weaknesses in the research however, about which I feel less satisfied and these are reviewed next.

8.2.2 Limitations to the study

To start with the fundamentals, there are some who would question the very rationale of the research. Anderson et al. for example might suggest that the benefits of data sharing have been overstated (2006:128). Problems in cases such as Victoria Climbié, they propose, are not the result of a lack of data sharing at all but of a lack of resources to deliver good services (2006: 129 and 135). Resources are relevant but, for the reasons given in Chapter 1, I maintain that information sharing is of growing importance in public service provision. I have more sympathy with another author who would question the basis of the study. Munro proposes, through an analysis of child protection reviews, that even if all the relevant information were available, mistakes would still be made as a result of errors in the reasoning used in assessing risk (Munro, 1999). Even so, I would conclude that it is worth attempting to get the best information available (through appropriate means) to give as good a starting point as possible.

Assuming that the subject is worthy of research, there are some limitations to the study that should be highlighted. One of these is the fact that the study was very narrow in its scope. The empirical work was restricted to children's services, and indeed to Children's Centres, within the range that could have been investigated. Unfortunately, even the two cases that were studied were very similar, not only in their contexts but in terms of some of their system level variables, for example the governance structures and services offered were similar. The main organisational difference between them was that only one had a social services family support team as part of the programme. This

difference did not result in major variations in findings with respect to information sharing. It could be hypothesised that in a more integrated Children's Centre, for example, the patterns of concern and of sharing would be different. This is a serious criticism and more work would need to be done with a wider range of services to validate the model of appropriate interaction and the conceptual framework.

Another way in which the scope of the study was limited was that it focused on only one of the stakeholder perspectives; that of the front line practitioner. With more time, it would have been better to have also addressed the perspectives of the service users and policy makers.

In Chapter 4, mention was made of what Yin calls 'the traditional prejudices' against case study research (2003:10-11); lack of rigour, biased reporting of evidence, lack of basis for generalisation and lengthy, unreadable reporting. Can this study refute such charges? In terms of rigour, I have done my best to ensure that the research was conducted rigorously. This included using multiple sources of evidence where possible and checking accuracy of data with participants. I have been careful not to claim more than the data can bear. All reporting of evidence can be said to be biased to some extent. Researchers are constantly making 'editing' decisions. What I can say though is that I do not have an 'agenda' on the issue of interagency information sharing. I came to the subject through a study of partnership working in public services and I was curious to discover what was involved in the challenge of information sharing that made it apparently irresolvable.

Lack of generalisability is often a criticism of case studies but as Yin has shown, a case study is not aiming at statistical generalisation and so the small number of cases is not a problem in itself. As already stated however, the narrowness of the scope of the study *is* a problem and this would need to be rectified in future research. As for lengthy, unreadable reporting, I shall have to leave others to judge.

There are numerous minor weaknesses in the methodology but there will always be weaknesses to be found. One that I do not consider to be minor is the fact that I was not able to obtain data on actual information sharing interactions (apart from the diary completions and as memories of events, as retold by my participant). Again, this is something that I would wish to change in any further research.

There are three ways, then, in which I would try to redress the weaknesses in this study through future research: widen the scope to include different services and different organisational forms; try to include the perspectives of other stakeholders; and focus more on real information sharing interactions.

~ ~ ~

Reflecting on the study, it has not always been straightforward but despite any shortcomings it may have, it has been worthwhile. Contributions to theory and methodology, through the model of appropriate interaction and the conceptual framework have been described. A further contribution to consider is that to policy and practice, explored in the next section.

8.3 Implications for policy and practice

The aim of this research was to better understand the challenge of interagency sharing of personal information in public services within the current policy context in England with a view to *supporting improved interagency information sharing*. There was the intention from the start that, if possible, the findings should contribute to policy and practice as well as to theory in support of improved interagency information sharing.

The areas in which the research findings can contribute most to policy and practice concern information and communication technology, working together and training and support. It should also be said, however, that from the perspective of improving information sharing, the policy of partnership governance has also been supported by this study because the Sure Start Children's Centres allowed professionals to work in

ways that were much more likely to facilitate appropriate information sharing than was previously the case. The discussion below relates particularly to Children's Services as this was the context from which the findings were drawn but there may be some implications that are applicable to other interagency public services.

8.3.1 Information and communication technology

This project illustrated very clearly the importance of information and communication technology (ICT) to information sharing. It is probably the factor with the greatest potential for improving the sharing of personal information across agency boundaries. However it also has great potential to act as a barrier to appropriate information sharing when it is lacking or does not adequately support professionals in their tasks. The findings about poor access to computer hardware in Children's Centres have been confirmed by Tunstill and Allnock in their report on Sure Start Local Programmes role in safeguarding children's welfare (2007:25). It would be fascinating to return to Tamar Folk after they have been using their networked systems to discover whether their optimism was justified and whether information sharing behaviour had been affected.

For multi-agency information sharing to become truly effective, records will need to be stored safely and systems will need to be designed to facilitate information sharing across agency boundaries with sufficient security of access to support this. Although there are actions that can be taken at the system level, for example ensuring there is sufficient hardware and access to broadband networks, this is an issue that will also need to be tackled at the environment level. The continuing delays with the Connecting for Health programme are an indication of the seriousness of the problems arising at this level.

8.3.2 Working together

Teams functioned at different levels in the cases studied. Some teams were uniprofessional and worked mainly in the Sure Start as a team, although with others of their profession (and others) outside the Children's Centre. Some teams operated multiprofessionally. Some professionals worked on their own in the Sure Start but saw themselves as part of a local professional team. Then of course, particularly in Tamar Folk, there were the beginnings of a 'big team' feel as well. The MATCH project team mentioned in Chapter 3 built on the theory of communities of practice, as developed by Wenger, in their studies of multiprofessional working (Anning et al., 2006:10-11). There was some evidence of communities of practice evolving in the two cases studied here. For example 'reification' could be seen in the development of new, simple referral forms to be used across the programme. This kind of activity was seen to be supporting information sharing.

Working together across boundaries led to multiple lines of accountability and the findings would recommend that, as far as information sharing is concerned, any conflicts of policy that result from multiple accountabilities need to be addressed so that the professional is clear which policies they are working to. From the case study evidence this is best done through joint local negotiation between the practitioner and the senior personnel in the relevant agencies.

A key success factor for appropriate information sharing appeared to be the opportunity for professionals to meet regularly as part of their daily routine. One policy that could be seen to support this was co-location. It was interesting to note the changes to interprofessional relationships that had occurred in Keystone when different teams were co-located at different times.

8.3.3 Training and support

The research probably has most to say about training and support, especially at the local level. Five out of the nine bullet points on page 298 listing steps that the research suggests could be taken to support information sharing to become more effective refer to training and support. They prioritised adequate funding for training and proposed that training should support:

- Practitioners' capacity for good judgement (especially around the appropriateness of information sharing)
- Understanding of the need for confidentiality and sharing
- Understanding of different agencies' processes and needs

Finally, the fact that professionals said that they always turned to people (rather documents or websites) for support and guidance led to a recommendation that human support should be enabled, using existing experience and expertise where possible.

The findings could go further than these straightforward recommendations, which are not especially novel. In Section 8.1.1, the different types of information sharing activities were identified and it is proposed that people engaging in the different types of sharing require slightly different skills to be able to share information appropriately.

The Common Assessment Framework (CAF) training is likely to be a positive contribution to information sharing in children's services. It not only covers topics such as legislation and guidance on information sharing, information sharing protocols and agreements but specific training, for example on the role of lead practitioner and chairing meetings. I would like to propose that the model of appropriate interaction, in conjunction with the decision making matrix, could have the potential to support training on interagency information sharing, either as part of the CAF training or independently. It could be used as a tool to facilitate discussions in multi-agency

trainings about appropriate and inappropriate sharing, enabling practitioners to think about information sharing differently and to appreciate the ways that colleagues might vary in their judgement about what is and is not appropriate.

~ ~ ~

8.4 Final conclusions

Through a systemic analysis of two case studies of Sure Start Children's Centres, I have set out to contribute to the understanding of inter-agency sharing of personal information in public services in England. I have explored the 'challenge' of inter-agency information sharing, expressed as the tension between the need to share information and the need to protect information, and discovered that understanding tendencies towards sharing or protecting is not enough. The critical dimension of 'appropriateness' is also needed.

The research questions have been answered, within the limits of the data available. In the process of answering them the study has pointed to some changes that are required if the challenge of interagency information sharing is to be met. Some of these changes are practical in nature, for example ensuring that practitioners have access to relevant electronic databases and communications systems. Others are conceptual. The study suggests that for professionals in different agencies to share personal information effectively they may need to change their understanding of the relationship between sharing and protecting (withholding) information. This would involve giving greater emphasis to the dimension of 'appropriateness'. The model of appropriate interaction developed in this research could act as a multiprofessional training tool to assist practitioners to understand how what is appropriate can change across services, professions, levels of intervention and different individual circumstances.

A conceptual framework was also developed as part of the research to form the basis for a systemic analysis of information sharing. This framework was applied to an

analysis of two Children's Centres, and was subsequently revised in the light of the findings. The research has thus contributed theoretically and methodologically and has implications for policy and practice, helping in a small way to improve the understanding of the challenge of interagency information sharing.

Appendices

Appendix A Participant information sheet A

(Printed on university letter headed paper)

Version 1 22/03/05

Information sheet for those who have been involved in developing an Information Sharing Protocol.

Understanding the complexities of interorganisational sharing of personal information in health and social care services

You are being invited to take part in research concerning the sharing of service user information across organisational boundaries.

The research

The purpose of the research is to understand better the complexity of interorganisational sharing of personal information in health and social care services within the current policy context with a view to supporting effective interorganisational information sharing. The research will contribute to the submission of a higher degree dissertation (PhD).

The research is focusing on children's services and you have been selected because you were involved in developing an information sharing protocol in children's services.

How you would be involved

If you decide to take part, you will be interviewed about the way in which the information sharing protocol was agreed and your thoughts about its usefulness and how you feel it is working in practice. The interview will be audio-recorded if you give your permission for this; otherwise notes will be written during the interview. In either case, you will be given the opportunity to correct the data collected from you. You may also be invited to provide relevant documentation (not containing any personal service user information) and will be invited to suggest prospective research participants (in terms of roles rather than individuals) who may need to use the protocol in the course of their work at an operational level who could be interviewed subsequently if they wish to take part.

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. You will also be given a copy of the consent form to keep. If you do decide to take part, any information you provide will be stored as anonymised data so your name will not be associated with what you say.

PTO

You will be free to withdraw from the study at any time up to the point where the information you provide becomes anonymised, after which time it will not be possible to separate your responses from those of other people.

Things to consider when making your decision

The main cost to you if you decide to participate will be in terms of your time. The total time involved in interviews will be between one and three hours. You will also be given the opportunity to read through the information you have provided to check for accuracy and this may take up to an hour. It may also take some time for you to find requested documents. You will be invited to attend a half day session at the end of the study at which the findings will be presented and at which you will have the chance to discuss the issues that arise.

The main advantages if you decide to participate are direct and indirect. The potential direct benefits to yourself are:

- An opportunity to reflect on the process of developing an information sharing protocol and on information sharing more generally
- A greater understanding of how others in the process perceive it and information sharing more generally
- A greater understanding of how information sharing protocols are used in practice and the factors influencing information sharing behaviour
- A greater understanding of how information sharing may be improved

There are potential indirect benefits to you in that your organisation may be able to move towards improving its information sharing through what is learned from the study and that people using the service provided by your organisation may receive a better service.

Confidentiality

All information provided by you will be treated in confidence between yourself, the researcher and the researcher's supervisors up to the point where the information becomes anonymised. Publications based on the research may contain quotations provided by you, but only if you give your permission and if you do, the quotations will not be attributable to you.

Use of the data collected

The data collected will be analysed after being made anonymous and will be reported in the PhD dissertation as well as in a shorter report and in academic journal publications. The report will be made available to the public and all participants will be offered a copy.

Contact for further information

Susan Richardson
School of Sociology, Politics and law
University of Plymouth
Drake Circus
Plymouth
PL4 8AA

Tel: 01752 233400

Email: sue.richardson@plymouth.ac.uk

Appendix B Participant information sheet B

(Printed on University letter-headed paper)

Version 1 22/03/05

Information sheet for professionals working in children's services.

Understanding the complexities of interorganisational sharing of personal information in health and social care services

You are being invited to take part in research concerning the sharing of service user information across organisational boundaries.

The research

The purpose of the research is to understand better the complexity of interorganisational sharing of personal information in health and social care services within the current policy context with a view to supporting effective interorganisational information sharing. The research will contribute to the submission of a higher degree dissertation (PhD).

The research is focusing on children's services and you have been selected because you work in children's services.

How you would be involved

If you decide to take part, you will be interviewed about your views on information sharing, when and how you share information with colleagues in other organisations, the factors that may influence information sharing and how you think information sharing can be improved. The interview will be audio-recorded if you give your permission for this; otherwise notes will be written during the interview. In either case, you will be given the opportunity to correct the data collected from you. You may also be invited to provide documentation (not containing personal service user information), e.g. training and guidance materials, and to complete a table showing the ways in which you interact with colleagues in other organisations. You will also be invited to make available any records concerning the flow of information across organisational boundaries, as long as they do not contain personal service user data.

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and you will be asked to sign a consent form. You will also be given a copy of the consent form to keep. If you do decide to take part, any information you provide will be stored

PTO

as anonymised data so your name will not be associated with what you say. You will be free to withdraw from the study at any time up to the point where the information you provide becomes anonymised, after which time it will not be possible to separate your responses from those of other people.

Things to consider when making your decision

The main cost to you if you decide to participate will be in terms of your time. The total time involved in interviews will be between half an hour and three hours. You will also be given the opportunity to read through the information you have provided to check for accuracy and this may take up to an hour. It may also take some time for you to find requested documents. You will be invited to attend a half day session at the end of the study at which the findings will be presented and at which you will have the chance to discuss the issues that arise.

The main advantages if you decide to participate are direct and indirect. The potential direct benefits to yourself are:

- An opportunity to reflect on the process of information sharing
- A greater understanding of how others in the process perceive it
- A greater understanding of how information sharing protocols are used in practice and the factors influencing information sharing behaviour
- A greater understanding about how information sharing may be improved

There are potential indirect benefits to you in that your organisation may be able to move towards improving its information sharing through what is learned from the study and that people using the service provided by your organisation may receive a better service.

Confidentiality

All information provided by you will be treated in confidence between yourself, the researcher and the researcher's supervisors up to the point where the information becomes anonymised. Publications based on the research may contain quotations provided by you, but only if you give your permission and if you do, the quotations will not be attributable to you.

Use of the data collected

The data collected will be analysed after being made anonymous and will be reported in the PhD dissertation as well as in a shorter report and in academic journal publications. The report will be made available to the public and all participants will be offered a copy.

Contact for further information

Susan Richardson
School of Sociology, Politics and law
University of Plymouth
Drake Circus
Plymouth
PL4 8AA

Tel: 01752 233400

Email: sue.richardson@plymouth.ac.uk

Appendix C Consent form

(Printed on University letter headed paper)

Inter-organisational information sharing
Version 1 22/03/05

CONSENT FORM

Title of Project: Understanding the complexities of inter-organisational sharing of personal information in health and social care services

Name of Researcher: Susan Richardson

Please initial box

1. I confirm that I have read and understood the information sheet dated 22/03/05 for the above study. I have had the opportunity to ask questions and have had any questions I have asked answered satisfactorily.

☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, up to the point where data provided by me becomes anonymised.

☐
3. I agree to take part in the above study.

☐
4. I agree to interviews with me being audio-recorded.

☐
- 5, I agree to transfer copyright of my responses to the researcher for publication purposes.

☐

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of researcher	Date	Signature

1 for participant 1 for researcher

Appendix D Interview Topic Guide A

Inter-organisational information sharing

Version 1 22/03/05

Interview topic guide for participants who have been involved in developing an ISP

1. Development of the ISP
 - History of the development of the ISP – time scales, key issues, key decision points, changes of personnel on team,
 - Approach to the ISP – top-down or bottom-up, based on ‘model’ or bespoke, involvement of Caldicott guardians
 - Information management, ICT
 - Legal considerations and policies
 - Scope of the ISP – boundary issues, co-terminosity
2. Processes for inter-organisational information sharing (IOIS)
 - Based on agreed model? - documentation
 - The point at which informed consent is obtained– how done?
 - Record management, including IT arrangements
 - Interfaces with other ISPs
 - Provision for partners not covered by the ISP
 - Informal and formal sharing
3. Support for IOIS
 - Training and support
 - Culture/ethos
 - Guidance/responsive advice provided
4. Governance issues
 - Accountability arrangements – general and specific
 - Perception of the degree of partnership working around the ISP
5. Factors influencing IOIS behaviour
 - Open question and then prompt on the 6 factors hypothesised
 - Suggestions for improving IOIS
6. Perception of core elements of good professional practice in IOIS – perception of greatest current risk of harm
7. Operational environments to be studied – suggestions for next phase
8. Request for documentation

Appendix E Interview Topic Guide B

Inter-organisational information sharing

Version 1 22/03/05

Interview topic guide for professionals working in children's services

1. Invitation to describe information sharing processes
 - Based on agreed model? - documentation
 - The point at which informed consent is obtained– how done?
 - Record management, including IT arrangements
 - Interfaces with other ISPs
 - Provision for partners not covered by the ISP
 - Informal and formal sharing
2. Support available for inter-organisational information sharing (IOIS)
 - Training and support
 - Culture/ethos
 - Guidance/responsive advice provided
 - Perception of confidence wrt IOIS
3. Governance issues
 - Accountability arrangements – general and specific
 - Perception of the degree of partnership working around the ISP
4. Factors influencing IOIS behaviour
 - Open question and then prompt on the 6 factors
 - Suggestions for improving IOIS
5. Perception of core elements of good professional practice in IOIS – perception of greatest current risk of harm
6. Social network analysis
7. Request for documentation/records

Appendix F Diary sheet for a single interagency information sharing interaction

Information sharing diary

Your role or profession_____

The role or profession of the other person_____

Do they work in:

This Sure Start	Another Sure Start you work in	Another Sure Start you don't work in	No Sure Start as far as you know

Were you:

Requesting information	Being requested for information	Offering information	Being offered information

Would you consider the approach to be:

Formal (e.g. recorded)	Informal

Was it proposed that information should be shared:

To improve a service generally (eg to add to a database of personal information to improve targeting)	To serve the needs of a specific child or their family

Is the level of trust you have in the other professional involved:

Very high	High	Neither high Nor low	Low	Very low	Don't know

Was the outcome that the information was:

Shared	Not shared

Approximate time period from first approach to the decision_____

If information was shared, was consent to share the information:

Obtained specifically for this occasion	Obtained previously	Not obtained

If information was shared, in what form:

Verbal (face to face)	Verbal (telephone)	Written	Electronic	Other (specify)

Is your level of confidence in the decision:

Very high	High	Neither high Nor low	Low	Very low	Don't know

On this particular occasion, did you refer to:

National guidance or information sharing protocol/agreement	
Local guidance or information sharing protocol/agreement	
Data protection officer	
Caldicott guardian	
Legal advisor	
Supervisor	
Manager	
Colleague	
Other (specify)	
None	

What do you feel were the main factors determining the decision that the information should be shared or protected?

Please add anything else you feel is important in this instance.

List of abbreviations and acronyms

ABI	Area Based Initiative
ACPC	Area Child Protection Committee
ACPO	Association of Chief Police Officers
A&E	Accident and Emergency
BCU	Basic Command Unit
CAF	Common Assessment Framework
CCM	Child Concern Model (local model for multi-agency working with children)
CCTV	Closed Circuit Television
CfH	Connecting for Health
CITU	Central Information and Technology Unit
COREC	Central Office for Research Ethics Councils (NHS)
CPA	Comprehensive Performance Assessment
CSR	Comprehensive Spending Review
CRB	Criminal Records Bureau
C&YPU	Children and Young Person's Unit
DCA	Department for Constitutional Affairs
DETR	Department of the Environment, Transport and the Regions
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DH	Department of Health
DoH	Department of Health (pre 2003)
DPA	Data Protection Act
DWP	Department for Work and Pensions

ECHR	European Convention on Human Rights
ESRC	Economic and Social Research Council
GP	General Practitioner
GSCC	General Social Care Council
GTC	General Teaching Council for England
HAZ	Health Action Zone
HM Govt.	Her Majesty's Government
HMT	Her Majesty's Treasury
ID	Identity
ICT	Information and Communication Technology
IRT	Identity Referral and Tracking
ISA	Information Sharing and Assessment
ISP	Information Sharing Protocol
IT	Information Technology
JAR	Joint Area Review
LSCB	Local Safeguarding Children's Board
LSP	Local Strategic Partnership
MISC 31	Ministerial Committee on Information Sharing
NCH	National Children's Homes
NESS	National Evaluation of Sure Start
NHS	National Health Service
NMC	Nursing and Midwifery Council
NPfIT	National Programme for Information Technology
NPIA	National Police Improvement Agency
NPM	New Public Management
NRF	Neighbourhood Renewal Fund

NSF	National Service Framework
Ofsted	Office for Standards in Education
PANN	Professional Association of Nursery Nurses
PCYPSP	Plymouth Children and Young People's Strategic Partnership
PSA	Public Service Agreement
PCT	Primary Care Trust
tPCT	Teaching Primary Care Trust
SAP	Single Assessment Process
SDA	Service Delivery Agreement
SSLP	Sure Start Local Programme
UK	United Kingdom

References

- 6, P., Bellamy, C. and Raab, C. (2004) *Data Sharing and Confidentiality: Spurs, Barriers and Theories*. Presented to the Political Studies Association conference, University of Lincoln, April 5-8, 2004.
- 6, P., Raab, C. and Bellamy, C. (2005) 'Joined-up Government and Privacy in the United Kingdom: Managing Tensions Between Data Protection and Social Policy. Part 1.' *Public Administration* 83 (1): 111-133.
- 6, P., Bellamy, C., Raab, C. and Warren, A. (2006) 'Partnership and Privacy – Tension or Settlement? The Case of Adult Mental Health Services.' *Social Policy and Society* 5 (2): 237-248.
- Ackroyd, S., Kirkpatrick, I. and Walker, R. (2007) 'Public Management Reform in the UK and its Consequences for Professional Organization: A Comparative Analysis.' *Public Administration* 85 (1): 9-26.
- ACPO (2006) *Guidance on the Management of Police Information*. The National Centre for Police Excellence (CENTREX).
- Alijareh, S. and Rossiter, N. (2002) 'Towards Security in Multi-agency Clinical Information Services.' *Health Informatics*, 8:95-103.
- Anderson, R., Brown, I., Clayton, R., Dowty, T., Korff, D and Munro, E. (2006) *Children's Databases – Safety and Privacy. A Report for the Information Commissioner*. Sandy, Bedfordshire: Foundation for Information Policy Research.
- Anning, A., Cottrell, D., Frost, N., Green, J. and Robinson, M. (2006) *Developing Multiprofessional Teamwork for Integrated Children's Services: Research, Policy and Practice*. Maidenhead: Open University Press.
- Anthias, F. (1998) 'Rethinking Social Divisions: Some Notes Towards a Theoretical Framework.' *The Sociological Review* 46 (3): 505-535.
- Asthana, S., Richardson, S. & Halliday, J. (2002) 'Partnership Working in Public Policy Provision: A Framework for Evaluation.' *Social Policy and Administration* 36 (7): 780-795.
- Audit Commission (1989) *Urban Regeneration and Economic Development: The Local Government Dimension*. London: HMSO.
- Audit Commission (2005) *Governing Partnerships: Bridging the Accountability Gap*. Public Sector National Report, October 2005. London: Audit Commission (on behalf of local authorities and the NHS in England).
- Balloch, S. and Taylor, M. (2001) 'Introduction.' In S. Balloch and M. Taylor (Eds.) *Partnership Working: Policy and Practice*. Bristol: Policy Press, pp1-14.

- Bandura, A. (1981) 'Self-refferent Thought: A Developmental Analysis of Self-Efficacy.' In J. Flovell and L. Ross (Eds.) *Social Cognitive Development*. New York: Cambridge University Press.
- Barr, H., Koppel, I., Reeves, S., Hammick, M. and Freeth, D. (2005) *Effective Interprofessional Education: Argument, Assumption and Evidence*. Oxford: Blackwell.
- Barton, A. (2002) *Managing Fragmentation: An Area Child Protection Committee in a Time of Change*. Aldershot: Ashgate Publishing Ltd.
- Barton, A. and Quinn, C. (2002) 'Risk Management of Groups or Respect for the Individual? Issues for Information Sharing and Confidentiality in Drug Treatment and Testing Orders.' *Drugs: Education Prevention and Policy* 9(1): 35-43.
- Barton, A. and Welbourne, P. (2005) 'Context and its Significance in Identifying 'What works' in Child Protection.' *Child Abuse Review* 14: 177-194.
- Bellamy, C. (2006) *Joined-up Public Services: Data-sharing and Privacy in Multi-agency Working*. ESRC Award Report RES-000-23-0158.
- Bichard, A. (2004) *The Bichard Inquiry Report*. London: The Stationery Office.
- Birchall, E. and Hallett, C. (1995) *Working Together in Child Protection. Report of Phase Two, a Survey of the Experience and Perceptions of the Six Key Professions*. London: HMSO.
- Bowman, C .E. (1997) 'Institutional Care in the Community: from Chaos to Integration of Health and Social Care?' *Reviews in Clinical Gerontology* 7: 189-191
- Brandon, M., Dodsworth, J. and Rumball, D. (2005) 'Serious Case Reviews: Learning to Use Expertise.' *Child Abuse Review* 14: 160-176.
- Brandon, M., Howe, A., Dagley, V., Salter, C., Warren, C. and Black, J. (2006) *Evaluation the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005-6*. Research Report EE740. London: DfEE
- Browne, G., Roberts, J., Gafni, A., Byrne, C., Kertyzia, J. and Loney, P. (2004) Conceptualizing and Validating the Human Services Integration Measure. *International Journal of Integrated Care*, Online Journal Vol 4, May 2004 – ISSN 1568-4156 – <http://www.ijic.org/>
- Bryman, A. (2004) *Social Research Methods* (2nd Ed.). Oxford: Oxford University Press.
- Buchmann, W.F. (1997) 'Adherence: A Matter of Self-Efficacy and Power.' *Journal of Advanced Nursing*, 26: 132-137.
- Budzak, D. (2006) 'Information Governance.' *Records Management Society Bulletin* 135:5,7.

- Cabinet Office (1998) *Our Information Age: The Government's Vision*. London: Cabinet Office.
- Cabinet Office (1999) *Modernising Government*. London: Cabinet Office.
- Cabinet Office (2000) *E-government: A Strategic Framework for Public Services in the Information Age*. London: Stationery Office.
- Cabinet Office (2007a)
www.cabinetoffice.gov.uk/secretariats/committees/misc31.asp
 Last downloaded 24 Mar 07
- Cabinet Office (2007b) *Transformational Government: Enabled by Technology. Annual Report, 2006*. Cm6970. Norwich: HMSO.
- Cameron, A., Lart, R, Harrison, L, Macdonald, G. and Smith, R. (2000) *Factors Promoting and Obstacles Hindering Joint Working: A Systematic Review*. Bristol: School for Policy Studies, Bristol University.
- Cantrill, P. (2005) *Serious Case Review. Executive Summary in Respect of the W. Children*. Sheffield: Sheffield Area Child Protection Committee.
- Carpenter, J., Schneider, J., Brandon, T. and Woof, D. (2003) 'Working in Multidisciplinary Community Mental Health Teams: The Impact on Social Workers and Health Professionals of Integrated Mental Health Care.' *British Journal of Social Work* 33: 1081-1103.
- Checkland, P. and Scholes, J. (1999) *Soft Systems Methodology in Action*. Chichester: John Wiley and Sons Ltd.
- CITU (1996) *Government Direct: A Prospectus for the Electronic Delivery of Government Services*, London: Central Information Technology Unit.
- Clarence, E. and Painter, C. (1998) 'Public Services Under New Labour: Collaborative Discourses and Local Networking.' *Public Policy and Administration*, 13 (3): 8-22.
- Clarke, J. and Glendinning, C. (2002) 'Partnership and the Remaking of Welfare Governance'. In C.Glendinning, M. Powell and K. Rummery (Eds.) *Partnerships, New Labour and the Governance of Welfare*. Bristol: Policy Press, pp33-50.
- Clarke, M. and Stewart, J. (1997) *Handling the Wicked Issues: A Challenge for Government*. Birmingham: Institute of Local Government Studies, University of Birmingham.
- Cleaver, H., Cleaver, D., Cleaver, D., and Woodhead, V. (2004) *Information Sharing and Assessment: The Progress of 'Non-trailblazer' Local Authorities*. Research Report 566. London: DfES.

- Clegg, S.R. and Hardy, C. (1999) *Studying Organization: Theory and Method*. London: Sage Publications Ltd.
- Cohen, B., Moss, P., Petrie, P. and Wallace, J. (2004) *A New Deal for Children? Reforming Education and Care in England, Scotland and Sweden*. Bristol: The Policy Press.
- Colebatch, H. and Larmour, P. (1993) *Market, Bureaucracy and Community*. London: Pluto Press
- Coles, B., Britton, L. and Hicks, L. (2004) *Building Better Connections: Interagency Work and the Connexions Service*. Bristol: The Policy Press.
- Cook, G., Gerrish, K. and Clarke, C. (2001) 'Decision-making in teams: issues arising from two UK evaluations.' *Journal of Interprofessional Care*, 15 (2): 141-151.
- Cope, S. and Goodship, J. (1999) 'Regulating collaborative government: Towards joined-up government?' *Public Policy and Administration*, 14 (2): 3-16.
- Curtice, L. (2002) 'The Health Log: Developing a Health Monitoring Tool for People with Learning Disabilities Within a Community Support Agency,' *British Journal of Learning Disabilities*, 30: 68-72.
- C&YPU (2003) *IRT: Information Sharing to Improve Services for Children*. London: Children & Young People's Unit.
- Dalley, G. (1989) 'Professional Ideology or Professional Tribalism?' In R.Taylor and J.Ford (Eds.) *Social Work and Health Care (Research Highlights in Social Work 19)*. London: Jessica Kingsley Publishing, pp102-117.
- Daly, M. (2003) 'Governance and Social Policy.' *Journal of Social Policy* 32, (1): 113-128.
- Darlow, A., Percy-Smith, J. and Wells, P. (2007) 'Community Strategies: Are they Delivering Joined up Governance?' *Local Government Studies* 33 (10): 117-129.
- David, M. and Sutton, C.D. (2004) *Social Research*. London: Sage.
- DCA (2003) *Public Sector Data Sharing: Guidance on the Law*. London: Department for Constitutional Affairs.
- DETR (2001) *Local Strategic Partnerships: Government Guidance*. London: Department of the Environment, Transport and the Regions.
- Dewar, S. (2000) 'Collaborating for Quality: The Need to Strengthen Accountability.' *Journal of Interprofessional Care* 14 (1): 31-38.
- Devon ACPCs (2005) *Multi-Agency Child Protection Procedures*. Exeter: Plymouth, Torbay and Devon Area Child Protection Committees.
- DfES (2003a) *Every Child Matters*. Cm 5860 London: The Stationery Office.

- DfES (2003b) *Keeping Children Safe. The Government's response to The Victoria Climbié Inquiry Report and Joint Chief Inspectors' Report Safeguarding Children*. Cm5861 London: The Stationery Office.
- DfES (2003c) *Sure Start Guidance 2004-2006: Section 2 Delivery Guidance* Nottingham: DfES Publications.
- DfES (2005) *Common Assessment Framework for Children and Young People: Guide for Service Managers and Practitioners*. London:DfES.
- DH (2002) *Implementing the Caldicott Standard into Social Care. Health Service Circular, Local Authority Circular*. HSC 2002/003: LAC (2002)2. London Department of Health.
- DH (2003) *Confidentiality: NHS Code of Practice*. London: DH Publications.
- Douglas, M. (1982) 'Cultural Bias'. In M. Douglas (Ed.), *In the Active Voice*, Routledge and Keegan Paul: London, pp183-254.
- Dow, J. (2005) 'Data Sharing: An Introduction.' *Journal of Integrated Care* 13 (3): 11-13.
- Dowling, S., Martin, R., Skidmore, P., Doyal, L., Cameron, A. and Lloyd, S. (2000) 'Nurses Taking on Junior Doctors' Work: a Confusion of Accountability', in C. Davies, L. Finlay, and A. Bullman (Eds.) *Changing Practice in Health and Social Care*, pp326-334. London: Sage Publications with Open University.
- Downe, J. and Martin, S. (2007) 'Regulation inside Government; Processes and Impacts of Inspection of Local Public Services.' *Policy and Politics* 35, (2): 215-232.
- Eisenstadt, N. (2000) 'Sure Start: Research into Practice; Practice into Research.' *Public Money and Management* Oct-Dec: 6-8.
- Emery, F.E. and Trist, E.L. (1969) 'Socio-technical Systems.' In F.E. Emery (Ed.), *Systems Thinking*. London: Penguin.
- Freeman, M., Miller, C. and Ross, N. 'The Impact of Individual Philosophies of Teamwork on Multi-professional Practice and the Implications for Education.' *Journal of Interprofessional Care* 14 (3):237-247
- Frost, N. (2005) *Professionalism, Partnership and Joined Up Thinking: A Research Review of Front-line Working with Children and Families*. Dartington: Research in Practice.
- Furlong, S and Glover, D. (1998) 'Legal Accountability in Changing Practice' *Nursing Times* 94: 61-62.
- Gillham, B. (2000) *Case Study Research Methods*. London: Continuum.
- Glass, N. (1999) 'Sure Start: The Development of an Early Intervention Programme for Young Children in the United Kingdom.' *Children and Society* 13: 257-264.

- Glendinning, C., Powell, M. and Rummery, K. (Eds.) (2002) *Partnerships, New Labour and the Governance of Welfare*. Bristol: Policy Press
- Goldthorpe, L. (2004) 'Every Child Matters: A Legal Perspective.' *Child Abuse Review*, 13 :115-136.
- Guardian (2004) 'Data Act 'often unfairly blamed'.' By Dyer, C. *The Guardian Newspaper*, 14 Jan. 2004, p.8.
- Gulliver, P., Peck, E. and Towell, D. (2002) 'Balancing Professional and Team Boundaries in Mental Health Services: Pursuing the Holy Grail in Somerset.' *Journal of Interprofessional Care* 16 (4): 359-370.
- Gummerson, M. (2004) *Regulation of Public Services: A Literature Survey*. Portsmouth: School of Social, Historical and Literary Studies, University of Portsmouth.
- Haldane Report (1918). *Report of the Machinery of Government Committee*. Cd 9230. HMSO: London.
- Halliday, J. and Asthana, S. (2007) 'From Evidence to Practice: Addressing Health Inequalities Through Sure Start.' *Evidence and Policy* 3 (1): 31-45.
- Hatch, M.J. (1997) *Organizations Theory: Modern, Symbolic and Postmodern Perspectives*. Oxford: Oxford University Press.
- Hassard, J. (1993) *Sociology and Organization Theory*. Cambridge: The Press Syndicate of the University of Cambridge.
- Hiscock, J. and Pearson, M. (1999) 'Looking Inwards, Looking Outwards: Dismantling the "Berlin Wall" Between Health and Social Services?', *Social Policy and Administration*, 33 (2) :150-163.
- Home Office (1991) *Safer Communities: The Local Delivery of Crime Prevention Through the Partnership Approach*. London: Home office standing conference on crime prevention.
- Home Office (2006) *New Code of Professional Standards for Police Officers*. London: Crime Reduction and Community Safety Group: Police Leadership and Powers Unit.
- HM Govt. (2005) *Statutory Guidance on Interagency Cooperation to Improve the Well-Being of Children : Children's Trusts*. Nottingham: DfES Publications.
- HM Govt. (2006) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*. Norwich: The Stationery Office.
- HMT (2005) *Choice for Parents, the Best Start for Children; a Ten Year Strategy for Childcare: Summary of Consultation Responses*. London : HM Treasury.

- Hudson, B. (2002) 'Interprofessionality in Health and Social Care: the Achilles' Heel of Partnership?' *Journal of Interprofessional Care*, 16 (1): 7-17.
- Hudson, B. (2005a) 'Information Sharing and Children's Services Reform in England: Can Legislation Change Practice?' *Journal of Interprofessional Care*, 19 (6): 537-546.
- Hudson, B. (2005b) 'Partnership Working and The Children's Services Agenda: is it Feasible?' *Journal of Integrated Care*, 13 (2): 7-12.
- Hudson, B. (2005c) 'New Labour and the Public Sector: A Tale of Two Green Papers.' *Journal of Integrated Care*, 13 (4): 6-11.
- Hudson, B. (2005d) 'Integrated Inspection: Up to Standard?' *Children and Society*, 19: 246-249.
- Hudson, B. and Hardy, B. (2002) 'What is 'Successful' Partnership and How Can it be Measured?', in C.Glendinning, M. Powell and K. Rummery (Eds.) *Partnerships, New Labour and the Governance of Welfare*. Bristol: The Policy Press, pp.51-63.
- Hudson, J. (2002) 'Digitising the Structures of Government: the UK's Information Age Government Agenda.' *Policy and Politics* 30 (4): 515-31.
- Hughes, J. and Settle, D. (2001) *Quality Standards in Inter-agency Work*. Newcastle upon Tyne: The Derwent Initiative.
- Hugman, R. (2003) 'Professional Values and Ethics in Social Work: Reconsidering Postmodernism?' *British Journal of Social Work* 33 (8): 1025-1041.
- Hugman, R. (2007) 'The Place of Values in Social Work Education', in M. Lymbery and K. Postle (Eds.) *Social Work: A Companion to Learning*. London: Sage Publications Ltd.
- Huntington, J. (1981) *Social Work and General Medical Practice: Collaboration or Conflict?* London: George Allen and Unwin Ltd.
- Hunt, G. and van der Arend, A. (2002) 'Treatment, Custody, Support: an Exploratory Qualitative Dialogue to Map the Ethics of Interagency Co-operation in Hospital Emergency Departments in the UK and the Netherlands.' *Journal of Interprofessional Care* 16 (3): 212-220.
- Hutton (2004) *Report of the Inquiry into the Circumstances Surrounding the Death of Dr David Kelly*. CMG, HC 247. London: The Stationery Office.
- Huxham, C. (1996) *Creating Collaborative Advantage*. London : Sage Publications Ltd.
- Ireland, A. (2007) 'The Children's Act Turns One', *Government IT* May : 42-43.

- Irvine, R., Kerridge, I., Mcphee, J. and Freeman, S. (2002), 'Interprofessionalism and Ethics: Consensus or Clash of Cultures?' *Journal of Interprofessional Care* 16(3):199-210.
- Isaac, A.K. and Wood, C. (2006) *Who shares wins? Transforming the public services with intelligent information*. London: The Social Market Foundation.
- Johnson, P., Wistow, G., Schulz, R. and Hardy, B. (2003) 'Interagency and Interprofessional Collaboration in Community Care: The Interdependence of Structures and Values.' *Journal of Interprofessional Care* 17(1) : 69-83.
- Laming, H. (2003) *The Victoria Climbié Inquiry, CM 5730*. London: The Stationery Office.
- Lauder, W., Anderson, I. and Barclay, A. (2005) 'Housing and Self-neglect: The Responses of Health, Social Care and Environmental Health Agencies.' *Journal of Interprofessional Care* 19 (4): 317-325.
- Leathard, A. (1994) 'Inter-professional Developments in Britain: An overview', in A. Leathard, (Ed.) *Going Inter-Professional: Working Together for Health and Welfare*. London,: Routledge, pp.3-37.
- Leeds Health Informatics Service (2002) *Leeds Interagency Protocol for Sharing Information*. Leeds: Leeds Full Local Implementation Strategy.
- Lexton, A., Smith, M., Olufemi, D. and Poole, G. (2005) 'Taking a Risk and Playing it Safe: The Use of Actors in Interagency Child Protection Training.' *Child Abuse Review* 14:195-206.
- Loxley, A. (1997) *Collaboration in Health and Welfare: Working with Difference*. London: Jessica Kingsley Publishers.
- Mackay, L., Soothill, K. and Webb, C. (1995) 'Troubled Times: The Context for Interprofessional Collaboration?', in Soothill, K., Mackay L. and Webb C. (Eds.) *Interprofessional Relations in Health Care*. London: Edward Arnold.
- Malin, N. and Morrow, G. (2007) 'Models of Interprofessional Working within a Sure Start "Trailblazer" Programme.' *Journal of Interprofessional Care* 21 (4): 445-457.
- Malone, S. (2003) 'Ethics at Home: Informed Consent in Your Own Backyard.' *Qualitative Studies in Education* 16 (6): 797-815.
- Manthorpe, J. and Iliffe, S. (2003) 'Professional Predictions: June Huntington's Perspectives on Joint Working, 20 years on.' *Journal of Interprofessional Care* 17(1): 85-94.
- McIndoe, R. (2006) 'Time to Tear Ourselves Away from Paper.' *Health Service Journal* March:18.

- McCray, J. and Ward, C. (2003) 'Leading interagency collaboration.' *Journal of Nursing Management* 11:361-363.
- McGarvey, N. (2001) 'Accountability in Public Administration: A multi-Perspective Framework of Analysis.' *Public Policy and Administration* 16 (2): 17-28.
- Miles, M.B. and Huberman, A.M. (1994) *Qualitative Data Analysis: An Expanded Sourcebook*. (2nd Ed.) Thousand Oaks: Sage Publications Inc.
- Miller, C., Freeman, M and Ross, N. *Interprofessional Practice in Health and Social Care: Challenging the Shared Learning Agenda*. London:Arnold.
- Mitchell, G.J. (2001) 'A Qualitative Study Exploring how Qualified Mental Health Nurses Deal with Incidents that Conflict with their Accountability.' *Journal of Psychiatric and mental Health Nursing* 8: 241-248.
- Mittleton-Kelly, E (2003) *Complex Systems and Evolutionary Perspectives on Organisations: The Application of Complexity Theory to Organisations*. Oxford: Pergamon.
- Munro, E. (1999) 'Common Errors of Reasoning in Child Protection Work.' *Child Abuse and Neglect* 23 (8): 748-758.
- NESS Research Team (A. Anning, M. Bull, J. Barnes, J. Belsky, B. Botting, M. Frost, Z. Kurtz, A. Leyland, P. Meadows, E. Melhuish and J. Tunstall.) (2004) 'The National Evaluation of Sure Start Local Programmes in England.' *Child and Adolescent Mental Health* 9 (1): 2-8.
- Newman, J. (2001) *Modernising Governance: New Labour, Policy and Society*. London: Sage Publications Ltd.
- NHSIA (2003) *Electronic Record Development and Implementation Programme. Update March 2003*. Birmingham: NHS Information Authority.
- Norris, A.C., and Briggs, J.S. (1999) 'Care Pathways and the Information for Health Strategy.' *Health Informatics* 5:209-212.
- Ofori, R. and Charlton, J. (2002) 'A Path of Factors Influencing the Academic Performance of Nursing Students.' *Issues and Innovations in Nursing Education*. 38 (5): 507-515.
- Oldfield, P. (2003) Letter, 'Patient confidentiality may not be guaranteed', *British Medical Journal*, 327: 623.
- O'Neill, O. (2006) *Rethinking Informed Consent*. Presented as the 2006 Athena Lecture, Imperial College, May 2006.
- Ormrod, J and Abmrose, L. (1999) 'Public Perceptions about Confidentiality in Mental Health Services.' *Journal of Mental Health* 8 (4): 413-421.

- Øvretveit, J. (1997) 'How to Describe Interprofessional Working.' In J. Øvretveit, P. Mathias and T. Thompson (Eds.) *Interprofessional Working for Health and Social Care*. Basingstoke: Palgrave.
- Payne, L. (2004) 'Information Sharing and Assessment (ISA): Can Data Management Reduce Risk?' *Children and Society*, 18: 383-386.
- Payne, M. (2000) *Teamwork in Multiprofessional Care*. Basingstoke: Palgrave.
- Painter, C. and Clarence, E. (2001) 'UK Local Action Zones and Changing Urban Governance.' *Urban Studies* 38 (8): 1215-1232.
- Parsons, W. (1995) *Public Policy: An Introduction to the Theory and Practice of Policy Analysis*. Cheltenham: Edward Elgar Publishing Ltd.
- Payne, L. (2004) 'Information Sharing and Assessment (ISA): Can Data Management Reduce Risk?' *Children and Society*, 18: 383-386.
- PCYPSP (2004) *Framework for the Assessment of Children in Need and their Families*. Plymouth: Plymouth City Council
- Peck, E., Towell, D. & Gulliver, P. (2001) 'The Meanings of 'Culture' in Health and Social Care: a Case Study of the Combined Trust in Somerset.' *Journal of Interprofessional Care* 15 (4): 319-327.
- Percy-Smith, J. (2006) 'What Works in Strategic Partnerships for Children: a Research Review.' *Children and Society*, 20: 313-323.
- Pietroni, P. (1994) 'Interprofessional Teamwork: Its History and Development in Hospitals, General Practice and Community Care (UK)', in A. Leathard, (Ed.) *Going Inter-Professional: Working Together For Health and Welfare*. London: Routledge, pp.77-89.
- Powell, W.W. and DiMaggion, P. J. (1991) *The New Institutionalism in Organizational Analysis*. Chicago: University of Chicago Press.
- PIU (2002) *Privacy and Data-sharing: The Way Forward for Public Services*. A Performance and Innovation Unit Report – April 2002. London: The Cabinet Office.
- Ranade, W. and Hudson, B. (2003) 'Conceptual Issues in Inter-agency Collaboration.' *Local Government Studies*, 29 (3): 39-50.
- Rawson, D. (1994) 'Models of Interprofessional Work: Likely Theories and Possibilities', in A. Leathard (Ed.) *Going Inter-Professional: Working Together for Health and Welfare*. London: Routledge, pp.38-63.
- Red Door Associates (2005) *Sure Start Tamar Folk Annual Evaluation Report*. Exeter: Red Door Associates.

- Rhodes, D. (2003) *Better Informed? Inspection of the Management and Use of Information in Social Care*. London: Department of Health.
- Rhodes, R. A. W. (1995) *The New Governance: Governing without Government*. ESRC Award Report.
- Richards, L. (1999) *Using NVivo in Qualitative Research*. London: Sage Publications.
- Richardson, M. (2003) 'A Personal Reflective Account: The Impact of the Collation and Sharing of Information During the Course of a Child Protection Investigation.' *Child and Family Social Work* 8: 123-32.
- Richardson, S. and McMullan, M. (2007, forthcoming) 'Research Ethics in the UK: What Can Sociology Learn from Health?' *Sociology*, 41 (3).
- Ritchie, J. (1994) *The Ritchie Report: Report of the Inquiry into the Care and Treatment of Christopher Clunis*. London: HMSO.
- Robson, C. (2002) *Real World Research*. (2nd Ed.) Malden: Blackwell Publishing.
- Sarantakos, S. (2005) *Social research*. (3rd Ed.) Basingstoke: Palgrave Macmillan.
- Scott, W.R. (1992) *Organizations: Rational, Natural and Open Systems*. Englewood Cliffs, N.J.: Prentice-Hall.
- Scott, W.R. (2001) *Institutions and Organizations*. Thousand Oaks, California: Sage Publications Inc.
- Scott, W. R. and Davis, G. F. (2007) *Organizations and Organizing: Rational, Natural, and Open System Perspectives*. New Jersey: Pearson Prentice Hall.
- Selwyn, N. (2002) 'E-establishing' an Inclusive Society? Technology, Social Exclusion and UK Government Policy Making.' *Journal of Social Policy*, 31 (1):1-20.
- Sheaff, M. (2001) *Health and Social Care Partnerships in Learning Disability Services: A Review of staff attitudes towards organizational integration and professional collaboration in three areas of the UK*. Plymouth: University of Plymouth.
- Siegrist, M., Gutscher, H. and Earle, T. C. (2005) 'Perception of risk: the Influence of General Trust, and General Confidence.' *Journal of Risk Research* 8 (2): 145-156.
- Silverman, D. (2005) *Doing Qualitative Research*. (2nd Ed.) London: Sage Publications.
- Sinclair, R. and Bullock, R. (2002) *Learning from Past Experience – A Review of Serious Case Reviews*. London: Department of Health.
- Sin, C.H. (2005) 'Seeking Informed Consent: Reflections on Research Practice.' *Sociology* 39(2): 277-94.
- Stake, R.E. (1995) *The Art of Case Study Research*. Thousand Oaks: Sage Publications.

- Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, (2nd Ed.). Thousand Oaks: Sage.
- Sullivan, H. and Skelcher, C. (2002) *Working Across Boundaries; Collaboration in Public Services*. Basingstoke: Palgrave Macmillan.
- Taragon, S. (2005) *Sure Start Keystone Annual Evaluation Report*. Exeter: Red Door Associates.
- Taylor, M. (2000) 'Communities in the Lead: Power, Organisational Capacity and Social Capital.' *Urban Studies* 37, 5-6: 1019-1035.
- Thomas (2006) *Technology and Privacy – The Information Commissioner's Perspective*. Presented to the Royal Academy of Engineering, 20 April 2006.
- Thylefors, I., Persson, O. and Hellström, D. (2005) 'Team Types, Perceived Efficiency and Team Climate in Swedish Cross-professional Teamwork.' *Journal of Interprofessional Care* 19 (2): 102-114.
- Tunstill, J., Allnock, D., Akhurst, S. and Garbers, C. (2005) 'Sure Start Local Programmes: Implications of Case Study Data from the National Evaluation of Sure Start.' *Children and Society* 19: 158-171.
- Tunstill, J. and Allnock, A. (2007) *Understanding the Contribution of Sure Start Local Programmes to the Task of Safeguarding Children's Welfare*. Research Report NESS 2007 FR/026. Department for Children, Schools and Families.
- University of Plymouth Graduate School (2006) *The Graduate School Research Degrees Handbook: Guidance for Research Degree Students and Supervisors*. Plymouth: University of Plymouth.
- De Vaus, D. (2001) *Research Design in Social Research*. London: Sage Publications.
- Walker, P. (2002) 'Understanding Accountability: Theoretical Models and their Implications for Social Service Organizations.' *Social Policy and Administration* 36 (1): 62-75.
- Wiles, R., Heath, S., Crow, G. and Charles, V. (2005) *Informed Consent in Social Research: A Literature Review*. Southampton: ESRC National Centre for Research Methods.
- White, G. (2005) *Research to Inform the Management and Governance of Children's Centres. Final Report to DfES*. London: SQW Limited.
- Whitehead, J. (2007) 'What is ContactPoint?' *Protecting Children Update* 37, April: 9.
- Yan, A., and Louis, M.R. (1999) 'The Migration of Organizational Functions to the Work Unit Level: Buffering, Spanning and Bringing up Boundaries.' *Human Relations* 52 (1): 25-47.
- Yin, R.K. (2003) *Case Study Research* (3rd Ed.). Thousand Oaks: Sage Publications.

Inter-agency Information Sharing in Health and Social Care Services: The Role of Professional Culture

Sue Richardson and Sheena Asthana

Sue Richardson is now a research student in the School of Sociology, Politics and Law, University of Plymouth. Sue has conducted university-based research into organizational behaviour for more than 25 years. Having researched partnership working in the Plymouth Health Action Zone as a research fellow with the University of Plymouth, she has now been awarded a studentship from the Economic and Social Research Council to investigate information-sharing issues in health and social care partnerships.

Sheena Asthana is Professor of Health Policy at the University of Plymouth. Among her research interests is a focus on the role of partnership working and community involvement in the planning and delivery of health and social exclusion projects. She has directed research evaluating the role of partnership working in a wide range of local projects including those targeting vulnerable children and young people, older people, disadvantaged communities and service access problems.

Correspondence to S. Richardson, School of Sociology, Politics and Law, University of Plymouth, Drake Circus, Plymouth PL4 8AA, UK. E-mail: sue.richardson@plymouth.ac.uk

Summary

This article uses a literature review to examine the ways in which professional culture might shape inter-organizational exchange of personal information in a health and social care context. The aim is to explore a simplified model of possible information-sharing behaviours ('ideal', 'over-open', 'over-cautious' and 'chaotic') and to suggest that patterns of information sharing may be influenced by a number of factors. It is proposed that these factors include not only inter-professional differences in the approach taken to information sharing but also the ways in which the professions interrelate.

Keywords: Information sharing, inter-professionalism, health and social care, confidentiality

Introduction

This article aims to explore the conflicting pressures for those working in health and social care to share personal information across agency boundaries

on the one hand, and to protect the confidentiality of personal information on the other. It focuses specifically on the way in which issues of professionalism may influence this balancing act and does so through a review of the literature.

Policy background

The policy of successive UK governments of increasing inter-agency collaboration with respect to services for health and social care has been well documented (Clarence and Painter, 1998; Balloch and Taylor, 2001; Hudson and Hardy, 2002; Clarke and Glendinning, 2003). This policy of moving towards greater partnership working and integrated service delivery is not isolated to the UK. Van Eyk and Baum (2002) provide an informative overview of the Australian policy context which has much in common with the UK literature on the subject of inter-agency collaboration. They list advantages of collaboration, for example the improvement of services, including the prevention of people falling 'through the gaps', provision of 'best quality and most effective care for people who require multiple services' and 'reducing overlap and duplication of services' (p. 262). These are the same kinds of advantages listed by Edwards and Miller (2003) in their guide to integrating health and social care in the UK. Further insight into the political drivers behind partnership working in an international context can be gained from Geddes' (2000) article on the use of partnerships in tackling social exclusion in the European Union.

The main focus in this article, however, will be on the partnership context within the UK where, since the late 1970s, a series of public policy reports and government legislation has been published containing 'purposes, mechanisms and strategies of collaboration' (Loxley, 1997, p. 95). Where previously a greater degree of working together was encouraged, it is now often enshrined in law, for example through the 2003 Community Care Act, the 2001 Health and Social Care Act and the 2002 Police Reform Act. Similarly, legislation following the Laming Report (2003) and the Government's response to it, *Every Child Matters*, has been produced in the form of the 2004 Children Act. This moves the legal duty for safeguarding and promoting the welfare of children to a number of key agencies rather than leaving it to be the sole responsibility of Social Services (Goldthorpe, 2004).

It is important to situate any discussion of the sharing of personal information across agency boundaries within this policy landscape of increasing partnership working and to paint a picture of the context within which social work is currently being practised. In nearly all social care services, social workers will now find themselves working in partnership with other agencies or working in integrated services. Professionals will be familiar with their local partnerships such as Mental Health Partnerships, Learning Disabilities Partnerships, Intermediate Care Partnerships, and so on, where joint working may take place around planning, the implementation of services or their funding. At a further end of the partnership spectrum, moves towards integration are being made.

Here, the aim is to provide single 'seamless' services in which all staff (still employed by a number of different agencies) are co-located, working in multi-agency teams and sharing the same internal administrative and computing systems. Whatever the form of partnership taken, social workers practising in such contexts will be governed by certain statutory provisions and practice frameworks in relation to information sharing. These will require agencies to take steps to safeguard personal information, e.g. by implementing the Caldicott standard (see Department of Health, 2002) and agreeing local information-sharing protocols which take into account legislation such as the 1998 Data Protection Act, the 2000 Freedom of Information Act, the 1998 Human Rights Act and the common law duty of confidentiality. These issues have been discussed more fully by the authors elsewhere (Richardson and Asthana, 2005). However, an indication of the complexity facing social workers in such situations can be gained from noting that at least 16 different guidance documents have been produced by government departments specifically on inter-agency information sharing since 2002. One of these, 'IRT: Information sharing to improve services for children: Guidance on Information Sharing' produced by the Children and Young People's Unit in 2003, has an appendix that lists no less than 31 separate statutory provisions that have to be considered when sharing personal information in relation to children's services. Of course the 2004 Children Act now needs to be added to that list.

Notwithstanding the strengthening of the policy and legislative context encouraging better inter-agency working referred to previously, it remains difficult to translate the rhetoric of collaboration into reality, for reasons that have been acknowledged elsewhere (e.g. Lowndes and Skelcher, 1998; Hudson *et al.*, 1999; Evans and Killoran, 2000; Maddock, 2000; Asthana *et al.*, 2002). A substantial body of work has explored the role of different barriers to partnership working (professional and organizational) at different stages of the collaborative process, from joint decision making to commissioning and provision (see, for example, Cameron *et al.*, 2000; Hudson and Hardy, 2002). However, within this field, surprisingly little attention has been paid to the specific issue of inter-organizational information exchange. Following a number of high profile cases in which inadequate information sharing across public service organizational boundaries has contributed to the death of individuals, issues around the keeping and sharing of service user information have come to the fore. Indeed, there is a tangible sense of urgency about the need to improve the way in which information is exchanged. Against this background, a better understanding about the factors enabling and constraining inter-organizational information exchange is required.

This is no simple task, as a wide range of factors influence the sharing of information between public sector organizations. For example, individual and agency interpretations of policy documents and legislation will have an influence on the balance of sharing and protecting information. The structures of governance in place will also shape the relationships between health and social care organizations with respect to information sharing. Technical considerations

come into play; for instance, the extent to which computer systems are compatible and the degree of computer access one organization has to personal records held by another, for example through integrated care records, where assessments or care pathways are shared. Clearly, the adequacy of training and support provided to professionals on this issue will also play a part. The context and process of information sharing is thus complex. For the purposes of planning and service development, it is nevertheless helpful to explore in depth the role of specific factors. To this end, this article focuses on the influence of professional culture on information-sharing behaviour and discusses ways of supporting professionals from a range of backgrounds in their efforts to balance the sharing and protecting of personal information.

Information-sharing behaviour between collaborating agencies

As noted above, the importance of developing and maintaining effective systems of information exchange has achieved greater visibility following a number of high profile cases in which the failure to share information across public service organizational boundaries has had tragic consequences. For example, the Laming Report on the inquiry into the death of Victoria Climbié proposed that 'Improvements to the way information is exchanged within and between agencies are imperative if children are to be adequately safeguarded...[E]ach agency must accept responsibility for making sure that information passed to another agency is clear and the recipients should query any points of uncertainty' (Lord Laming, 2003, p. 9). Following this, and the more recent Bichard Report (2004), there are strong pressures from central government to increase inter-organizational information exchange.

Against this, there are also strong pressures (supported by the common law duty of confidentiality, the 1998 Data Protection Act and the 1998 Human Rights Act) to ensure that personal information held by one agency is not disclosed inappropriately to other agencies. Such provisions acknowledge the fact that, just as the consequences of not sharing information across organizational boundaries can contribute to tragedies such as the deaths of Victoria Climbié, Jessica Chapman and Holly Wells, so inappropriate sharing of what is thought to be confidential information can also end in human misery (Richardson, 2003; Lord Hutton, 2004).

The need to balance pressures to exchange information in the interests of service user care with pressures to protect the privacy of individual service users leads to four possible outcomes with regard to information sharing (Richardson and Asthana, 2005). In the *ideal* model, information is shared appropriately and when there is good cause but is equally withheld when there is good cause. This results in a low risk of breaching confidentiality and a low risk of neglecting to pass on important information. In the *over-open* model, information is withheld appropriately and when there is good cause but

information is shared without good cause or inappropriately. This results in a high risk of breaching confidentiality and a low risk of neglecting to pass on important information. In the *over-cautious* model, information is shared appropriately and with good cause but information is withheld without good cause or inappropriately. This results in a low risk of breaching confidentiality but a high risk of neglecting to pass on important information. Finally, in the *chaotic* model, information is shared inappropriately or without good cause and is also withheld inappropriately or without good cause. This results in a high risk of breaching confidentiality and also a high risk of neglecting to pass on important information.

Professional culture is not, of course, the only factor that determines which of these types of information behaviour an organization will display. As outlined above, policy and legal context, structures of governance, technical systems, organizational leadership, and so on will also play a role. However, as we discuss below, evidence suggests that professional culture does influence information-sharing behaviour in two important ways, first through the characteristics associated with individual professional backgrounds and second through the ways in which professionals from different backgrounds interact.

Professional cultures in health and social care

Much has been written about the professions working in health and social care and the differences between them (see, for example, Huntington, 1981; Pietroni, 1994; Mackay *et al.*, 1995; Hiscock and Pearson, 1999; Hudson, 2002; Irvine *et al.*, 2002; Manthorpe and Iliffe, 2003). Usually, a distinction is made between the professional culture in 'health' and that in 'social services' (Johnson *et al.*, 2003). However, sometimes analyses highlight the role of professional differences *within* a sector, e.g. between doctors and nurses (Dowling *et al.*, 2000) or include agencies having a more peripheral focus on health and social care such as the police (Hunt and van der Arend, 2002; Irvine *et al.*, 2002).

In exploring what is meant by 'professional culture', researchers have focused on a wide range of characteristics. Comparing the cultures of social workers and general practitioners (GPs), Huntington focuses on status and prestige, knowledge, language, focus, orientation and time perspectives (cited in Manthorpe and Iliffe, 2003, pp. 85–86). In his empirical study of GPs, community nurses and social workers, Hudson (2002, pp. 8–9) compares the professions on the grounds of professional identity, professional status and professional discretion and accountability.

Research has also dealt with the factors that account for differences in professional cultures. As Rawson (1994) points out, entry into a profession is by personal choice. Thus, to an extent, different kinds of people will be drawn to different professions in their career choices. This will not only be because of the different tasks involved, but also because of the values and philosophy upon which the profession is grounded. In this way, the sum total of personal

career decisions both reflect and reinforce professional cultures. Other factors also come into play. For example, differences in the demographic characteristics (age, gender and ethnicity) of different professions have been proposed as a partial explanation of particular professional cultures (Huntington, 1981; Manthorpe and Iliffe, 2003). Others have explored the way in which the historical development of structures (e.g. relating to registration, training, continuing professional development, supervision and the placing of social work within the local authority governance framework) account for some of the cultural differences between health and social services (Leathard, 1994; Pietroni, 1994).

What is clear from these and other studies is that profound differences in professional culture exist. Indeed, some go so far as to talk about 'tribal' variations between the health and social care sectors (e.g. Dalley, 1989). One familiar theme to emerge from such studies is that a distinction can be drawn between the culture in the health sector that is shaped by a medical model of care and that of social services that reflects a social (or social work) model of care (Peck *et al.*, 2001, p. 323; Hudson, 2002, p. 11; Carpenter *et al.*, 2003, p. 1082; Johnson *et al.*, 2003, p. 76). This influences a range of aspects of professionals' work, such as the way in which a 'problem' is defined (the patient being labelled by a diagnosis in the medical model whilst personal labelling in problematic terms is avoided in the social work model). Similarly, differences have been identified as to whether or not professionals see it as part of their role to empower the individuals with whom they work to take decisions affecting their own health and care. A further consideration, and one that is of particular relevance to this article, is the breadth of focus in each of the models. In the medical model, the focus is on the patient themselves, and usually only the patient. Occasionally, the focus will extend to other family members. In contrast, the social work model is concerned not only with the individual client but also with their families, communities and wider society. These differences in approach have important consequences for the way in which the different professions address the issues of confidentiality and information sharing, an observation already made by Barton and Quinn (2002).

The professions and their approaches towards information sharing

There is very little in the published literature that specifically addresses the way in which the different health and social care professions approach inter-organizational information sharing. One exception is a small preliminary investigation conducted in the UK and in The Netherlands (Hunt and van der Arend, 2002). In each country, professionals in health, social services and the police were interviewed following the presentation of a hypothetical scenario in which a young person presents at an Accident and Emergency (A&E) department with a serious injury that is probably weapons-related. A senior social worker and a senior police officer in each country were interviewed, as

were senior members in A&E departments (a consultant physician from the UK and a senior nurse from The Netherlands). In addition, a UK police surgeon was interviewed. Despite the small sample (seven in total), the findings of the study are instructive.

In both countries, the health professionals attached the least importance to information sharing for the public interest. A&E staff felt no strong obligation to inform other services about the incident in the scenario and, although they were concerned about security in the hospital, they did not appear to feel any responsibility for security in the wider community. The A&E staff also lacked clear knowledge about formal protocols designed to facilitate closer working and information sharing. The attitudes of social services staff towards information sharing differed slightly according to context, the Dutch respondent saying the service was not proactive but would usually respond to requests to be involved by other agencies, while the UK social services professional expected there to be inter-agency information sharing, particularly in cases involving children where the risk of harm would be seen to take priority over confidentiality. Like health professionals, social services staff nevertheless expressed unprompted concern about consent where it was proposed by researchers that the police could be involved and information shared with them. Of the professionals interviewed, then, only the police in both countries declared information sharing in the public interest to be of high importance, one of the UK officers believing that there is an 'overwhelming responsibility' for agencies to not only co-operate with police but to take an initiative in passing on information (Hunt and van der Arend, 2002, p. 18).

The influence of professional ethos

The findings of the Hunt and van der Arend study are interesting as they suggest that, as implied by the individualistic focus of the medical model, health professionals are likely to place the need to protect individual patient confidentiality above the need to pass on important information (i.e. they tend towards the *over-cautious* model of information sharing). Indeed, the value placed on patient confidentiality can lead to a reluctance amongst doctors to share information with other parts of the NHS, let alone other agencies. In a letter written in response to a *British Medical Journal* editorial (Booth, 2003) about electronic sharing of information through the NHS National Programme for Information Technology (NPfIT), a GP made clear his objections to out of hours A&E departments and even his own Primary Care Trust having access to his patients' records, on the grounds that the risks to confidentiality are too great:

Access for primary care trusts would mean that managers may be able to tap in and see the notes of their employees who are our patients. We will, of course, be promised that this will never happen.... I believe that we should fight to retain control of our own data since confidentiality and trust

are the cornerstones of general practice, and not an optional extra. The job is impossible without it, and if we lose this, then general practice is truly dead. (Oldfield, 2003)

In contrast to health professionals in the UK/Dutch study, social services staff were receptive to the need for the sharing of information to take priority over confidentiality, though the fact that they expressed concern about the disclosure of information suggests that the wider focus of the social model does not necessarily result in a tendency to be *over-open*. Perhaps, as a professional group, it is the police that tend towards expecting a more open (and possibly *over-open*) model in their dealings with health and social services. In Hunt and van der Arend's study, they were certainly more supportive of information sharing than the other professionals interviewed. At present, however, relatively little is known about the way in which professional cultures in health and social services intersect with professional cultures of the police. Despite the fact that a significant proportion of service users who come under the attention of both health and social services also come under the attention of police services, very little literature on inter-agency collaboration in health and social care has focused on this professional group. An exception is the research of Barton and Quinn (2002), investigating information-sharing issues within the relational context of Health and Justice. As requirements to improve inter-agency information exchange across all relevant agencies become increasingly more formalized, this relative lack of research should be addressed.

The influence of inter-professional relationships

The fact that differences in attitudes to information sharing in the study by Hunt and van der Arend corresponded to differences in some of the fundamental principles underpinning the development of the health and social work professions suggests that core professional values may well play a role in shaping professional attitudes towards inter-agency information sharing. The reluctance of both sets of professionals to share information with the police suggests, however, that other factors are also involved. It has long been acknowledged that one of the barriers to successful collaboration is the extent to which different professions distrust one another (Mackay *et al.*, 1995, p. 5; Hiscock and Pearson, 1999, p. 155; Hudson, 2002, p. 15; Manthorpe and Iliffe, 2003, p. 86). As Irvine *et al.* (2002, p. 199) suggest, 'Interprofessional relationships... are frequently distorted by mutual suspicion, hostility and disparities between the way that a particular profession views itself and how it is viewed by other occupations'. They suggest that professionals may suspect others of having their *own* interests at heart in protecting the personal data of their service users:

...in order to maintain distinctive identities and protect their independence, professional bodies are apt to stake out boundaries against the encroachments of others.... The guarding of information... can be construed as a

means of declaring a boundary rather than a means of preserving clients' privacy. (Irvine *et al.*, 2002, p. 206)

Similarly, in his study of multidisciplinary assessments in the care of older people, Hudson found that it was not always easy for professionals to trust each other:

The idea of multidisciplinary assessments commanded wide support in principle across our sites ('you could access information more easily and you wouldn't be asking the user or patient the same thing a thousand times') but it was recognised that it could only work where the different professionals trusted each other ('you have got to have confidence in their judgements, and that's difficult'). (Hudson, 2002, p. 15)

Thus, even when professional ethos supports a *community* as opposed to an *individual* focus, distrust and suspicion between professions can lead agencies to guard their clients' privacy, even when this might in fact remove opportunities to benefit the service users. This is likely to lead organizations to tend towards the *over-cautious* model or, when an ethos that tends towards openness conflicts with guardedness based on inter-professional differences, the *chaotic* model.

Promoting the ideal type

Given the real lack of empirical evidence about the role of professional culture in inter-agency information sharing, the above observations are, of course, largely hypothetical. They nevertheless provide plausible explanations as to why, despite a series of policy and legal developments designed to facilitate information exchange, the information aspects of partnership working lag well behind the general state of partnership working (Rhodes, 2003). They also raise fundamental questions about the scope for ensuring that health and social care services move towards the *ideal* model with respect to information-sharing behaviour. Evidence certainly suggests that, given the present state of information exchange, these agencies have a long way to go. For example, a survey of social services staff working with health organizations in nine local authorities found that many health organizations simply would not share information with Social Services. Similarly, many GPs and consultants would not engage in the information-sharing programme. 'They do not perceive that there are benefits or that the program can be achieved while maintaining security and confidentiality.' (Russell, 2003, p. 4). Unwillingness to share information is not, of course, restricted to the health sector. In the above survey, at least one Social Services' Director proscribed the sharing of information with any other organization unless specifically directed so to do.

A further recent publication that supports the notion that differences in professional culture are still to be seriously considered as potential influences on information-sharing behaviour is the Department for Education and Skills research report on the progress of the 'non-trailblazer' local authorities in meeting the requirements for Information Sharing and Assessment (ISA) in

children's services (Cleaver *et al.*, 2004). This report is based on empirical evidence derived from telephone interviews and the scrutiny of paperwork to evidence progress from 133 local authorities. The report notes that a difference in professional cultures is still acting as a barrier to progress on information sharing for local authorities, being regarded as a 'common barrier' to three of the ISA requirements that local authorities are expected to meet. It observes, 'Gaining the agreement of many different agencies with different professional cultures, some more reluctant than others to share information, some with different definitions of "personal information", was a complex task' (Cleaver *et al.*, 2004, p. 32). A quotation from one of the telephone interviews illustrates the difficulty, 'Xenophobic attitudes exist within organisations not to share or to recognise the fact that this is all about improving outcomes for children' and the health agencies were identified by the report as being those most reluctant to share (Cleaver *et al.*, 2004, p. 37).

The impression should not be given, however, that there are no good examples of arrangements to share information across organizational boundaries, with agreed safeguards and adhering to current legislation. One such is the Targeting Alcohol-related Street Crime (TASC) project in Cardiff, Wales. Part of the project involves an initiative which links hospital (A&E) and police data. Standard data are anonymized but individuals are asked by A&E if they are willing to report their injuries to the police. They frequently do, and the project claims that in 4 years of operation, there have been no confidentiality problems (Government Computing, 2004; TASC, 2004).

As noted earlier, a number of guidance documents have recently been published by different government departments, mainly with the aim of clarifying the legal position with respect to inter-agency sharing of information (e.g. Department for Constitutional Affairs, 2003). If professionals are made aware of them and have time to read and assimilate them, such guidelines may help. However if, as proposed above, attitudes towards information sharing also reflect underlying professional values, then the provision of guidance, improved codes of practice or even information-sharing protocols may be insufficient. It has been provocatively suggested that the way forward might be through the development of a more enabling environment to support professionals to become morally active individuals, thus making codes of ethical practice redundant (Seedhouse, 2002; Hugman, 2003). Whether the solution can be found in such strategies or in improved codes of practice and a greater use of information-sharing protocols, attention will need to be paid to original training and professional development in order to create professional values that are more outward looking and that strengthen levels of inter-professional trust. Insofar as such training may involve a questioning of certain fundamental principles that have long been cherished by professional groups in health and social care, the ease with which information sharing between health and social care can move towards the 'ideal' is likely to remain open to question.

Accepted: January 2005

References

- Asthana, S., Richardson, S. and Halliday, J. (2002) 'Partnership working in public policy provision: a framework for evaluation', *Social Policy and Administration*, 36 (7), pp. 780–795.
- Balloch, S. and Taylor, M. (2001) 'Introduction', in Balloch, S. and Taylor, M. (eds), *Partnership Working and Practice*, Bristol, The Policy Press, pp. 1–14.
- Barton, A., and Quinn, C. (2002) 'Risk management of groups or respect for the individual? Issues for information sharing and confidentiality in Drug Treatment and Testing Orders', *Drugs: Education Prevention and Policy*, 9 (1), pp. 35–43.
- Bichard, A. (2004) *The Bichard Inquiry Report*, London, The Stationery Office.
- Booth, N. (2003) 'Sharing information electronically throughout the NHS', *British Medical Journal*, 327, pp. 114–115.
- Cameron, A., Lart, R., Harrison, L., Macdonald, G. and Smith, R. (2000) *Factors Promoting and Obstacles Hindering Joint Working: A Systematic Review*, Bristol, School for Policy Studies, Bristol University.
- Carpenter, J., Schneider, J., Brandon, T. A. and Woof, D. (2003) 'Working in multidisciplinary community mental health teams: the impact on social workers and health professionals of integrated mental health care', *British Journal of Social Work*, 33 (8), pp. 1081–1103.
- Clarence, E. and Painter, C. (1998) 'Public services under New Labour: collaborative discourse and local networking', *Public Policy and Administration*, 13, pp. 8–22.
- Clarke, J. and Glendinning, C. (2003) 'Partnership and the remaking of welfare governance', in Glendinning, C., Powell, M. and Rummery, K. (eds), *Partnerships, New Labour and the Governance of Welfare*, Bristol, Policy Press, pp. 33–50.
- Cleaver, H., Cleaver, D., Cleaver, D. and Woodhead, V. (2004) *Information Sharing and Assessment: The Progress of 'Non-trailblazer' Local Authorities. Research Report 566*, London, DfES.
- Dalley, G. (1989) 'Professional ideology or organisational tribalism? The health service-social work divide', in Taylor, R. and Ford, J. (eds), *Social Work and Health Care*, London, Jessica Kingsley.
- Department for Constitutional Affairs (2003) *Public Sector Data Sharing: Guidance on the Law*, London, Department for Constitutional Affairs.
- Department of Health (2002) *Implementing the Caldicott Standard into Social Care. HSC 2002/003:LCA (2002)2*, London, Department of Health.
- Dowling, S., Martin, R., Skidmore, P., Doyal, L., Cameron, A. and Lloyd, S. (2000) 'Nurses taking on junior doctors' work: a confusion of accountability', in Davies, C., Finlay, L. and Bullman, A. (eds), *Changing Practice in Health and Social Care*, London, Sage Publications with the Open University, pp. 326–334.
- Edwards, M. and Miller, C. (2003) *Integrating Health and Social Care and Making it Work*, London, Office of Public Management.
- Evans, D. and Killoran, A. (2000) 'Tackling health inequalities through partnership working: learning from a realistic evaluation', *Critical Public Health*, 10, pp. 125–140.
- Geddes, M. (2000) 'Tackling social exclusion in the European Union? The limits to the new orthodoxy of local partnership', *International Journal of Urban and Regional Research*, 24 (4), pp. 782–800.
- Goldthorpe, L. (2004) 'Every Child Matters: a legal perspective', *Child Abuse Review*, 13, pp. 115–136.
- Government Computing (2004) 'Hospital data reduces assaults', September, News section, p. 4.

- Her Majesty's Government (2003) *Every Child Matters*, Cmnd. 5860, London, The Stationery Office.
- Hiscock, J. and Pearson, M. (1999) 'Looking inwards, looking outwards: dismantling the "Berlin Wall" between health and social services?', *Social Policy and Administration*, 33 (2), pp. 10-163.
- Hudson, B. (2002) 'Interprofessionality in health and social care: the Achilles' heel of partnership?', *Journal of Interprofessional Care*, 16 (1), pp.7-17.
- Hudson, B. and Hardy, B. (2002) 'What is 'successful' partnership and how can it be measured?', in Glendinning, C., Powell M. and Rummery K. (eds), *Partnerships, New Labour and the Governance of Welfare*, Bristol, The Policy Press, pp. 51-63.
- Hudson, B., Hardy, B., Henwood, M. and Wistow, G. (1999) 'In pursuit of inter-agency collaboration in the public sector: what is the contribution of theory and research?', *Public Management* 1, pp. 235-260.
- Hugman, R. (2003) 'Professional values and ethics in social work: reconsidering postmodernism?', *British Journal of Social Work*, 33 (8), pp. 1025-1041.
- Hunt, G. and van der Arend, A. (2002) 'Treatment, custody, support: an exploratory qualitative dialogue to map the ethics of interagency co-operation in hospital emergency departments in the UK and the Netherlands', *Journal of Interprofessional Care*, 16 (3), pp. 212-220.
- Huntington, J. (1981) *Social Work and General Medical Practice: Collaboration or Conflict?* London, George Allen and Unwin Ltd.
- Irvine, R., Kerridge, I., Mcphee, J. and Freeman, S. (2002) 'Interprofessionalism and ethics: consensus or clash of cultures?' *Journal of Interprofessional Care*, 16 (3), pp. 199-210.
- Johnson, P., Wistow, G., Schulz, R. and Hardy, B. (2003) 'Interagency and interprofessional collaboration in community care: the interdependence of structures and values', *Journal of Interprofessional Care*, 17 (1), pp. 69-83.
- Leathard, A. (1994) 'Inter-professional developments in Britain: an overview', in Leathard, A. (ed.), *Going Inter-professional: Working Together for Health and Welfare*, London, Routledge, pp. 3-37.
- Lord Hutton (2004) *Report of the Inquiry into the Circumstances Surrounding the Death of Dr David Kelly CMG, HC 247*, London, The Stationery Office.
- Lord Laming (2003) *The Victoria Climbié Inquiry, CM 5730*, London, The Stationery Office.
- Lowndes, V. and Skelcher, C. (1998) 'The dynamics of multi-organizational partnerships: an analysis of changing modes of governance', *Public Policy and Administration*, 16 (2), pp. 17-28.
- Loxley, A. (1997) *Collaboration in Health and Welfare: Working with Difference*, London, Jessica Kingsley Publishers.
- Mackay, L., Soothill, K. and Webb, C. (1995) 'Troubled times: the context for inter-professional collaboration?', in Soothill, K., Mackay L. and Webb C. (eds), *Interprofessional Relations in Health Care*, London, Edward Arnold, pp. 5-10.
- Maddock, S. (2000) 'Managing the development of partnerships in Health Action Zones', *International Journal of Health Care Quality Assurance*, 13, pp. 65-73.
- Manthorpe, J. and Iliffe, S. (2003) 'Professional predictions: June Huntington's perspectives on joint working, 20 years on', *Journal of Interprofessional Care*, 17 (1), pp. 85-94.
- Oldfield, P. (2003) 'Patient confidentiality may not be guaranteed', *British Medical Journal*, 327, p. 623.
- Peck, E., Towell, D. and Gulliver, P. (2001) 'The meanings of "culture" in health and social care: a case study of the combined Trust in Somerset', *Journal of Interprofessional Care*, 15 (4), pp. 319-327.

- Pietroni, P. (1994) 'Interprofessional teamwork: its history and development in hospitals, general practice and community care (UK)', in Leathard, A. (ed.), *Going Inter-professional: Working Together for Health and Welfare*, London, Routledge, pp. 77–89.
- Rawson, D. (1994) 'Models of interprofessional work: likely theories and possibilities', in Leathard A. (ed.), *Going Inter-Professional: Working Together for Health and Welfare*, London, Routledge, pp. 38–63.
- Rhodes, D. (2003) *Better Informed? Inspection of the Management and Use of Information in Social Care*, London, Department of Health.
- Richardson, M. (2003) 'A personal reflective account: the impact of the collation and sharing of information during the course of a child protection investigation', *Child and Family Social Work*, 8, pp. 123–132.
- Richardson, S. and Asthana, S. (2005) 'Policy and legal influences on inter-organisational information sharing in health and social care services', *Journal of Integrated Care*, 13 (3), pp. 3–10.
- Russell, P. (2003) *Data Sharing: The Key Issues—A Local Authority Perspective*, London, Department of Health, SCIPU.
- Seedhouse, D. (2002) 'Commitment to health: a shared ethical bond between professions', *Journal of Interprofessional Care*, 16 (3), pp. 249–260.
- TASC (2004) 'Alcohol related street crime: its impact on health services', Paper presented by the Targeting Alcohol-related Street Crime team at the Government Office for the South-West's conference, *Strategic Partnerships Between Health and Crime*, Weston-Super-Mare, March, 2004.
- van Eyk, H. and Baum, F. (2002) 'Learning about interagency collaboration: trialling collaborative projects between hospitals and community health services', *Health and Social Care in the Community*, 10 (4), pp. 262–269.

Acknowledgements

Sue Richardson would like to acknowledge the support of the Economic and Social Research Council (ESRC) in the production of this article.



Policy and Legal Influences on Inter-Organisational Information Sharing in Health and Social Care Services

Susan Richardson

Sheena Asthana

SCHOOL OF SOCIOLOGY, POLITICS AND LAW, UNIVERSITY OF PLYMOUTH

ABSTRACT

Given pressures both to share and to protect personal information in inter-agency service provision, this article reviews the ways in which policy and legal influences shape inter-organisational information exchange and highlights key developments in government guidance that are designed to promote better information sharing.

KEYWORDS: INFORMATION SHARING; LEGAL; POLICY; INTER-AGENCY; INTER-ORGANISATIONAL; HEALTH AND SOCIAL CARE

Contact details: Sue.richardson@plymouth.ac.uk

Introduction

A partnership approach to public service delivery has been a policy goal for some years, reflecting an understanding that services that are coherent, cost-effective and responsive to their users are more likely to be achieved by agencies working together than by agencies working in parallel. In practice, collaboration has proved hard to achieve, for reasons that have been well documented (Lowndes & Skelcher, 1998; Hudson *et al*, 1999; Evans & Killoran, 2000; Maddock, 2000; Asthana *et al*, 2002). They relate mainly to the problem of how

inter-agency initiatives can be sustained within bureaucratic frameworks that are structured around individual agencies with differing priorities, processes and cultures and with responsibility to separate government departments.

Of the many factors that inhibit effective joint working, lack of progress in inter-organisational information sharing is of central importance (Hudson *et al*, 1999). This problem is widely recognised. For example, a recent Department of Health report found that the information aspects of partnership working lag well behind the general state of partnership working (Rhodes, 2003).

However, the dynamics operating around information sharing are complex, and still little has been published about the barriers to inter-organisational information exchange. As a result, organisations delivering public services are finding it difficult in practical terms to implement recommendations to improve their information sharing.

As organisations providing health and social care services are working more and more closely together, problems with the keeping and sharing of client and patient information are becoming more visible. There is also a real feeling of urgency to ensure that policies on information sharing are



going to be effective soon. A wide range of factors is involved in developing effective inter-organisational information sharing, including governance/accountability, ethical and professional considerations, administrative and technical issues, and staff competence/capacity. The aim of this article is to focus specifically on the role of policy and legal influences on inter-organisational information exchange. However, as we conclude, policy/legal aspects cannot be isolated from the whole complex of issues operating with respect to information-sharing behaviour.

The importance of sharing information

Inter-organisational collaboration in public service provision is desirable from a political perspective, in that it circumvents the need for structural integration (impossible to achieve across the entire spectrum of government agency) and at the same time holds out the offer of a solution to problematic fragmentation of service delivery (Loxley, 1997). Collaboration also has potential benefits for those working in services and for those using services (Cameron *et al*, 2000; Crawford, 2003). In the introduction to their book on partnership working, Balloch and Taylor provide a number of reasons why such collaboration 'makes sense'. The list includes the potential to "... make the delivery of services more coherent and hence more effective... generate 'new insights or solutions' and provide a 'synergy' that offers 'more than the sum of its parts'..." (2001, pp1-2).

However, effective collaboration is fraught with difficulties, and there are many potential obstacles to be overcome before success can be claimed (Hudson, 2002; McLaughlin, 2004). Effective inter-organisational information sharing has been identified as one of the necessary conditions of successful collaboration (Loxley, 1997 pp90-91). Indeed, in extreme cases, failure to establish adequate information-sharing systems has been linked to the tragic consequences of service breakdown. Incidents have recently occurred that provide examples of inadequate information

sharing across public service organisational boundaries that has contributed to the death of individuals.

The *Guardian* legal correspondent, Clare Dyer, reported that:

British Gas told an inquest into the deaths of two pensioners whose gas had been disconnected that the company had not alerted social services for fear of breaching the [Data Protection] Act (2004, p8).

The same article discusses the part played by information-sharing failure in the deaths of Holly Wells and Jessica Chapman. The Bichard Inquiry has since investigated the failure of Humberside police to pass on information about Ian Huntley to Soham Village College when a police check was requested as part of Huntley's job application process, and has tasked the Home Office with producing a Code of Practice covering information sharing (Bichard, 2004, p14).

These incidents come shortly after the publication of the report by Lord Laming following the death of Victoria Climbié (2003). In the introduction to the report, Lord Laming includes a section on improvements to the exchange of information (2003, p9). This section leaves the reader in no doubt that this issue is of the gravest importance in inter-organisational collaboration. Lord Laming writes:

Improvements to the way information is exchanged within and between agencies are imperative if children are to be adequately safeguarded... [E]ach agency must accept responsibility for making sure that information passed to another agency is clear, and the recipients should query any points of uncertainty.

The Laming report analyses the events leading to Victoria's death in some detail, and demonstrates that there are information-sharing problems on a number of different levels. Lord Laming identifies



clearly some of the legal issues that have resonance with the cases in the *Guardian* report. For example, he says:

... I was told that the free exchange of information about children and families about whom there are concerns is inhibited by the legislation on data protection and human rights (2003, p9).

Conflicts can thus arise between policy (and now legal) pressures on agencies to share information with others and pressures to protect personal information divulged in confidence. It is important to acknowledge such tensions, and to accept that they are regularly managed by front-line staff in their attempts to do their best for their service users and the wider society.

Patterns of inter-organisational information sharing

When dealing with the sharing of personal information between different organisations, there is clearly a balance to be struck between the need

for free exchange of information in the interests of client/patient care and the need to protect the privacy of individual service users. Tragedies such as that of the death of Victoria Climbié highlight the dangers of not exchanging information with agencies when it needs to be shared. Sharing information inappropriately, however, can have equally tragic consequences. As the death of David Kelly illustrates, breaches of confidentiality can have human as well as legal repercussions (Lord Hutton, 2004). A personal account of the treatment of a family involved in a child protection investigation (Richardson, 2003) similarly illustrates how the sense of betrayal engendered by breaches of confidentiality can lead to feelings of utter powerlessness and despair, risking 'professional' abuse of those involved, including the children.

There are four basic patterns of information-sharing behaviour, as shown in *Figure 1*, below. Organisations that have a strategy of over-caution with regard to information sharing are likely to display Pattern B. By contrast, organisations that tend to be too open in their information sharing are likely to be characterised by Pattern C. It might

Figure 1: THE FOUR LOGICAL POSSIBILITIES OF INFORMATION-SHARING BEHAVIOUR

	Information is shared inappropriately or without good cause	Information is shared with good cause and appropriately
Information is withheld inappropriately or without good cause	<p>A</p> <p>High risk of breaching confidentiality and high risk of neglecting to pass on important information</p>	<p>B</p> <p>Low risk of breaching confidentiality and high risk of neglecting to pass on important information</p>
Information is withheld with good cause and appropriately	<p>C</p> <p>High risk of breaching confidentiality and low risk of neglecting to pass on important information</p>	<p>D</p> <p>Low risk of breaching confidentiality and low risk of neglecting to pass on important information</p>



be hypothesised that Pattern D organisations represent an 'ideal' type and Pattern A organisations a 'chaotic' type.

What then determines which of these types of information-sharing behaviour an organisation will display? An individual member of front-line staff in a health or social care agency will need to negotiate a number of pressures, either to share information about a service user with another agency or to withhold (protect) information about a client or patient. These pressures come from many sources, including organisational leadership, professional culture and ethos, and the technical systems available to collaborating organisations. Given recent policy developments, however, policy and legal pressures have become increasingly prominent.

The push and the pull

The literature abounds with references to the New Labour tendency towards a partnership approach in social policy (Asthana *et al*, 2002; Balloch & Taylor, 2001; Clarence & Painter, 1998; Clarke & Glendinning, 2003; Hudson & Hardy, 2002). However, the Conservative government was already moving in this direction in the 1970s. Loxley lists 18 Government Acts and public policy reports published between 1979 and 1990 that contain 'purposes, mechanisms and strategies of collaboration' (Loxley, 1997, p95). Some of the more notable are the 1979 *Royal Commission on the NHS* (DHSS Cmnd. 7615), *Care in the Community* (DHSS, 1981), *NHS Restructuring Collaboration between the NHS and Local Government* (DHSS, 1982), *Collaboration between the NHS, Local Government and Voluntary Organisations* (DHSS, 1986) and the 1990 *Community Care Act*. (See Box 1, opposite.)

What began by way of closer collaboration more than two decades ago has undoubtedly picked up pace more recently, and there is now not only encouragement for health and social care agencies to work together but also statutory duties to do so. For example, from April 30 2004, following the *Police Reform Act 2002*, primary care

trusts were listed among the 'responsible authorities' making crime, in effect, a public health issue. The *Children Act 2004* gives key agencies a legal duty for safeguarding and promoting the welfare of children, rather than leaving it as the sole responsibility of social services (Goldthorpe, 2004).

This requirement to share responsibility for care has heightened the need to improve information sharing between organisations. However, 'improving' information sharing is not simply a question of 'increasing' information exchange. As demonstrated in Figure 1, the need to share information has to be balanced with the need to protect information. The thrust of most of the recent health and social care policies is in the direction of greater flexibility, allowing (or even expecting as duty) a greater degree of information sharing between agencies. Some of the legislation would seem to support this thrust. However, the *Data Protection Act* and the *Human Rights Act* can exert pressure in the opposite direction, ensuring that privacy and confidentiality are respected where this does not risk harm. Front-line staff are required to negotiate their way through a morass of legislation in order to achieve the desired goals of improving health and social care services while safeguarding individual liberties and human rights. Box 1, opposite, shows just how many statutory provisions need to be taken into account when considering inter-organisational information sharing in children's services alone.

Government guidance on sharing information

Some guidance is becoming available to assist those involved to navigate their way through these many (and often conflicting) influences on decisions of when and when not to share client information with other agencies. Box 2, opposite, provides a list of some of the guidance currently available. It varies considerably in level and tone and in the balance between information sharing and information protecting. For example, there is a noticeable



contrast in tone between the guidance produced by the Department for Constitutional Affairs (2003) and that produced by the Children and Young People's Unit (2003). The former maintains a

Box 1: STATUTORY PROVISIONS RELEVANT TO INFORMATION SHARING IN CHILDREN'S SERVICES

- Common Law Duty of Confidence
- *National Assistance Act 1948*
- *Children and Young Persons Act 1969*
- *Local Authority Social Services Act 1970*
- *Local Government Act 1972*
- *NHS Act 1977*
- *Adoption Agencies Regulations 1983*
- *NHS General Ophthalmic Services Regulations 1986*
- *The Children Act 1989*
- *NHS and Community Care Act 1990*
- *NHS Regulations 1992*
- *Education Act 1996*
- *The Police Act 1997*
- *Crime and Disorder Act 1998*
- *Data Protection Act 1998*
- *Human Rights Act 1998*
- *School Standards and Framework Act 1998*
- *The Health Act 1999*
- *Asylum and Immigration Act 1999*
- *The Protection of Children Act 1999*
- *Care Standards Act 2000*
- *Freedom of Information Act 2000*
- *Learning and Skills Act 2000*
- *Local Government Act 2000*
- *NHS Bodies and LA Partnership Arrangements Regulations 2000*
- *Education Regulations 2001*
- *The Health and Social Care Act 2001*
- *Education Act 2002*
- *Fostering Services Regulations 2002*
- *NHS Regulations 2002*
- *The Children Act 2004*

Adapted from Appendix 2 of 'IRT: Information sharing to improve services for children. Guidance on Information Sharing'. Children and Young People's Unit, 2003.

Box 2: GUIDANCE ON INFORMATION SHARING PUBLISHED SINCE 2002

- *Privacy and Data Sharing – the Way Forward for Public Services*. Cabinet Office: Performance and Innovation Unit (April 2002)
- *Share with Care*. NHS Information Authority (2002)
- *Guidance for Connexions Partnerships on information sharing* (2002)
- *Requirements with respect to 'fair processing under the Data Protection Act and the passing of information to Connexions* (April 2003)
- *What to do if you're worried a child is being abused*. Department of Health (May 2003)
- *Delivering a fully effective service to survivors of domestic violence, rape and sexual assault by known perpetrators: Guidance on information sharing*. (Draft) Home Office (2003)
- *Guidance for Youth Offending Teams on Information Sharing*. Youth Justice Board (2003)
- *IRT: Information sharing to improve services for children*. Guidance on information sharing. Children and Young People's Unit (2003)
- *Confidentiality NHS Code of Practice*. Department of Health (2003)
- *NHS information governance toolkit*. NHS (November 2003)
- *Public Sector Data Sharing: Guidance on the Law*. Department for Constitutional Affairs (2003)
- *Guidance for Local Partnerships on Alcohol-related Crime and Disorder Data*. Home Office (2003)
- *Information sharing toolkit*. Department for Constitutional Affairs website: www.dca.gov.uk/foi/sharing/toolkit/index.htm
- *Crime reduction information sharing toolkit* (including information-sharing helpline) www.crimereduction.co.uk/toolkits/ui00.htm
- *Safety and Justice: sharing personal information in the context of domestic violence*. An overview. Home Office
- *Development and Practice Report No. 30*. Research, Development and Statistics Directorate (2004)
- *Guidance for Partnerships and Primary Care Trusts (PCTs). Commencement of PCTs as responsible authorities from April 2004*. Department of Health and Home Office (August 2004)



measured and balanced tone throughout, while the latter, perhaps attempting to compensate for a previously over-cautious approach, stresses the importance of sharing information over protecting information. While it does state the need to protect information and pay attention to the duty of confidence, it stresses that there are many circumstances where information should be shared, even if consent has not been obtained from the individual. Consider the following paragraphs (2.7 and 2.8) from the Department for Constitutional Affairs guidance in considering implied powers to share information.

There is no general statutory power to disclose data, just as there is no general power to obtain, hold or process data. As a result, it will be necessary to consider the legislation that relates to the policy or service that the data sharing supports. From this it will be possible to determine whether there are express powers to share data, or whether these can be implied from the terms of the legislation. Clearly express powers to share data give the highest degree of certainty, but it should be borne in mind that such powers to share data are relatively rare and tend to be confined to specific activities and be exercisable only by named bodies. Implied powers will be more commonly invoked.

It is the function to which the data sharing is ancillary that one must ascertain rather than an implicit power to share data per se. If the vires to do the fundamental activity are not present, there is nothing into which a data sharing power can be implied. (DfCA, 2003, p9, original emphasis)

Contrast this with a paragraph (20) from the guidance provided by the Children and Young People's Unit.

The Act (Data Protection Act 1998) sets out a framework of controls over the way in which data relating to individuals from which they can be identified can be used. It does not affect the sharing of other information. There are many

situations in which personal data can be used and disclosed and it is a mistake to think that the DPA prevents you from using or sharing data if you do not have the person's consent. There are many other situations in which you can disclose information covered by the DPA. These are discussed below. In particular you should remember that in many cases an express power or duty to share information, including personal information covered by the DPA, will not be included in legislation. Many statutes that are relevant to working with children pre-date data protection law. If you need to share data in order to carry out your functions then a power to share data can often be implied. (C&YPU, 2003, p8, my parentheses)

One thing all the guidance documents in Box 2 have in common is an attempt to guide professionals through the legislative implications of information sharing, and this can only be seen as a positive step forward from the situation two years ago when very little such guidance existed. The difficulty now, as illustrated above, is that the guidance has been produced by different parts of the government machinery and unfortunately this has not always achieved clarification; it has sometimes led to additional confusion.

A recent DfES research report on the progress on *Information Sharing and Assessment* (formerly *Identification, Referral and Tracking*) of 'non-trailblazer' local authorities has provided empirical evidence of this new obstacle to effective information sharing. *Information Sharing and Assessment (ISA)* aims to:

ensure that children at risk of social exclusion are identified early, referred to appropriate services and monitored through improved information sharing between agencies (Cleaver et al, 2004).

The research used telephone interviews and scrutiny of paperwork to evidence the progress towards ISA of 133 non-trailblazer local authorities. It found



that one of the 'common barriers' to the achievement of ISA requirements for these local authorities is central government guidance. The report concluded that:

The lack of clarity over the legality of information sharing and consent to share information has impacted on the progress of many authorities. The legal situation was complex and the sheer amount of guidance available confusing and contradictory. In particular the conflicting guidance on information sharing from different government departments, for example from the Department of Constitutional Affairs and from the Department for Education and Skills, hindered progress (Cleaver et al, 2004, p8).

Other influences on patterns of inter-organisational information sharing

The policy and legal issues of information sharing have been summarised here, but they cannot be isolated from the whole complex of issues operating with respect to information-sharing behaviour. There are also ethical and professional considerations which interact with policy and legal issues but which bring their own influences to bear. The ways in which services are managed, and the technical systems used by collaborating services, also need to be considered in this complicated equation. For example, computer systems need to be compatible when agencies are operating a single assessment process or sharing care pathways. There are questions about how the new electronic integrated care records will be accessed by collaborating organisations. The current climate of collaboration has meant new forms of governance and accountability in health and social care services, and this is another area that comes into play in decisions regarding information sharing. Finally, the nature and adequacy of training and support provided to staff can influence the patterns of inter-agency information sharing, and there are calls to

ensure that this will be in place in order to avoid future human tragedy (Staton, 2004).

These factors suggest that the creation of an enabling policy and legal context is a necessary but insufficient condition of effective information sharing. Tensions will inevitably remain between pressures to share information and pressures to protect privacy and confidentiality. We nevertheless propose that, although there are some differences in the emphasis placed on these opposing concerns in different sources of government guidance, recent developments in the provision of both government guidance and statutory provisions provide a strong foundation from which to promote improvements in inter-organisational information exchange. What is required now to take things forward is for government departments to demonstrate the same level of 'joining up' as they expect from local agencies.

Acknowledgement

Susan Richardson would like to acknowledge the support of the Economic and Social Research Council (ESRC) in the production of this article.

References

- Asthana S, Richardson S & Halliday J (2002) Partnership working in public policy provision: a framework for evaluation. *Social Policy and Administration* 36 (7) 780-95.
- Balloch S & Taylor M (2001) Introduction. In: S Balloch & M Taylor (Eds) *Partnership Working and Practice*. Bristol: The Policy Press.
- Richard A (2004) *The Richard Inquiry Report*. London: The Stationery Office.
- Cameron A, Lart R, Harrison L, Macdonald G & Smith R (2000) *Factors Promoting and Obstacles Hindering Joint Working: A Systematic Review*. Bristol: School for Policy Studies, Bristol University.
- Children and Young People's Unit (2003) *IRT: Information sharing to improve services for children. Guidance on information sharing*. London: C&YPU.



- Clarence E & Painter C (1998) Public services under New Labour: collaborative discourse and local networking. *Public Policy and Administration* 13 8–22.
- Clarke J & Glendinning C (2003) Partnership and the remaking of welfare governance. In: C Glendinning, M Powell & K Rummery (Eds) *Partnerships, New Labour and the Governance of Welfare*. Bristol: Policy Press.
- Cleaver H, Cleaver Daniel, Cleaver Deborah & Woodhead V (2004) *Information Sharing and Assessment: The Progress of 'Non-trailblazer' Local Authorities*. Research Report 566. London: DfES.
- Crawford A (2003) Integrated working: a national initiative to bridge the gap between research and practice. *Journal of Integrated Care* 11 (5) 46–8.
- Department for Constitutional Affairs (2003) *Public Sector Data Sharing: Guidance on the Law*. London: DfCA.
- Dyer C (2004) Data act often unfairly blamed. *The Guardian* 14 Jan. p8.
- Evans D & Killoran A (2000) Tackling health inequalities through partnership working: learning from a realistic evaluation. *Critical Public Health* 10 125–40.
- Goldthorpe L (2004) Every Child Matters: A legal perspective. *Child Abuse Review* 13 115–36.
- Hudson B (2002) Interprofessionalism in health and social care: the Achilles' heel of partnership? *Journal of Interprofessional Care* 16 (1) 7–17.
- Hudson B & Hardy B (2002) What is 'successful' partnership and how can it be measured? In: C Glendinning, M Powell & K Rummery (Eds) *Partnerships, New Labour and the Governance of Welfare*. Bristol: The Policy Press.
- Hudson B, Hardy B, Henwood M & Wistow G (1999) In pursuit of inter-agency collaboration in the public sector: what is the contribution of theory and research? *Public Management* 1 235–60.
- Lord Hutton (2004) *Report of the Inquiry into the Circumstances Surrounding the Death of Dr David Kelly* CMG, HC 247. London: The Stationery Office.
- Lord Laming (2003) *The Victoria Climbié Inquiry*, CM 5730. London: The Stationery Office.
- Lowndes V & Skelcher C (1998) The dynamics of multi-organizational partnerships: an analysis of changing modes of governance. *Public Policy and Administration* 16 (2) 17–28.
- Loxley A (1997) *Collaboration in Health and Welfare: Working with Difference*. London: Jessica Kingsley Publishers.
- Maddock S (2000) Managing the development of partnerships in health action zones. *International Journal of Health Care Quality Assurance* 13 65–73.
- McLaughlin H (2004) Partnerships: panacea or pretence? *Journal of Interprofessional Care* 18 (2) 103–13.
- Rhodes D (2003) *Better Informed? Inspection of the management and use of information in social care*. London: Department of Health.
- Richardson M (2003) A personal reflective account: the impact of the collation and sharing of information during the course of a child protection investigation. *Child and Family Social Work* 8 123–32.
- Staton R (2004) Information sharing in health care and social care: a question of understanding. *The British Journal of Healthcare Computing and Information Management* 21 (4) 24–6.