

Information Sharing and Assessment: The Progress of 'Non-trailblazer' Local Authorities

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Local Authorities***

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Chapter 1: Introducing the Study: background, aims and methods

Background

Information Sharing and Assessment 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. The government invested £10 million across ten trailblazer authorities, pairings or groups of neighboring authorities to spearhead the development of innovative approaches to information sharing and multi-agency working. These were originally named Identification, Referral and Tracking (IRT) projects, but were later renamed to Information, Sharing and Assessment (ISA)^a, following the creation of the new Children, Young People and Families minister and directorate in the Department for Education and Skills (DfES) in December 2003. Much of the trailblazer's role is to properly explore, almost without restriction, a wide variety options in developing effective information sharing practices and systems. One potential benefit of this is that they can generate learning to assist neighbouring groups of non-trailblazer authorities. To this end, each non-trailblazer authority has been nominated a mentor trailblazer authority with whom to collaborate.

The DfES gave each non-trailblazer authority £100,000 to help them meet two sets of minimum requirements as a foundation for improving Information Sharing and Assessment (ISA). One to be achieved by September 2003 and the other set by 31st March 2004. The DfES commissioned Royal Holloway, University of London to assess the progress of the non-trailblazers against the March 2004 Minimum Requirements.

The March Minimum Requirements were published and circulated to project managers by the DfES [*Appendix I*]. Alongside each requirement were a list of 'Minimum Evidence' and a list of 'Further Work'.

^a From here on, all the non-trailblazer projects shall be referred to as ISA – rather than IRT – projects.

What is Information Sharing and Assessment? A word from the Department for Education and Skills:

Information sharing and assessment (ISA) is an area of work developing within a programme of work called 'Change for Children' led by the Department for Education and Skills together with local authorities and a range of local partners.

The work comprises:

- clarification of how and when practitioners working with children and young people should share information
- the development of information systems to assist practitioners to share information
- the development of a common assessment framework
- activities to manage change across children's services to encourage better information sharing

This agenda builds on the IRT project initiated in 2002 to support the accurate tracking and referral of children at risk but is more ambitious in scope.

The intention is to enable children and young people to receive the universal services to which they are entitled, and any additional services they need, at the earliest opportunity.

This will be achieved by improving information sharing among professionals and practitioners, and developing and embedding a common approach to the assessment of need.

Due to differences in the methods used by the research team examining the September 2003 requirements, the Department for Education and Skills analysts advised against using these data in this current study.

Aims of the study

The aim of this research project was to measure the progress of the non-trailblazer authorities against the March 2004 minimum requirements provided by DfES.

In addition, the project gathered the *opinion* of the lead person in each authority as to whether they considered that their authority had met the September 2003 requirements at the time of the interview.

Research methods

Progress was assessed in two ways:

- A telephone interview was held with the lead person in each authority, and
- A scrutiny of the paperwork sent by the authority to evidence their progress against each of the March minimum requirements

This method produced both an interviewee's rating of progress and an evidence-based rating (using the submitted paperwork) against each requirement. This resulted in local authorities being categorised into one of the following four groups for each requirement: 'Well Behind', 'Bit Behind', 'On Course' and 'Well Ahead'. An overall score for meeting the March minimum requirements was calculated by averaging these individual scores. A more detailed explanation of the methodology can be found in Appendix IV.

Chapter 2: Findings

The research team is extremely grateful that the overwhelming majority of interviewees were happy to help us carry out this work and were reliable in terms of meeting appointments and deadlines – we thank them all for their help.

The impression, based on the telephone interviews and the analysis of the evidence packages, is that the ISA projects across England are, without exception, driving forward determinedly. In the vast majority of cases there appears to be a capable and enthusiastic project manager at the wheel and the projects themselves have made, and continue to make, real progress. Amongst professionals who are not directly employed on ISA there also seems to be widespread enthusiasm and support for the aims and objectives of the ISA projects. Indeed, interviewees rarely cited a resistance to change as a major problem to the development of ISA. The findings discussed in this section highlight many examples of good practice and should offer support to local authorities in areas where they are having difficulties.

Progress in relation to each requirement has been assessed and an average of these calculated to provide an overall score for each authority. For each requirement the interviewees' own assessments of progress are compared with the evidence-based assessments. In addition to the assessment of progress, common barriers, drivers and solutions have been drawn out against each requirement and a brief description and discussion of each is given.

It is important to consider the affect that the 'complexity' of each authority might have on its performance against the March minimum requirements. Data were obtained which describe authorities' area, population size^b and rurality^c as measures of 'complexity'. These have been used to investigate potential correlations between specific requirements or overall performance and these measures.

Before discussing the main findings from this study - the local authorities' overall progress against the March minimum requirements - it is interesting to note the perceptions of the interviewees of their progress against the September 2003 requirements (details of the September requirements can be found in Appendix III).

^b 2001 population

^c rurality score is described in Appendix VI

Meeting the September 2003 Requirements

At the point of their interview project managers were asked if their authority had met the September 2003 requirements. Their replies suggest that 112 (84%) authorities have met the September requirements.

Of the 17 authorities who do not claim to have met the requirements:

- 8 authorities have nearly met them (for example their audit of current practice has been completed but has not yet been fully analysed)
- 9 authorities have significant work remaining. However, in 4 cases this is due directly to the late appointment of a project manager, in most cases after September 2003

It should be realised that a number of the September 2003 requirements are distinct from the March 2004 requirements. Subsequently, authorities which have yet to fully meet the September 2003 requirements may still score highly on the assessment of their progress against the March 2004 requirements.

March 2004 Requirements: Overall Score

An assessment of the evidence submitted by the authorities show that 92 (69%) had met (either On Course or Well Ahead) the March requirements overall.

Table 2.1 Number of authorities categorised as *Well Behind, Bit Behind, On Course* or *Well Ahead* against the March Minimum Requirements.
Total =133

	Well Behind	Bit Behind	On Course	Well Ahead
Interviewee	1 (0.8%)	32 (24.1%)	89 (66.9%)	11 (8.3%)
Evidence	1 (0.8%)	40 (30.1%)	83 (62.4%)	9 (6.8%)

In 113 authorities (84.9%) there was agreement between the interviewees’ scoring of their progress and the score based on the submitted evidence. Interviewees were classified as over optimistic when they scored their progress as greater than the submitted evidence would support. In 15 authorities this had occurred and led to them being marked down by one category. Similarly, when interviewees rated their progress as less than the submitted evidence suggested they were classified as unduly pessimistic. This occurred in 5 authorities, which were consequently marked up by one category.

No authority was moved more than one category, for example from ‘Well Ahead’ to ‘Bit Behind’. On average the authorities were marked down by slightly less than one grade on one of the eight requirements.

Common Drivers across the requirements

- **Existing Work**

Existing work or tools that overlap with, or form the foundation of, the March minimum requirements have helped some authorities to hit the ground running. Examples of work which authorities have built on are existing privacy statements, information sharing protocols, paper based directories, web based directories, existing good multi-agency working culture and groups, existing IT systems and projects.

- **Desire for Better Multi-Agency Working and Understanding**

There is general agreement among staff at all levels that better multi-agency working and information sharing will lead to improved outcomes for children. Many authorities experienced a high level of engagement and enthusiasm from frontline practitioners and the

products generated by the March requirements, such as a service directory, have been seen as useful resources. Practitioners want clarity about information sharing and materials that will improve consistency and confidence in this area. For example, practitioners welcomed the introduction of privacy statements, consent forms, guidance on consent and information sharing. Developing common forms, a common language and understanding and reducing duplication of work and inappropriate referrals to agencies are seen as leading to a saving of practitioners' time and improved services for vulnerable children.

- **Exemplar Materials**

Using and adapting materials produced by trailblazers and other authorities accessed either directly or via the Camden Grid helped the progress of authorities in relation to some requirements. Although advice and support from trailblazers and other authorities is valued, the lack of guidance over the *quality* of the huge amount of existing materials was seen as a barrier. Moreover, there was some confusion over the role of the trailblazers; authorities expected the trailblazers to have produced completed and evaluated tools and technical solutions.

- **Collaborative Working**

Working closely with other projects and initiatives, for example, the Local Preventative Strategy, Children's Fund, Children's Trust, Surestart, and Connexions has helped many authorities. In some authorities ISA has become part of a wider project or initiative and has fitted into existing work streams and work groups, whereas, in others ISA has remained more distinct, although different initiatives have worked together to develop materials. A few authorities have linked IT development into other national initiatives, for example, ePatient record system, Integrated Children's System, and Ryogens.

Partnership working with neighbouring authorities, sharing advice and pooling resources to minimise duplication and develop regional materials, for example, regional service directories and information sharing protocols, has also helped some authorities.

- **Strong Leadership**

Good senior level involvement, support and commitment to multi-agency working assisted authorities in achieving the March requirements. Strong leadership from a dedicated person or team working on a particular requirement such as, a dedicated service directory lead, knowledgeable legal teams, data protection professionals, Caldecott guardians and enthusiastic IT colleagues helped drive certain aspects of the work. These findings mirror

those from the trailblazer study that highlighted the importance of ‘senior level management commitment at an agency and inter-agency level’ [Cleaver *et al*, 2004 p.3].

- **Raised Profile of Information Sharing**

Government reports including: the *Victoria Climbié Inquiry Report*; the Green Paper *Every Child Matters, Next Steps*, and *Children Bill 2004* have all raised the profile of information sharing and driven change.

Common Barriers across the requirements

- **Central Government Guidance**

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 DfES, hindered progress.

The lack of integration between different government initiatives, for example the lack of guidance on how ISA fits in with Integrated Children’s System, FAME or ePatient records, also delayed progress on some aspects of the work. It is important for initiatives to link together and interviewees felt clearer guidance was essential.

The changing requirements (for example away from an IT hub) and the wait for future guidance (such as a national specification for an IT system and the introduction of the common assessment) have affected progress on some requirements. The uncertainty over future legislation and the future direction of ISA has made some authorities cautious about progressing too far.

- **Complexity of the Task**

Bringing together a large number of agencies with different professional cultures, languages, assessment methods, priorities, business needs, computer systems and different positions on information sharing is understandably a complex and time consuming task. Interviewees felt that the time-scale and resources given to achieve the March minimum requirements had not taken this into account.

Many authorities are trying to ensure the long term sustainability of ISA by integrating it with other work streams and initiatives. Pulling together many different initiatives with different time-scales and priorities affected their progress.

Some authorities knew that they had not fully met certain requirements, but were not prepared to rush a 'quick fix' solution for the end of March, convinced that by embedding ISA into other work streams they should be able to deliver a better, more sustainable solution. In contrast other interviewees made the point that they had achieved a 'quick' solution to meet a certain requirement, but were also working on a more integrated longer-term project. In particular, many authorities had developed a front page for a service directory website that linked to existing sites because they felt it was unfeasible within the government's time-scale to gather information from every service in the area and create a completely new directory, although that was their long term aim. It is therefore important to realise that some authorities that are a 'Bit Behind' in some requirements may end up with a better product for not having rushed a quick solution.

- **Time and Resources**

The capacity of people to do this work, for example devoting time to attend meetings or developing and reviewing project materials, in addition to their normal workload has been a problem in some authorities.

The short term nature of the ISA funding and problems with recruitment of project managers have both caused major delays in some authorities. Some of the interviewees had only been in post for a few months and in a small number of cases for just a few weeks.

A number of authorities felt the time-scale of the requirements was unrealistic and hindered their ability to consult comprehensively with many agencies and to produce materials which had wide ownership. Many interviewees expressed the desire to do the work thoroughly and felt that rushed solutions were not in anyone's interest. Previous research indicates that staff are more likely to be committed to new policy initiatives and working methods when they have had some involvement in the process of implementation [Howe, 1986. Jones *et al*, 1998; Ward, 1995, Cleaver and Walker with Meadows, 2004].

Interviewees expressed the need for more funding for ISA. Resources were needed to produce materials, keep materials current, produce and distribute leaflets, consult with young people, produce and maintain a service directory and for training. Overwhelmingly, the

biggest financial concern was that central government will not provide the funds needed by authorities to implement an IT system which will support the ISA work. Without continued funding for project manager posts, upkeep of materials and for the service directory and future IT systems, many interviewees felt that the good work and momentum gained so far would be lost.

- **High Level Support**

This was rarely cited as a barrier but when senior level support was not forthcoming it became a major hurdle. The one authority who was ‘Well Behind’ meeting the requirements had not had senior level support for their ISA project.

Having no agreement by agencies at a strategic level. At operational level there is a lot of co-operation but no authority to proceed.

Overall Assessment - Key Points	
<ul style="list-style-type: none">• 92 Authorities (69%) have met the March requirements overall.	
<ul style="list-style-type: none">• Common Drivers include:<ul style="list-style-type: none">Existing work,Desire for improved multi-agency working,Exemplar materials,Collaborative working,Strong leadership,Raised profile of information sharing.	<ul style="list-style-type: none">• Common Barriers include:<ul style="list-style-type: none">Insufficient or conflicting central government guidance,Complexity of the task,Lack of time and resources,Little or no high level support.

The following section of this report explores the progress of authorities in relation to the individual March requirements.

March 2004 Requirements: Requirement 2

“Have developed a common understanding of assessment, risk factors, service thresholds that trigger action and service eligibility criteria.” [IRT March Minimum Requirements]

For an authority to score ‘On Course’ for requirement 2 they must have provided evidence of:

- **Multi-agency discussions about assessment, risk factors, service thresholds and eligibility criteria involving at least health, education and social care.**

AND

- **Senior level ‘sign up’ from health, education and social care.** This need not be signatures but at least senior level representation/involvement.

For an authority to score ‘Well Ahead’ for requirement 2 they must have provided all the evidence required to score ‘On Course’ plus:

ONE OF THE FOLLOWING

- **A glossary of terms used in different services.**
- **Anything else which develops understanding between agencies.** This must be something concrete and in place e.g. published leaflets explaining the roles of different professionals, training events which are underway, common risk factors established, common assessment in place.

The results of both the interviewees’ assessment and the evidence-based assessment of progress are show in Table 2.2 below:

Table 2.2 Requirement 2: Number of authorities in each assessment category
Total=133

	Well Behind	Bit Behind	On Course	Well Ahead
Interviewee	2 (1.5%)	12 (9.0%)	96 (72.2%)	23 (17.3%)
Evidence	1 (0.8%)	10 (7.5%)	68 (51.1%)	54 (40.6%)

Based on an analysis of the submitted evidence, 122 authorities (92%) were assessed as having met requirement 2. Most authorities scoring ‘Bit Behind’ do so because their discussions are at an early stage and don’t have senior level involvement.

In approximately two-thirds (68%, or 90 in all) of cases there was agreement between the interviewee’s assessment of progress and the assessment based on the evidence submitted. The difference was made up of 39 (29%) interviewees being pessimistic about their progress

(rating progress as lower than the evidence showed) and 4 (3%) being optimistic (rating progress higher than could be substantiated by the evidence).

The high proportion (92%) of authorities who, based on their evidence based assessment, have met this requirement is related to the nature of the requirement. To reach 'On Course', authorities *only* have to demonstrate high level multi-agency discussions which cover the three core issues. A record of these discussions frequently forms part of minuted meetings. These meetings are the foundation for any ISA project and have, in most cases, occurred at an early stage in the project. The relatively large number of authorities who were unduly pessimistic about their progress may reflect a subsequent lack of progress in embedding the agreed documentation and procedures.

Common Drivers for Requirement 2

- **Desire for Better Multi-Agency Working and Understanding**

The most common driving force behind developing better multi-agency working is a strong commitment to it. Practitioners accept the need to establish common terms and reduce the amount of duplicated work and inappropriate referrals, a feature identified by 48 (36%) interviewees.

There is good local buy in to improve children's services – we are pushing at an open door.

There is also high level support for improving multi-agency working and understanding in a number of authorities (identified by 36 (27%) interviewees). This reflects the high profile of these issues both within local government and the wider public as a result of the *Victoria Climbié Inquiry Report, 2003*; the Government's response *Keeping Children Safe, 2003*; the Green Paper *Every Child Matters, 2003*, and the *Children Bill, 2004*. The high profile nature of the work was identified as a driving force by 23 (17%) interviewees.

The high profile of Every Child Matters, Children Bill and Victoria Climbié case has helped to focus and engage people across the board.

A strategic commitment across the authority to ensure genuine partnership working.

- **Existing Work**

Another significant common driver mentioned by interviewees was work that had already been done in this area on which they could build.

Multi-agency groups were already set up and discussing common assessment.

Existing multi-agency fora or discussion groups already working on other projects or initiatives was a driver mentioned by 48 (36%) interviewees.

- **Collaborative Working**

A third identified common driver related to linking this work to other initiatives and projects. These included the development of their authority's Local Preventative Strategy, the National Assessment Framework, Children's Fund work and work on the Integrated Children's System.

Stem and leaves model from DfES has helped to join up many initiatives.

Groups had already been established to work on the Integrated Children's System which ISA could use.

Collaborative working was identified as having helped by 23 (17%) interviewees.

Common Barriers and Solutions for Requirement 2

- **Time and Resources**

The time required and the resources necessary to progress towards a shared understanding of risk, assessment and service thresholds were identified as the biggest problem encountered by authorities in meeting this requirement.

People's capacity to do this work – their jobs are full and this work is in addition to their day jobs.

This may have been particularly acute in small authorities.

Small borough – some key people are involved in many initiatives which makes it difficult to get their time.

There is a question mark over the long term sustainability of the project due to the short term nature of the funding, although DfES have informed managers that any unspent monies can now be carried over to the end of the current financial year, March 2005. At the time of the interview, time and resource issues were quoted as barriers by 47 (35%) interviewees.

- **Complexity of the Task**

The nature of the requirement means practitioners and managers from a wide range of agencies must not only meet but also work towards developing, common terms. 42 (31.6%) interviewees cited the logistics of arranging meetings and gaining widespread agreement as a major barrier to their project's development.

Project managers must be able to tap dance on eggshells. All agencies have their own agendas and objectives.

Of these 42 interviewees, 12 believed that the size of their authority affected the task; meeting this requirement presented greater difficulties for project managers in larger authorities than for project managers in smaller authorities. It was suggested that the initial funding should have been distributed in proportion to the size of the authority, and by implication the complexity of the task.

Multiple organisations within each agency in our authority – 6 Primary Care Trusts, 7 district councils, 105 G.P. practices, 3 acute hospitals, 450 schools and 1000s of voluntary agencies.

Although this was cited as a barrier, there is a general acceptance that this is exactly the kind of work for which the project managers were employed. Interviewees had many good ideas about overcoming the complex nature of the task and improving multi-agency working and understanding. These included holding road show events, workshops and training, setting up sub-groups to actually do the work, using their good high level buy-in to 'ensure' practitioners attended events and meetings and engaging people on a one to one basis. The key to these various solutions lay in continued persistence, charm and sheer determination.

- **Central Government Guidance**

There seemed to be two distinct criticisms of the guidance published by central government:

• **Insufficient detailed guidance**

The primary criticism was the perceived lack of detailed guidance from DfES over the approach local authorities should take to meet the March minimum requirements. Local authorities were unsure what materials would be development centrally and were concerned about the possible unnecessary repetition.

What is going to be centrally developed and what is going to be done at a local level?

There was widespread disappointment over the perceived role of the trailblazers. Authorities had anticipated that the trailblazer projects would result in a range of relevant exemplar materials, validated by DfES, in time for them to use.

There was also concern over the changes to the government requirements and expectations for the non-trailblazers. Although interviewees cited this as having stood in their way to some extent, it was generally accepted that the changes were necessary and that the final requirements were more realistic than the original ones.

• **Conflicting Guidance**

It was felt that different central government bodies were not always working in a joined up manner. The guidance coming from any one area was considered, at best, to have been issued without consideration of any existing guidance, and at worst, to have been issued in contradiction of that from other departments.

Different advice from different government departments, local lawyers and the Information Commissioner.

Central government guidance, either its insufficiency or its confusing nature, was cited as a barrier to this requirement by 24 (18%) interviewees.

Requirement 2 - Key Points

- **122 Authorities (92%) have met the requirement.**
- **Common Drivers include:**
 - Strong multi-agency commitment to developing a common language,
 - Strong support for improved multi-agency working,
 - Existing work which may be developed further,
 - Linking with other relevant initiatives.
- **Common Barriers include:**
 - Lack of time and resources,
 - Complexity of the task – difficulties synchronising work and gaining agreements across different agencies,
 - Insufficient detailed central government guidance.

March 2004 Requirements: Requirements 3 & 4

“Have a service directory providing comprehensive information on local providers, eligibility criteria, geographical location and referral procedures.” [IRT March Minimum Requirements]

“Have procedures for keeping this service directory up to date and for ensuring professionals working with children and young people have access – allowing public access where possible.” [IRT March Minimum Requirements]

For an authority to score ‘On Course’ for requirements 3 & 4 they must have provided evidence of:

- **A working directory of services which lists at least two of: eligibility criteria, geographical location and referral procedures.**

AND

- **Inclusion, on the directory, of many statutory and voluntary organisations.** This must cover at least health, social care and education services for children and a range of voluntary service providers. It was acceptable to signpost other directories from a front page.

AND

- **A procedure in place for maintaining the directory.**

AND

- **Consideration being given to the quality of the information provided by services.**

For an authority to score ‘Well Ahead’ for requirements 3 & 4 they must have provided all the evidence required to score ‘On Course’ plus:

- **A working directory of services which lists all of: eligibility criteria, geographical location and referral procedures.**

AND **ONE** OF THE FOLLOWING

- **Evidence of wider dissemination of the existence of the directory to practitioners from agencies other than health, education and social care.** This must be some form of direct effort (eg. inclusion on newsletters) and not merely the directory’s existence online.

- **Evidence of the directory being available in other languages or formats.** Other language versions must be readily available (eg. having the facility to translate the directory into a range of languages using the authority’s existing translation services upon request would not count).

- **Evidence that children, young people and their families have access to the directory.**

- **Evidence that the directory has been publicised to children, young people and their families.**

- **The ability to search the directory in a variety of ways including by need.**

The results of both the interviewees’ assessment and the evidence-based assessment of progress are shown in Table 2.3 below:

Table 2.3 Requirement 3 & 4: Number of authorities in each assessment category
Total=133

	Well Behind	Bit Behind	On Course	Well Ahead
Interviewee	8 (6.0%)	46 (34.6%)	58 (43.6%)	21 (15.8%)
Evidence	19 (14.3%)	45 (33.8%)	47 (35.3%)	22 (16.5%)

The analysis of the submitted evidence shows only 69 authorities (52%) have met requirements 3 & 4.

Once again, in two-thirds of cases (89 in all), interviewee’s assessment of their progress was in line with the evidence submitted. However, unlike the findings for requirement 2, a greater proportion of interviewees (23% or 31) were over optimistic about the progress of their authority than were pessimistic (10%, n=13).

The smaller proportion of authorities meeting this requirement and the greater level of optimism of the interviewees may reflect the necessity in requirements 3 & 4 to provide evidence of procedures to maintain their directory. Not only is this a common reason for authorities to fall into the ‘Bit Behind’ category, it also appears to be something which interviewees overlook when making their own assessment of progress.

Lack of a comprehensive listing of relevant agencies and organisations on the service directory is the other main reason authorities are categorised as ‘Bit Behind’. Interviewees had a greater awareness of this issue and were more realistic in their perceptions.

Common Drivers for Requirements 3 & 4

- **Existing Work**

The most common driver mentioned by interviewees was the work already achieved in this area on which they could build their service directory. This included good paper based directories and existing web based services that could be expanded. This factor was mentioned by 51 (38%) interviewees.

- **Desire for a Service Directory**

Another, similar, driver which emerged from the interviews was the enthusiasm of agencies (both statutory and voluntary) to be listed on a service directory and a widespread agreement that a directory of services is an achievable goal which will help improve outcomes for children.

A comprehensive list of services is of benefit for the public and providers.

This desire to see a working directory was discussed as a driving force by 39 (29%) authorities.

- **Collaborative Working**

A third identified common driver related to working in partnership with other agencies and organisations. This could take the form of joining up work on individual directories already developed by other initiatives such as Children's Information Service, Early Years, Connexions and Children's Trusts, and relates to 'Existing Work' discussed above. It could also take the form of collaborative working with ISA projects in neighbouring authorities to provide a regional approach to the development.

A spirit of joint working – people have spent ages on their own directories but have been keen to work together.

Common working was explicitly mentioned as a driving force by 45 (37%) authorities in their interviews.

- **Strong Leadership**

11 (8%) interviewees reported that the appointment of a dedicated person or team had helped to drive forward the development of their directory.

Common Barriers and Solutions for Requirements 3 & 4

- **Time and Resources**

The time and resources needed to meet this requirement has been the most common barrier to developing a service directory (cited by 60 [45%] authorities). The large number of agencies which need to be involved in the service directory, and the typically numerous existing partial directories were both issues considered to have hampered the development of effective service directories in many local authorities.

The scale of the task – collating all the information became a bigger job than anticipated.

Lack of funding to build a directory from scratch – had to build on existing directories and structures to reduce costs.

Common solutions to this problem have included authorities taking a staged approach and concentrating on small areas (both geographical and service type) with which to engage first. Some authorities also solved this problem by working collaboratively with other projects and/or other authorities (see ‘Collaborative Working’ above).

A novel solution employed by one authority who were struggling to get voluntary sector agencies to return service information details was to offer the agencies an incentive:

... a £200 prize, drawn at random, from all the voluntary sector agencies which submitted full details by the deadline.

- **Sustainability**

A further 19 (14.%) authorities stated that the need to sustain and maintain their service directory was a barrier to its development:

The IRT budget may have contributed to an initial production of a database, but no ongoing funds would exist to ensure the continuing accuracy of the content. The content would quickly become out of date.

Solutions to the ongoing maintenance requirements included making agencies responsible for their own information and giving them the necessary systems to update their own information periodically, sometimes at the prompt of an automatic email sent from the directory to the services contact person at regular intervals (eg every 6 months). Another solution was securing funding after September 2004 from other sources such as the Neighbourhood Renewal Fund, for a post to update the information held on the service directory.

- **Existing Work**

Although 51 (38%) authorities describe existing work as a driver (see ‘Existing Work’ above), a few (numbering 11 or 8%) authorities consider it to have been a barrier to

developing their service directory. The problems seem to have been around information contained in different directories being of different levels of accuracy, held in different formats and containing different details about each service listed. There were also issues around copyright and data ownership mentioned in some cases.

Requirements 3 & 4 - Key Points

- **69 Authorities (52%) have met the requirements.**
- **Common Drivers include:**
 - Existing directories,
 - Widespread desire for a Service Directory,
 - Collaborative work to join up existing individual directories,
 - Strong leadership.
- **Common Barriers include:**
 - The time and resources needed to work with large numbers of agencies,
 - Sustainability,
 - Difficulties in joining up existing directories.

March 2004 Requirements: Requirement 5

“Publish a short privacy statement to inform children, young people and their families about confidentiality and access to records.” [IRT March Minimum Requirements]

For an authority to score ‘On Course’ for requirement 5 they must have provided evidence of:

- **Leaflets, statements or procedures on privacy, confidentiality and access – produced by health, education and social care.** This need not be a single statement, it may be different statements in place in each key agency.
- AND
- **Publication of the above statements.**

For an authority to score ‘Well Ahead’ for requirement 5 they must have provided all the evidence required to score ‘On Course’ plus:

- ONE OF THE FOLLOWING**
- **Established common ground across health, education and social care and issued one agreed privacy statement.**
 - **Evidence of consultation with children and families in preparing the common statement.**
 - **Evidence of wide spread dissemination of statement or statements to children, young people and families through direct mailing.**

The results of both the interviewees’ assessment and the evidence-based assessment of progress are show in Table 2.4 below:

Table 2.4 Requirement 5: Number of authorities in each assessment category
Total=133

	Well Behind	Bit Behind	On Course	Well Ahead
Interviewee	5 (3.8%)	63 (47.4%)	59 (44.4%)	6 (4.5%)
Evidence	12 (9.0%)	70 (52.6%)	42 (31.6%)	9 (6.8%)

The analysis of the submitted evidence shows 51 authorities (38%) were assessed as having met requirement 5. Most authorities scoring ‘Bit Behind’ do so because their statements are not yet agreed and published, or their published statements do not cover health and education and social care.

Once again a similar pattern of agreement is found between the interviewees’ assessments and the evidence-based assessments. In practically two-thirds of cases (85 or 64%) there was

agreement in the scoring. In a quarter of cases (33 in all) interviewees were over optimistic and in 15 (11%) cases interviewees were unduly pessimistic. The discrepancies resulted from some interviewees optimistically classing themselves as being 'On Course' because they knew such statements already existed. However, many of the evidence packages contained agency specific statements from, for example health, education or social care, but statements from all three were not included.

Common Drivers for Requirement 5

- **Existing Work**

The most common driver identified was work on privacy statements that had been started or completed prior to the ISA project. 29 (22%) interviewees cited previous work as having helped, and that work carried out by different agencies and organisations within the authority has formed a foundation upon which they could build.

- **Strong Leadership**

Having a strong leader to push forward work on developing a common privacy statement was a key driver and was identified by 22 (17%) interviewees. A range of professionals were identified as having led on the development of common privacy statements including ISA project managers, data protection officers, Caldicott guardians and information sharing sub-group leads. In other cases, small groups were identified as providing strong leadership such as Caldicott boards and information sharing groups.

- **Exemplar Materials**

Development of a child friendly privacy statement is the first area where exemplar material from other sources was particularly helpful. 17 interviewees (13%) stated that they had used work and materials produced by trailblazers and other non-trailblazers. These were either accessed directly or downloaded from the Camden Grid website.

- **Collaborative Working**

Joint working across authorities to provide a regional approach was a driver in at least 13 authorities. However, although this was an aide to project development in relation to this requirement, it also ran the risk of producing significant delays as agreement had to be reached far more widely.

- **Central Government Guidance**

Although many local authorities wished for more specific guidance from central government, nonetheless, it was generally acknowledged, and mentioned explicitly in 13 (10%) authorities, that the IRT March minimum requirements were *themselves* a key driver. The necessity to develop a privacy statement was used to lever otherwise less willing participants.

Common Barriers and Solutions for Requirement 5

- **Complexity of the Task**

The most common barrier, discussed by 32 (24%) interviewees, was the sheer size and complexity of the task. Different agencies have subtly different views on confidentiality and information sharing. There was no common steer and the interviewees reported that some agencies were more reluctant than others to share information.

The form had to be all things to all people – different agencies have different requirements.

Interviewees tried to overcome this hurdle by holding a range of different multi-agency events to try to engage professionals more widely.

- **Central Government Guidance**

In relation to the development of a child friendly privacy statement, lack of clear central government advice seems to have been a significant barrier, cited explicitly by 28 (21%) interviewees. The criticism focussed on the lack of clarity with regard to the legal position. Interviewees had many different and conflicting legal opinions about when to gain consent, what they may share without gaining consent, what constitutes *informed* consent and what to do if consent is not given. Despite all being clear that gaining consent is not necessary where there are concerns that a child is, or may be, at risk of suffering significant harm, there was considerable uncertainty over disclosing information without consent in less severe circumstances. Anxiety focused particularly on cases where concerns over the child's health and welfare are not severe but where sharing information might damage the trust between the professional and the patient or client. Interviewees wanted central government to clarify the legal situation.

Lack of government guidance over the legal position about sharing low risk level information.

Lack of clarity from central sources over what constitutes a privacy statement.

The solution taken by many local authorities was to press ahead anyway, in some cases taking advantage of the work of other authorities, both trailblazers and non-trailblazers. This strategy both saved time and provided reassurance, although it was acknowledged that the materials may change in the light of further legal guidance. Once materials were available on the Camden Grid web site, many authorities used them.

Some authorities have delayed any final sign-off of materials and any development of training programmes until the legislation has become clearer and further guidance has been received.

Put a platform in place which will allow the project to meet the target as soon as the legal position is clear.

- **Lack of Information Sharing Protocol**

There was concern raised over the sequence of work with regard to developing privacy statements (requirement 5), the information sharing protocol (requirement 6) and, the consent documentation (requirement 7). It was felt that the information sharing protocol forms the foundation for the consent documentation and any privacy statements. Delays in the ratification of the protocol therefore impacted on the development timeframe of the privacy statement and consent documentation. This was mentioned explicitly by 8 (6%) interviewees.

No over-arching protocol – this has to come first.

Even in authorities where an information sharing protocol is in place, the time taken to develop it may have delayed work on their privacy statement. This relationship is investigated numerically in Chapter 3 of this report.

Requirement 5 - Key Points

- **51 Authorities (38%) have met the requirement.**

- **Common Drivers include:**

Existing work on privacy statements,
Strong knowledgeable leadership,
Exemplar materials,
A regional approach,
The March Minimum Requirements.

- **Common Barriers include:**

Agencies holding different views on confidentiality and information sharing,
Insufficient or conflicting central government guidance on the legality of information sharing,
Lack of an Information Sharing Protocol.

March 2004 Requirements: Requirement 6

“Have protocols for information sharing in place, covering Health, Education and Social Care; and in development for other agencies providing services to children and young people.” [IRT March Minimum Requirements]

For an authority to score ‘On Course’ for requirement 6 they must have provided evidence of:

• **Copy of information sharing protocols/over-arching agreement with contributions from health and education and social care.**

AND

• **Evidence of high level sign up.** This does not have to be signatures it may be minutes of a meeting with appropriate people present where the protocol has been agreed.

OR

• **A broad statement highlighting links between existing protocols agreed between health, education and social care.**

AND

• **Guidance for practitioners on information sharing.**

Because the ‘OR’ in the March minimum requirement document was found to be ambiguous during the pilot stage of the study, a decision was taken by the research team in conjunction with DfES, that either completion of the top two points or the bottom two points would count for being ‘On Course’. This was in spite of the intention to have 3 points completed, with the middle two interchangeable: a signed over-arching protocol was therefore sufficient without guidance for practitioners.

For an authority to score ‘Well Ahead’ for requirement 6 they must have provided all the evidence required to score ‘On Course’ plus:

ONE OF THE FOLLOWING

- **Protocols developed agreed to by other agencies.** At least 2 other agencies.
- **Training for frontline staff.** Must be underway not just planned.
- **Monitoring the use of the protocol.**

The results of both the interviewees’ assessment and the evidence-based assessment of progress are shown in Table 2.5 below:

Table 2.5 Requirement 6: Number of authorities in each assessment category
 Total=133

	Well Behind	Bit Behind	On Course	Well Ahead
Interviewee	1 (0.8%)	27 (20.3%)	84 (63.2%)	20 (15.0%)
Evidence	3 (2.3%)	43 (32.3%)	58 (43.6%)	29 (21.8%)

Note: one interviewee would not classify their authority’s progress for this requirement.

The analysis of the evidence shows 87 authorities (65%) have met requirement 6. Most authorities scoring ‘Bit Behind’ do so because their protocol had not yet been agreed at a high level. A ‘Well Ahead’ score was generally the result of authorities having got their protocol signed up to by more than just health, education and social care. A few authorities had started training.

A comparison of interviewees’ assessments of their progress with the evidence-based assessment shows agreement in 82 (62%) of cases. Interviewees were over optimistic in 29 (22%) authorities and unduly pessimistic in 21 (16%) authorities.

A number of authorities were marked down on this requirement because, although the interviewee had classed the authority as being ‘On Course’, the documentation submitted showed no evidence that the protocol was signed off at a senior level by all three agencies.

Common Drivers for Requirement 6

- **Existing Work**

Once again, interviewees frequently cited existing work that could be built upon as a driver in achieving this requirement. This included existing protocols and guidance on information sharing and was mentioned by 36 (27%) interviewees.

- **Strong Leadership**

Having a knowledgeable team or a specific person with relevant knowledge and expertise, working on developing the protocol was a key driver mentioned by 34 (26%) interviewees.

The expertise of our lead who has been instrumental in developing other information sharing initiatives... and in particular has knowledge of the legal aspects of information sharing.

Having leads which are data protection people and policy people not practitioners.

Having legal and data protection representation, Caldicott guardians and Information sharing leads, committed to promoting the idea of information sharing helped authorities to progress against this requirement.

- **Exemplar Materials**

29 (22%) interviewees reported that using and adapting guidance or protocols from other authorities (trailblazers and non-trailblazers) had helped them to meet this requirement.

- **Desire for Better Multi-Agency Working And Understanding**

The widespread confusion over information sharing and the desire from practitioners to have clarity and therefore confidence when sharing information was cited as a driver by 15 (11%) interviewees. Once again the significance of the high public profile that information sharing had gained since the Victoria Climbié Inquiry Report was reported.

Acknowledgement that sharing information leads to better outcomes for children.

- **Collaborative Working**

Working with neighbouring authorities to share ideas or to develop regional information sharing protocols was mentioned as a driver by 10 (8%) authorities. Interviewees were aware of the added complexity for agencies who work across geographical boundaries and the need for a common approach so that these agencies do not have to sign up to many different protocols. In a number of areas regional protocols have been developed but some interviewees cited the need for a common national protocol.

Some agencies work across borders – agencies that cover more than one authority will have to sign many protocols, each of which may be different – should be one common national protocol.

Common Barriers and Solutions for Requirement 6

- **Central Government Guidance**

The main barrier, cited by 51 (38%) interviewees, was the lack of clear guidance on information sharing. As stated in requirement 5, the complexity of the legal situation, the amount of guidance available being too much and often conflicting, and the many different legal opinions available has led to confusion.

Complicated legal opinion – there are as many opinions as views you seek.

Information overload – too many varying examples and an unwieldy amount of guidance.

Jargon – some ‘good practice’ protocols are inaccessible and impossible to penetrate.

The different advice from different government departments has also led to confusion.

Different guidance from the government especially Department of Constitutional Affairs and the DfES has lead to contradiction and some confusion.

Confusing government initiatives asking many people to produce this from different perspectives.

Delay in guidance, changing guidance (which interviewees felt may change again) and the uncertainty over what is eventually going to be produced centrally on information sharing has been a barrier. Authorities worried that they were spending time and money developing protocols, guidance, and training for practitioners that may have to be redone in the light of future legislation, which would be costly. Many authorities felt it was a waste of time and money to have every authority working on a separate protocol and guidance.

Confusing messages from central government over the direction which a protocol should go. A mass of subtly different guidance from different sources.

Why is everybody having to spend time and money on this.

Solutions to wading through this apparent legal quagmire fell into two categories:

- **‘Head down – drive on’**

Some authorities pressed ahead anyway using examples from other authorities, developed materials and carried out training which could be altered if central guidance changed.

- **‘Wait and see’**

Others delayed finalising materials and training in the hope that legislation would become clearer and further guidance would be received.

Have held back awaiting further clarity – have developed drafts which have intentionally not been ratified.

A solution to the different advice from different government departments was to pull together guidance into one toolkit.

...merging information sharing toolkit (DfES work) with information governance charter (DoH work).

- **Complexity of the Task**

Getting agreement between different agencies and pulling together the many different protocols that already existed was a barrier mentioned by 27 (20%) authorities. Existing protocols were found to be inconsistent, practitioners interpreted them differently and they contained different levels of detail and different processes. 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. Particular agencies were more difficult to engage than others and health was often cited as the most difficult sector to get on board.

Wide range of procedures in place in different agencies for information sharing – disagreement over what constitutes core information.

Interviewees were aware that the solution to these problems was to commit time and effort to engage agencies. Where necessary authorities had used senior managers and steering groups to raise the profile of information sharing, push protocols through and get commitment from agencies. Authorities had also brought different initiatives together and worked collaboratively.

Some authorities had successfully engaged health, one by getting a representative from health to chair their information sharing subgroup and another was redrawing G.P. contracts and inserting procedures for information sharing into them.

Training practitioners on the benefits of information sharing and the legal position to enable them to feel confident about sharing information, was seen as vital.

- **Time and Resources**

The time needed to consult widely with many agencies (and in some cases work with neighbouring authorities) and to get ownership of the protocol and formal sign up to it was a barrier mentioned by 18 (14%) authorities.

Want the protocols to really mean something and for people to really understand what they are signing up to – takes time and consultation.

Artificially trying to achieve a deadline [end of March] when it is a gradual process.

The capacity of staff to do this work was a barrier mentioned by 21 (16%) interviewees. Issues identified by interviewees included the lack of a full time project manager, identifying the right people within agencies to work on protocols and finding staff with time to attend meetings. Interviewees from small authorities reported that the size of their authority meant that key people are frequently already involved in many initiatives, making it difficult for them to commit the necessary time.

Identifying the necessary resources for continued training was also a challenge.

The amount of training required both initially and ongoing – requires a huge amount of resource.

A solution adopted by some authorities has been to work regionally to avoid duplication of work and effort and to pool resources with neighbouring authorities.

Requirement 6 - Key Points

- **87 Authorities (65%) have met the requirement.**

- **Common Drivers include:**

Existing work on protocols and guidance,
Strong knowledgeable leadership,
Exemplar materials,
A commitment to information sharing,
Collaborative work to develop regional protocols.

- **Common Barriers include:**

Insufficient or conflicting central government guidance over the legality of information sharing,
Gaining agreement from agencies with different professional cultures,
The time and resources needed for wide consultation.

March 2004 Requirements: Requirement 7

“Publish guidance on obtaining and documenting consent (including information leaflets for children, young people and their families and consent forms).” [IRT March Minimum Requirements]

For an authority to score ‘On Course’ for requirement 7 they must have provided evidence of:

- **Guidance, for practitioners, on obtaining and documenting consent.** This must be guidance on obtaining and documenting consent to share information within and between agencies.

AND

- **Information leaflets for children, young people and their families on consent** (to share information).

AND

- **Consent (to share information) forms.** These may be different consent forms in health, education and social care.

AND

- **Publication of guidance and consent forms to practitioners in health, education and social care.**

For an authority to score ‘Well Ahead’ for requirement 7 they must have provided all the evidence required to score ‘On Course’ plus:

- ONE OF THE FOLLOWING**
- **Established common ground across health, education and social care and issued a common consent form.**
 - **Evidence of consultation with practitioners, children and families in development of the leaflet, guidance or forms.**
 - **Frontline staff training on gathering and documenting consent.** This must be underway/have taken place and not merely planned for the future.

The results of both the interviewees’ assessment and the evidence-based assessment of progress are show in Table 2.6 below:

Table 2.6 Requirement 7: Number of authorities in each assessment category
Total=133

	Well Behind	Bit Behind	On Course	Well Ahead
Interviewee	9 (6.8%)	53 (39.8%)	67 (50.4%)	4 (3.0%)
Evidence	18 (13.5%)	88 (66.2%)	20 (15.0%)	7 (5.3%)

The analysis of the evidence shows 27 authorities (20.3%) have met requirement 7. Most authorities scoring 'Bit Behind' do so because their documents have been developed but are not yet agreed and published or their evidence package contained only some of the required documents, for example, guidance on consent and a leaflet for young people on consent, but no consent forms.

An exploration of the agreement between interviewees' assessments and evidence-based assessments found agreement in only half the cases (totalling 67). A large proportion of interviewees (57, or 43%) were over optimistic in their assessment of progress. Few (9 in total) were unduly pessimistic.

The over optimism of interviewees reflected the finding that many had not fully taken into account all parts of this requirement when making their own assessments. For example, when authorities had made good progress on this work, with many parts of the above requirement being achieved, they had optimistically assessed themselves as 'On Course'. However, few authorities showed guidance, leaflets for young people and consent forms from health, education and social care, *all* published and disseminated to practitioners. Moreover, some evidence packages contained a number of agency specific consent forms but these did not always relate to all three key agencies: health, education and social care. Others contained health forms for 'consent to treat' rather than 'consent to share information'.

As for requirement 5, some interviewees felt that developing guidance on how and when to gather and document consent; and guidance for children and their families on consent and information sharing, can only be done once the protocol for information sharing has been ratified. This relationship is investigated numerically in the analysis section.

...certain processes are sequential and this requirement is some way down the sequence.

Common Drivers for Requirement 7

- **Desire for Better Consent Materials**

There was very good support from all staff, particularly front line staff, towards developing more robust guidance and tools to enable safe information sharing. This manifested itself as high levels of engagement and positive involvement from staff at every level in the development of the tools.

A desire from professionals to know what and when to share.

The desire for improvement in this area was identified by 27 (20%) interviewees.

- **Existing Work**

19 (14%) interviewees reported that existing forms and documentation within their authority were already in use and formed the basis for any further, wider reaching, documentation. Some agencies already had good consent forms that were reviewed and then used more widely.

- **Strong Leadership**

Having a strong leader, either a specialist individual such as a Caldecott guardian or data protection officer, or a strong sub-group, was cited in 15 (11%) cases as having been a major driving force towards the development of their consent documentation.

- **Exemplar Materials**

Exemplar materials were typically gathered from trailblazers (both mentor and non-mentor) or from the Camden Grid web site and were identified as a driver in 15 (11%) cases.

Common Barriers and Solutions for Requirement 7

- **Central Government Guidance**

The 'moving environment' of information sharing guidance was overwhelmingly the greatest barrier to the development of consent documentation and was identified by 38 (29%) interviewees. This, in a manner similar to requirements 5 and 6, has focussed primarily on the lack of clear legal guidance and there was a common ideal that legally valid materials could and should have been produced centrally and disseminated to all authorities.

National confusion over what is legal and what is not. Every month more central government guidance comes out from different departments – more co-ordination is needed. Everyone is working to different information sharing guidance.

The lack of clear understanding as to the legal issues that are involved in obtaining consent e.g. the difference between assumed/implied consent and explicit consent; what information can be shared with the consent of one of these; when can information be shared without consent.

Approaches to circumvent this problem included looking at other authorities' work, using pilot areas to test materials and gaining yet more legal opinion. However, in the end, projects had either made a firm decision based on the best information available at the time and headed on regardless, or, put in place a platform which will allow them to reach the requirements once clarification is forthcoming. Although the second approach may prove to be shrewder, it is the authorities who have taken the first approach who will have scored more highly in this assessment.

- **Complexity of the Task**

The huge array of agencies and organisations within agencies who must necessarily be involved in the development of common consent documentation and procedures was a major problem reported by 34 (26%) interviewees. As stated previously in this report, it is health that has consistently experienced greater difficulties in collaborating in information sharing.

Xenophobic attitudes exist within organisations not to share or to recognise the fact that this is all about improving outcomes for children.

Many interviewees already have strategies in place to overcome these problems. Their approaches were as diverse as they were innovative, ranging from multi-agency events and away days through developing common templates to organising 'speed dating' events where personnel from a wide range of agencies were assembled and paired off and given 1 minute to explain their respective roles and the potential impact of ISA to them before having to move on to the next person and repeat the process.

Requirement 7 - Key Points

- **27 Authorities (20%) have met the requirement.**
- **Common Drivers include:**
 - Desire for better consent materials,
 - Existing work on consent forms,
 - Strong leadership with specialist knowledge,
 - Exemplar materials.
- **Common Barriers include:**
 - Insufficient or lack of clear legal guidance,
 - Complexity of getting all the necessary agencies on board.

March 2004 Requirements: Requirement 8

“Requirement 8: Understanding of the authority’s specific business needs in relation to information sharing.”
 [IRT March Minimum Requirements]

For an authority to score ‘On Course’ for requirement 8 they must have provided evidence of:

- **Minutes of meetings/documents showing an understanding of business needs (culture change, professional practice, IT). Discussions including representatives from health, education and social care.** The discussions must cover the *implications* of ISA and may include its impact on resources, IT provision, practitioner time and roles, culture change and data responsibility and ownership.

We did not need to see evidence that *all* of culture change, professional practice and IT have been discussion and analysed.

For an authority to score ‘Well Ahead’ for requirement 8 they must have provided all the evidence required to score ‘On Course’ plus:

ONE OF THE FOLLOWING

- **Process maps produced.** These could be maps of information flow within and between agencies and/or maps of the process required to further develop ISA projects within and between agencies.
- **Shared understanding of business needs agreed across agencies and documentary evidence produced.** This must be something concrete and in place eg. published business analysis documents.

The results of both the interviewees’ assessment and the evidence-based assessment of progress are show in Table 2.7 below:

Table 2.7 Requirement 8: Number of authorities in each assessment category
 Total=133

	Well Behind	Bit Behind	On Course	Well Ahead
Interviewee	3 (2.3%)	24 (18.0%)	80 (60.2%)	26 (19.5%)
Evidence	4 (3.0%)	22 (16.5%)	67 (50.4%)	40 (30.1%)

We can see that, based on the analysis of the evidence, 107 authorities (80.5%) have been assessed as having met requirement 8.

This is perhaps the least well understood requirement, but possibly one of the more important requirements for ISA projects overall. One could argue that if project managers don’t really understand what ‘business needs’ are then they cannot possibly have been working towards

developing a shared understanding of them across agencies. However, this is somewhat bogus as the problem seems to have lain in the term ‘business needs’, rather than the work required to consider them. For example, in numerous cases interviewees were unclear what ‘business needs’ referred to, but once they were explained, many revealed that they had indeed considered them and were a long way towards developing a shared understanding across agencies.

Most authorities scoring ‘Bit Behind’ do so because their discussions have been exploratory at best, merely discussing one small implication of their ISA project without considering the wider picture or determining any real strategy to address any needs identified. Many authorities scoring ‘Well Ahead’ do so as a direct result of employing consultants (usually external) to carry out specific business needs analysis across agencies and feed their recommendations back to high level multi-agency groups.

The pattern of agreement between the interviewees’ assessments and evidence-based assessments may reflect the difficulty in understanding the term ‘business needs’. Although there was agreement between the two types of assessment in over two-thirds (92 in all, 69%) of cases, a fifth of interviewees (27 cases) were unduly pessimistic about their progress; while only 14 (11%) were over optimistic.

The large proportion (81%) of authorities having met requirement 8 is due in part to the good forward thinking and planning of project managers. However, it also reflects the fairly loose definition of evidence required to score ‘On Course’. Even interviewees who were unsure that they had done any real business needs analysis were able to submit various pieces of work which showed some discussion of business needs once the evidence criteria had been explained to them in detail.

Common Drivers for Requirement 8

- **Existing Work**

Work carried out by other projects and initiatives and/or identified links to other projects or initiatives was cited as a common driver for this requirement by 23 (17%) interviewees.

Being a pathfinder for children’s trust has resulted in structures being in place that support integration of service and therefore enable a greater understanding of the challenges posed by improving information sharing.

- **High Level Support and Desire for Better Information Sharing**

Good high level support was quoted as having been another major driving force behind the development and identification of business needs by 21 (16%) interviewees. These authorities had senior level commitment to multi-agency working and 14 of the 21 interviewees who identified high level support as a key driver actually scored 'Well Ahead' on their evidence-based assessment of progress.

Good high level sign up – they realise the importance of the project.

This high level commitment may have been a direct result of the high profile given to information sharing by recent government publications.

The Green Paper has allowed the message that we must share information to be strengthened.

It is interesting to note that the Green Paper *Every Child Matters* was referred to specifically during 17 (13%) interviews as a driving force behind their work on this requirement.

Business needs are, by their very nature, an area where a strategic approach is required and the current climate of improving information sharing has resulted in a commitment to this principle at the highest level within local authorities.

- **Collaborative Working**

Having good multi-agency working groups was identified in 16 (12%) authorities as having helped them develop multi-agency understanding of business needs. Getting key agency involvement on steering groups and sub groups was seen as essential.

Common Barriers and Solutions for Requirement 8

- **Central Government Guidance**

The major complaint focussed on the changing nature of government guidance; away from an IT hub to a greater emphasis on more collaborative working. As discussed previously, although interviewees accepted that the changes were a good thing on the whole, 36 (27%) interviewees cited these changes as having been a major barrier to developing their business needs.

No point doing too much work until guidance comes from the centre – local or national database? Frustration – not meant to be working on the IT side but need to be considering this to develop an overall model.

Other interviewees reported that confusion over how different government initiatives and projects related to one another caused difficulties.

Lack of clarity regarding links between different work streams eg. ICS, IRT, FAME.

[there is a] sense of waiting for the next set of guidance – there is always something big on the horizon.

13 interviewees stated that the confusing and conflicting legal advice and opinion was acting as a barrier to their development against this requirement.

Solutions to this seemingly ever-changing environment fell into the two categories identified for previous requirements:

- **‘Head down – drive on’**

Some project managers took their best guess as to the future direction of the project and simply got on with the job with the intention of changing what may need changing only once it is absolutely clear that change is required.

- **‘Wait and see’**

Other project managers took a more pragmatic approach. They staged their work and focussed only on areas that are, in their opinion, least likely to change. Other areas were left with a watching brief with the intention that they will spend time and resource on these only when the direction has been clarified.

- **Time and Resources**

The particular barrier encountered with regard to time and resources is once again the short-term nature of the funding and the uncertain future of the project. 17 (13%) interviewees identified these as issues. Many project managers thought the only real solution was to secure funds to continue their posts, and the ISA project in general, from other sources.

Requirement 8 - Key Points

- **107 Authorities (81%) have met the requirement.**

- **Common Drivers include:**

Existing work on business needs,
High level support and desire for improved information sharing,
Collaborative working.

- **Common Barriers include:**

The perceived changing nature of government guidance,
The plethora of different government initiatives,
Lack of time and resources.

March 2004 Requirements: Requirement 9

“Consideration given to system interoperability at local level, with agreed standards for data collection, storage, retrieval and transfer, based on the e-Government Interoperability Framework (e-GIF).” [IRT March Minimum Requirements]

For an authority to score ‘On Course’ for requirement 9 they must have provided evidence of:

• **Wide dissemination of technical issues paper to all corporate IT colleagues.** This could be emails, minutes of meetings or presentations.

AND

• **IT colleagues being aware of the longer term aims in the Green Paper of an information sharing hub which will need to be e-GIF compliant.**

For an authority to score ‘Well Ahead’ for requirement 9 they must have provided all the evidence required to score ‘On Course’ plus:

• **Evidence that ISA has been integrated into their authority’s long term e-government plans.**

The results of both the interviewees’ assessment and the evidence-based assessment of progress are show in Table 2.8 below:

Table 2.8 Requirement 9: Number of authorities in each assessment category
Total=133

	Well Behind	Bit Behind	On Course	Well Ahead
Interviewee	1 (0.8%)	7 (5.3%)	96 (72.2%)	29 (21.8%)
Evidence	3 (2.3%)	12 (9.0%)	87 (65.4%)	31 (23.3%)

The analysis of the evidence shows 118 authorities (89%) have met requirement 9.

In practically three-quarters of cases (73%, or 97 in all) there was agreement between the assessment of the interviewee and evidence-based assessment. 21 (16%) interviewees were over optimistic and 15 (11%) unduly pessimistic.

The large proportion of authorities that have met this requirement reflects the change of emphasis of the ISA brief away from development of an IT system.

Common Drivers for Requirement 9

- **Existing Work**

The only really common issue reported as having helped to drive forward this requirement was work already being undertaken on the authority's IT systems and their current level of IT provision. 55 (41%) interviewees cited this.

Integrated Children's System has formed a driver for IRT. Integrated approach to children's services.

Many authorities stated that local technical projects were underway, or that new IT systems were being purchased or developed and that they could use these programmes to raise awareness of future IT provision required by ISA.

Common Barriers and Solutions for Requirement 9

- **Central Government Guidance**

The change to the government guidance was cited as a barrier by 46 (35%) interviewees. Criticism focussed on either a lack of guidance over what a minimum specification should contain or over the changing nature of the guidance away from IT development.

Don't know what final system will be yet – how much time do you spend on something that you don't know what it is yet – local or national solution?

Not investing in IT (as per guidance) has meant that some detailed issues cannot be addressed yet and momentum has been lost.

The solution has been to concentrate their efforts on other areas of work and to have faith that the picture will become clearer with time.

- **Time and Resources**

There was fairly widespread concern over the funding required for the development of any information system in the future. Interviewees were uncertain about whether funding will be forthcoming from central government and, if not, whether alternate sources will be made available.

Undertaking an IT implementation will require substantial funding – especially in a large county.

Funding was considered to be a barrier by 31 (23%) interviewees.

Requirement 9 - Key Points

• **118 Authorities (89%) have met the requirement.**

• **Common Drivers include:**

Existing local technical projects.

• **Common Barriers include:**

Lack of central government guidance over minimum specification,
Uncertainty over long term funding.

Chapter 3: Factors which affected meeting the March Minimum Requirements.

Submission Date

The evidence-based Overall Score is based on the documents sent to the research team. The deadline for submission of documentary evidence was one week after the interview. Because the interviews were carried out over approximately 6 weeks, different authorities had slightly different amounts of time to complete and submit their evidence. This might mean that those authorities who did better in the survey may be those who were asked later in the timetable. However, no relationship existed between the interview date and the authority's evidence-based Overall Score ($R^2 = 0.014$)^d, showing that there was no hint of a benefit from having a late interview.

Comprehensive Performance Assessment rating (CPA rating)

It was anticipated that an authority's CPA rating would be related to their Overall Score for the March minimum requirements, in that higher rated authorities might be better placed to develop the minimum requirements, and thus more likely score On Course or Well Ahead. However, an examination of the data found no such relationship.

Mentor Trailblazers

Mentor trailblazers were not shown to have a discernible affect on the non-trailblazers' Overall Score. This may reflect a couple of things: the fact that mentors were not the only source of advice, support and provision of exemplar materials; the possibility that all mentors gave more or less the same amount of help to all non trailblazers. Non-trailblazers sought help from trailblazers other than their mentor and more widely, from non-trailblazer authorities.

Full Time Project Manager

^d This is based on a linear regression: A direct and proportional relationship between submission date and Overall Score (i.e., the later the interview, the better the overall score) would give $R^2=1.00$. Absolutely no relationship would give $R^2=0.00$

Much research suggests the value of a full time dedicated project manager for the successful implementation of new policies and procedures (Ward, 1995; Cleaver and Walker with Meadows, 2004). However, the current study found no such association between the Overall Score of an authority and whether the position of project manager was, or was not, a full time appointment. A possible explanation may be the nature of the requirements themselves. These focused primarily on agreeing policy and procedures across agencies at a strategic level, producing documents, and developing websites. These activities form the foundation for the production of the new policies and procedures – implementation has yet to take place.

Does a Lack of Information Sharing Protocol affect the production of Child Friendly Privacy Statements or Consent Documentation?

As discussed in the Findings section, some interviewees felt that the deliverables for requirements 5 (child friendly privacy statements) and 7 (consent documentation) could only be produced and published once requirement 6 (information sharing protocol) was in place. A statistical analysis of the data shows a reliable association between these 3 requirements that could not be explained by the authority being generally advanced in all areas of their work on the March Minimum Requirements^e. That is, managers were constrained in how far they could get in 5 and 7 by how far they had got with 6. This was true even for authorities who had progressed well on all other requirements.

This exploration of the data supports the experiences of project managers. Delays in getting ratification of their information sharing protocols have held up the development of both their child friendly privacy statements and their consent guidance and documentation. The effect appears to be most acute with respect of the consent documentation.

Authority ‘Complexity’

Contrary to the perceptions of individual project managers no relationship was found between any of the individual requirement marks or the overall mark, and any of the ‘complexity’ measures. The following data was used to assess complexity: the 2001 population data for each authority, area covered (in hectares) of each authority, and a measure of rurality (based to some degree on the previous two). None of these measures appear to have an effect on the achievement of authorities overall. Whilst there is no *statistically significant* effect from each

^e The statistical relationship between Requirement 6 and Requirement 5 was $\chi^2(1) = 8.203$ $p < 0.004$, and between Requirement 6 and Requirement 7 was $\chi^2(1) = 11.061$ $p < 0.001$

of these factors individually, it is entirely possible that combinations of the size and make-up of any particular authority *has* impacted significantly on that authority's achievement. For instance, we know from the interviews that this has been the case on occasions, but it would appear that different sizes and complexities of authority might simply pose different problems. It has been interesting to note that authority size was cited as a barrier by small authorities (where the same people are expected to work on a very large number of initiatives and are becoming fatigued) and by large authorities (where projects have to engage vast numbers of professionals and practitioners within organisations and agencies).

Chapter 4: Conclusions

The vast majority of non-trailblazer authorities have made good progress towards the March minimum requirements in particular and improving information sharing between agencies in general.

92 (69%) authorities have been assessed as having met the March minimum requirements with a further 40 (30%) only a bit behind.

The non-trailblazer authorities have encountered major barriers both from within their authority and from central government. The primary sources of difficulty *within* authorities have been around the sheer size and complexity of the task at hand. Projects managers have had to navigate through a sometimes labyrinthine set-up of agencies, organisations, personnel and cultures. Most project managers believe they have the skills and commitment required to deal with these problems, but feel they lack resources and, on occasions, the support of senior personnel such as chief executives and councillors. The major area of difficulty with regard to central government lies squarely around the legal position of sharing information. Not only are project managers unclear about the relatively untested legal position, they are confused by the sometimes conflicting guidance issued by different government departments.

Interviewees, in general, have expressed a need for:

- Clear guidance over the legal position which supersedes previous guidance and is issued jointly across government departments and with agreement from *at least* health, education and social care.
- Commitment to longer term funding both to maintain the good momentum developed and to fund future IT solutions.

If these issues are addressed ISA will become the success that everyone is working so hard towards and should deliver improved outcomes for all children across England.

References

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Appendix I

March minimum requirements

This project is primarily about cultural change and professional practice. IRT is a process and will not in itself change service delivery. It is about promoting new ways of working across agencies, and facilitating communications and in particular information sharing between practitioners.

Requirement 1: Have evidence of improved information-sharing between health, education and social care leading to better services for children who display one or more risk factors

The overall aim of the IRT project is to improve communication and information sharing between health, education and social care (IRT Guidance 2.2). We are clear that this is a long-term, ongoing process.

This deliverable should be seen as an umbrella under which other deliverables fall. 'Improvement' will be measured by evidence provided for the other requirements.

Requirement 2: Have developed a common understanding of assessment, risk factors, service thresholds that trigger action and service eligibility criteria

As outlined in the Green Paper, national work on a common assessment framework is underway and will include some work on common definitions and links to more specialist assessments. The aim is for the new framework to be introduced in Autumn 2004. Discussions with Ministers are underway to agree the basis of the common assessment framework, and we will let you know as soon as definite decisions are taken. In the meantime, we would encourage you to focus primarily on establishing a common *understanding* across agencies, rather than tackling the more difficult issues of common language and assessment.

There is not an expectation that LAs will tackle common assessment in the short term project. This deliverable is about building on the audit of assessment completed before September to identify both gaps and examples of good practice, tackling the cultural barriers between agencies to prepare for the new framework. Project managers should facilitate multi agency discussions and establish better mutual understanding across agencies of how children are currently assessed and what thresholds and eligibility criteria are used.

Minimum required

Evidence of multi-agency discussions about current practice in relation to assessment, risk factors, thresholds and eligibility criteria. This is about establishing a shared understanding. At a minimum, these discussions should include representatives from health, education and social care (IRT Guidance 3.3). There should be

Have you had multi agency discussions? How often? Who has been involved? How have you tried to promote a shared understanding of current practice? Is there documentary evidence? Is your CYPSP signed up to this process?

evidence that these discussions are owned at a senior level.

Further improvement

A glossary of terms used in different services across agencies, e.g. BEST, LAC etc. This should include information about health, education and social care.

This would be very helpful in supporting this deliverable, but while we would see this as good practice, we are not stipulating this as a minimum requirement. Who was involved in producing it? How has it been disseminated?

Anything else which supports the development of a mutual understanding between agencies

For example: leaflets 'what does a social worker / health visitor / SENCO do?'; further multi-agency meetings, training events etc.

Requirement 3: Have a service directory providing comprehensive information on local providers, eligibility criteria, geographical location and referral procedures.

The introduction of an online service directory should provide a list of services in the authority area and should initially be accessible to practitioners from statutory and voluntary sectors. The service directory should include a broad range of preventative services and aim to reduce the number of inappropriate and misdirected referrals. Local authorities need to be clear that what they are developing takes into account the development of other national service directories e.g. Children's Information Service, Connexions etc.

Every LA needs to provide their IRT service directory web link by March 2004 so the DfES can assess progress. It is recognised that in some authorities, directories will not be fully populated until September, and as such, decisions about dissemination should be based on the completeness of the directory.

Minimum required

LAs need to show evidence that an online service directory (IRT Guidance 3.3) is up and running including information on local providers, eligibility criteria, geographical location and referral procedures.

Is the service directory available online? Does the service directory include a search engine to filter for results? Is comprehensive information about each service included? What consideration has been given to the quality of the information provided?

The online list of services should include all statutory and some voluntary organisations. This could just be links to existing directories

The project at all stages should aim to build on existing good practice and not create more duplication / unnecessary bureaucracy. It is fine for the IRT service directory to just signpost other directories from a new front page. The important thing is that there is one point of entry for accessing all of the information.

Evidence of some dissemination amongst health, education and social care practitioners and managers although this could happen after March if more appropriate.

Do practitioners know about the service directory? How have you disseminated the information (e.g. newsletters, direct mailings)? Have senior staff cascaded the information?

Further improvement

Evidence of wider dissemination to practitioners from a range of agencies, including the voluntary sector

Directory available in other formats/ languages.

Evidence that children, young people and families have access to the directory, in a child friendly format. Evidence that the directory has been publicised to children and families.

Is there information about it in public places (e.g. GP surgeries, libraries, youth clubs, Citizens Advice Bureaux, schools etc.)?

Ability to search the directory in a variety of ways including by the needs of the child.

Requirement 4: Have procedures for keeping this service directory up to date and for ensuring professionals working with children and young people have access – allowing public access where possible.

A web based service directory will provide information to practitioners and families about thresholds and access to services. The individual or team responsible for the upkeep of the directory will play an important role in providing relevant up to date information to those who require it.

Minimum required

There should be clear responsibility for the upkeep of the service directory (IRT Guidance 3.4).

Has a person/section with responsibility for keeping the directory up to date been identified? What procedures are in place to ensure that the directory is kept up to date?

Some consideration given to the quality of information provided about the services

Is the service directory written in plain, understandable English? Have acronyms been spelled out?

Further improvement

Further consideration given to quality of information about services.

What steps have you taken to ensure that the information about services is accurate and complete?

Requirement 5: Publish a short privacy statement to inform children, young people and their families about confidentiality and access to records

This should build on current good practice in relation to the Freedom of Information and Data Protection Acts and arrangements LAs have in place to ensure compliance with the legal framework. It is critical that children and families are aware of how their information is currently used; what is collected; by whom; and for what purpose.

Minimum required

Procedures and statements on privacy, confidentiality and access produced by colleagues in health, education and social care.

Who has been involved in producing the statements? Have they been agreed at a senior level?

Evidence that child friendly statements have been published to children and families e.g. through schools, GP surgeries etc

Further improvement

Establish common ground on privacy, confidentiality and access across health, education and social care and issue one agreed privacy statement

Evidence of effective consultation with children and families in preparing the statement.

Evidence of wide dissemination to children and families through direct mailing.

Requirement 6: Have protocols for information sharing in place, covering health, education and social care; and in development for other agencies providing services to children and young people

The existing legal framework is enabling and allows a good deal of information to be shared, but information sharing must be supported by robust protocols.

Where possible, work in this area should build on existing good practice (identified in the information sharing audit completed before September), but the agreed protocol must facilitate multi-agency working. Trailblazers have approached this by developing overarching framework agreements, supported by more detailed service level protocols.

Minimum required

Review existing protocols to identify good practice and where there are gaps in coverage.

Protocol signed by senior staff in health, education and social care

*Who was involved in drafting the protocol?
How has information about the protocol been disseminated to others?*

OR

Where it is clear that existing protocols are comprehensive and support multi-agency information sharing, it is appropriate for a broad statement to be agreed that highlight the links between protocols.

Simple guidance produced for practitioners at the front line

Have clear guidelines on sharing been written and effectively disseminated to practitioners?

Further improvement

Protocols developed for sharing beyond health, education and social care (e.g. with police, voluntary sector, Connexions etc)

Training for front line staff

How can you build data protection into existing training for front-line staff? What possibilities exist for joint training across agencies?

Monitoring the use of the protocol

What procedures are in place to monitor and evaluate the use of the protocol?

Requirement 7: Publish guidance on obtaining and documenting consent (including information leaflets for children, young people and their families and consent forms)

Where possible, information sharing should be based on consent. Seeking consent to share information should be considered good practice by practitioners but it is important that practitioners feel confident about how to get consent, how to document it and when they can share information without consent.

Minimum required

Ensure guidance complies with existing legislation

Accessible guidance produced and disseminated to practitioners. At a minimum this should include colleagues in health, education, social care.

Who was involved in producing the guidance? Has it been agreed at a senior level? Has it been disseminated to front-line staff? How? To whom?

Information leaflets for children

Were children and families consulted about the production of the leaflet? Who produced it? Has it been agreed at a senior level? How have the leaflets been disseminated (schools, GP surgeries?)?

Consent forms produced and disseminated to front-line staff in health, education and social care for use in working with children and families

Who produced the forms? How have the forms been disseminated?

Further improvement

Establish common ground on consent across health, education and social care.

Has one consent form been produced for use across health, education and social care?

Evidence of consultation with practitioners, and children and families

Training to improve understanding of front line staff about how to tackle consent issues.

How can you build this into existing training for front-line staff? What possibilities exist for joint training across agencies within your current training framework?

Requirement 8: Understanding of the authority's specific business needs in relation to information sharing

This deliverable is about assessing the challenges the authority will face in the future in further developing information sharing and implementing the proposals outlined in the Green Paper.

It is important that authorities consider the collection, storage and sharing of information in the longer-term. This is what makes up the business needs i.e. what needs to be obtained, how, why, for how long, with whom will this be shared/passed, responsibility, ownership and liability.

Minimum required

Evidence of a shared understanding of business needs of each service through discussions with relevant people. At a minimum these discussions should include representatives from health, education and social care.

Have you had multi agency discussions? How often? Who has been involved? How have you tried to promote a shared understanding? Is there documentary evidence? Are you in a position to tell the DfES what challenges you will face in implementing the Green Paper, both in terms of professional practice, and also technical developments?

Further improvement

Process maps produced.

Shared understanding of business needs agreed across agencies. Some documentary evidence produced.

Requirement 9: Consideration given to system interoperability at local level, with agreed standards for data collection, storage, retrieval and transfer, based on the e-Government Interoperability Framework (e-GIF).

This project is not about IT and non-Trailblazers are not expected to spend their grant on developing technical systems. However, it is important that authorities consider the long-term proposals outlined in the Green Paper in drawing up plans for the future.

Minimum required

The technical issues paper, published alongside the IRT guidance in August 2003, should have been disseminated widely to all corporate IT colleagues

Make IT colleagues aware of the longer term aim in the Green Paper of an information sharing hub, which will need to be e-GIF compliant.

Where new IT systems are being developed, it is important that the long-term requirements of IRT are considered.

Further improvement

IRT integrated into long-term e-Government plans.

Appendix II

IRT March Minimum Requirements Evidence Criteria

General *If all minimums and 1 further ahead – Well ahead.*
If all minimums – On course.
If half or more minimums – Bit behind.
Less than half minimums – Well behind.

If not all minimums are met you can not be well ahead despite any further improvement.

Question 1: Requirement 2

Evidence of multi-agency discussions about all 3 issues (assessment, risk factors, service thresholds and eligibility criteria) – must include at least health and education and social care. *Metropolitan Borough councils, County council, Unitary Authority, include education and social services.*

AND

Evidence of senior level sign up from health and education and social care. *Not necessarily a signature – minutes of meeting with appropriate people there.*

FURTHER IMPROVEMENT

Glossary of terms used in different services

Anything else which develops understanding between agencies – e.g. leaflets explaining what different agencies do? What does a HV do? Training, events, meetings.
Something concrete – leaflets, common assessment form, risk criteria, training on using something concrete – not more general discussions / meetings.

Question 2: Requirements 3 and 4

Working on-line service directory including info on: Eligibility criteria
Geographical location
Referral procedures (*not just a phone number*)

Accept 2 out of 3 of these but then can not be classed as well ahead.
Test referral using eg mental health / special educational needs / surestart.
Test eligibility using eg youth clubs / special educational needs / surestart.

AND

Directory includes **many** statutory and voluntary organisations – links to statutory / voluntary providers.

Check at least health/education/social services and some voluntaries are on the directory. Signing other directories from a front page is acceptable.

AND

Procedure in place for maintenance of directory (person / section to keep it up to date)

AND

Consideration given to quality of information provided by services – *Info on directory is clear – plain English.*

FURTHER IMPROVEMENT

Evidence of wider dissemination to practitioners from other agencies

Directory available in other languages / formats

Evidence that children/YP/families have access to the directory

Evidence that the directory has been publicised to children and families – publicised in public places.

Ability to search directory in a variety of ways including by need.

Question 3: Requirement 5

Copy of leaflets / statements / procedures on privacy, confidentiality and access - produced by health / education / social care *does not have to be the same leaflet can be different for different services*

AND

Evidence that statements/leaflets have been published (e.g. covering letters to schools or GP's, on a website) *Note published not disseminated/publicised.*

FURTHER IMPROVEMENT

Establish common ground across health and education and social care and issue one agreed privacy statement.

Evidence of consultation with children and families in preparing the common statement.

Evidence of wide dissemination of leaflets/statements to children and families through direct mailing. *Must be dissemination of all 3.*

Question 4: Requirement 6

Copy of information sharing protocols / over-arching agreements with contributions from health and education and social care.

AND

Evidence of high level sign up – *not necessarily signatures – minutes of meetings with appropriate people present.*

OR

A broad statement highlighting links between existing protocols agreed between health, education and social care.

AND

Guidance produced for practitioners

FURTHER IMPROVEMENT

Protocols developed include other agencies – *at least 2 other agencies.*

Training for front line staff – *must be underway not just planned*

Monitoring the use of the protocol

Question 5: Requirement 7

Guidance on obtaining and documenting consent

AND

Information leaflet for children / YP / families on consent

AND

Consent forms (*can be different for health/education/social care*)

AND

Dissemination of guidance and consent forms to practitioners in health and education and social care

FURTHER IMPROVEMENTS

Establish common ground on consent (common form) for health, education and social care

Evidence of consultation with practitioners and children and families in development of leaflets / forms.

Training of frontline staff on consent – *must be underway not just planned.*

Question 6: Requirement 8

Minutes of meetings / documents showing an understanding of business needs. Discussions including representatives from health and education and social care.
(Culture change, professional practice, IT)

Meetings must be discussing impact/implications – cost / resources / IT costs/hardware / impact on practitioner time / what systems are actually needed / how will info actually be shared / responsibility / ownership.

*We do not need to see evidence that **all** of Culture change, professional practice, IT have been discussed.*

FURTHER IMPROVEMENTS

Process maps produced

Shared understanding of business needs agreed across agencies – documentary evidence produced.

Question 7 : Requirement 9

Evidence of wide dissemination of technical issues paper to all corporate IT colleagues. (e-mails / minutes of meetings / presentations)

IT colleagues are aware of longer term aims in the green paper of an information sharing hub which will need to be e-GIF compliant.

FURTHER IMPROVEMENTS

IRT integrated into long term e-government plans.

Appendix III

September 2003 Requirements

'By the end of September 2003 Local Authorities should:

- Have a named individual responsible for delivering the minimum requirements, with clear accountability to senior management;*
- Have mechanisms in place which ensure that IRT supports the delivery of their local preventative strategy;*
- Have a named individual responsible for receiving details of children found missing from education, and for brokering support for them through the most appropriate agencies;*
- Have evidence of engagement with all children's services (statutory and voluntary) in the development of IRT;*
- Ensure all staff involved in delivering services to children understand the role and responsibilities of Data Protection Officers in relation to IRT;*
- Audit of current practice including the identification of information-sharing protocols, assessment processes, strategies for securing the engagement of stakeholders and mechanisms for ensuring that children in need of support receive appropriate services at the earliest opportunity. The audit should cover arrangements:*
 - o Within the local authority;*
 - o Between the local authority and other statutory agencies;*
 - o Between the local authority and voluntary sector agencies;*
- Ensure that all agencies understand the legal framework that enables them to share information;*
- All staff involved in delivering services to children understand the role and responsibilities of Data Protection Officers in relation to IRT;*
- Audit of existing IT systems across the local authority area which are or could be used for data collection, sharing and storage;'*

[IRT: INFORMATION SHARING TO IMPROVE SERVICES FOR CHILDREN - GUIDANCE]

Appendix IV

Methodology

Of the 135 non-trailblazer authorities one, Isles of Scilly, opted out of the ISA project due to their particular size and demographics. The intention was to gather information from all the remaining 134 authorities, however, due to long term illness of their project manager, Hartlepool had to withdraw from the study.

Information was collected from each of the remaining 133 authorities in two ways. First, via a *telephone interview* with the lead person in each authority and second, by *scrutiny of the paperwork* sent by the authority to evidence their progress against each of the requirements.

There are nine March Minimum Requirements. Requirement 1 is considered to be '*an umbrella under which other deliverables fall. 'Improvement' will be measured by evidence provided for the other requirements*' [Appendix I]. Following discussions with the DfES it was agreed that requirement 1 should not be included as part of the direct evidence gathering either in the interviews or during the assessment of the documentary evidence.

Requirements 3 and 4 were considered to have such a high degree of overlap that they were discussed during the interview and evidenced as one. However, in the calculation of the Overall Score (see Figure Appendix 4.1) they have been considered as separate entities.

Telephone Interview

Project managers were initially contacted by telephone in order to arrange a convenient time for the interview. The majority (108 of 133) of the telephone interviews were carried out during April 2004, and all but one of the remaining 25 during the first two weeks of May 2004. The evidence requirements [Appendix II] and the interview tool [Appendix V] were circulated to all interviewees prior to their interview and they were urged to consider their responses before the interview date.

For each of the March Minimum Requirements 2-9 the interviewee was asked...

- to judge their authority's progress against that requirement as 'Well Ahead', 'On Course', 'Bit Behind' or 'Well Behind' the required standard.

- to provide evidence (e.g. minutes of meetings, documents, leaflets, guidance for practitioners) to the research team which shows that they have indeed reached this stage. The interviewee was prompted, where necessary, with the DfES details of the evidence criteria laid out in 'Appendix P'. The authority was expected to send this evidence to the research team within one week of the telephone interview.
- to identify the main driver(s) to meeting this requirement.
- to identify the main barrier(s) to meeting this requirement.
- to identify how they have overcome or attempted to overcome these barriers.

At the end of the interview, the interviewee was asked what they consider...

- their authority's greatest achievement has been during this work.
- the most difficult aspect of this work has been.
- their priority for further work was originally between now and September 2004. This has now been extended because the Department of Education and Skills has allowed managers to carry over their monies to the end of the current financial year – to March 2005.

There was also an opportunity to record any additional information that the interviewee did not feel had been adequately covered during the interview and which may be relevant to the research team.

Shortly after the end of their interview, each interviewee was sent an email requesting documentary evidence as discussed during the interview and re-emphasizing the timescale for the submission of that evidence. The evidence was accepted as hard copy or electronically by email or on CD-ROM.

Notes from the interview were taken directly to computer by the interviewer and included a record of the interviewee's assessments of progress.

The interview notes were not shared with the interviewee as a matter of course, however, when requested, the notes were emailed to the interviewee for their records.

Scrutiny of Paperwork

The evidence provided by each authority was scrutinised and for each of the March Minimum Requirements 2-9 the authority was assessed to be 'Well Ahead', 'On Course', 'Bit Behind' or 'Well Behind' the required standard. For the pilot group (see below) this assessment process involved comparison with Appendix I. In light of the pilot and in consultation with DfES, the evidence criteria were clarified. For the main body of the research the assessment involved comparison with Appendix II.

Primary evidence was sought in all cases, for example, a multi agency information sharing protocol as evidence of the existence of a multi agency information sharing protocol. However, in cases where such evidence was missing or difficult to obtain, secondary evidence was accepted, for example, minutes of a meeting showing final agreement to a multi agency information sharing protocol as evidence of the existence of a multi agency information sharing protocol.

The accuracy (or otherwise) of these assessments is only as good as the completeness of the evidence package submitted by the interviewee. However, during the interview the criteria against which an authority was to be measured were made clear and advice given as to the possible types of documentary evidence which could be submitted. Where the involvement of health, education and social care was a requirement (see Appendix II) evidence of the involvement of every agency within the discipline was not necessary. The major draw-back with using this type of evidence-based approach is the reliance on the interviewees to gather and filter the evidence they send. No advice was given as to the amount of evidence to be submitted however if interviewees were unsure over the relevance of any particular document, they were advised to send it rather than omit it. There is no way of knowing if potentially important pieces of evidence have been omitted, or if important project developments have simply not been evidenced, and it is therefore accepted that, in some instances, an authority's progress may not be truly reflected by their mark.

Pilot

An initial pilot was carried out in March 2004. A telephone interview was completed with eight authorities and paperwork evidence requested. In light of the pilot, the interview tool and the evidence criteria were modified. The final evidence criteria are listed as Appendix II. The final interview tool is included as Appendix V. These modifications were carried out in conjunction with DfES to ensure consistent interpretation of the results.

Every pilot authority was given the opportunity to be re-interviewed and resubmit evidence during April 2004; a few took up this opportunity.

Overall Scores

The government’s expectation was that all the March minimum requirements should be met. By implication, therefore, every requirement should be met in order for the research team to score an authority as ‘On Course’ overall. However, because some local authorities had practically met all the requirements a research decision was taken in partnership with the Department for Education and Skills to base the scoring on an arithmetic average.

The interviewee-based assessments and the evidence-based assessments against each requirement were therefore aggregated according to the system described in Figure Appendix 4.1. This resulted in two Overall Scores, one based on the interviewee’s assessments and the other based on the evidence submitted.

Figure Appendix 4.1 Calculation scheme for Overall Scores

<p>1. Assign values to the grades of progress against each requirement according to the following list:</p> <table border="1"> <thead> <tr> <th>Grade</th> <th>Value (S)</th> </tr> </thead> <tbody> <tr> <td>‘Well Behind’</td> <td>0.98</td> </tr> <tr> <td>‘Bit Behind’</td> <td>1.99</td> </tr> <tr> <td>‘On Course’</td> <td>3.00</td> </tr> <tr> <td>‘Well Ahead’</td> <td>4.01</td> </tr> </tbody> </table> <p>2. Calculate the two Overall Scores using the following formula:</p> $S_{Overall} = \frac{((1 \times S_{R2}) + (2 \times S_{R3&4}) + (1 \times S_{R5}) + (1 \times S_{R6}) + (1 \times S_{R7}) + (1 \times S_{R8}) + (1 \times S_{R9}))}{8}$ <p>where: $S_{Overall}$ is the overall score S_{Rx} is the score for requirement x</p> <p>3. Round the results to the nearest whole number and grade the two Overall Scores according to the following list:</p> <table border="1"> <thead> <tr> <th>Rounded Score</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>‘Well Behind’</td> </tr> <tr> <td>2</td> <td>‘Bit Behind’</td> </tr> <tr> <td>3</td> <td>‘On Course’</td> </tr> <tr> <td>4</td> <td>‘Well Ahead’</td> </tr> </tbody> </table>	Grade	Value (S)	‘Well Behind’	0.98	‘Bit Behind’	1.99	‘On Course’	3.00	‘Well Ahead’	4.01	Rounded Score	Grade	1	‘Well Behind’	2	‘Bit Behind’	3	‘On Course’	4	‘Well Ahead’	<p>Worked example: An authority scores the following grades:</p> <table border="1"> <tbody> <tr> <td>Req 2</td> <td>Interviewee</td> <td>‘On Course’</td> <td>= 3.00</td> </tr> <tr> <td></td> <td>Evidence</td> <td>‘On Course’</td> <td>= 3.00</td> </tr> <tr> <td>Req 3/4</td> <td>Interviewee</td> <td>‘Well Ahead’</td> <td>= 4.01</td> </tr> <tr> <td></td> <td>Evidence</td> <td>‘On Course’</td> <td>= 3.00</td> </tr> <tr> <td>Req 5</td> <td>Interviewee</td> <td>‘Well Behind’</td> <td>= 0.98</td> </tr> <tr> <td></td> <td>Evidence</td> <td>‘Bit Behind’</td> <td>= 1.99</td> </tr> <tr> <td>Req 6</td> <td>Interviewee</td> <td>‘On Course’</td> <td>= 3.00</td> </tr> <tr> <td></td> <td>Evidence</td> <td>‘Bit Behind’</td> <td>= 1.99</td> </tr> <tr> <td>Req 7</td> <td>Interviewee</td> <td>‘Bit Behind’</td> <td>= 1.99</td> </tr> <tr> <td></td> <td>Evidence</td> <td>‘Bit Behind’</td> <td>= 1.99</td> </tr> <tr> <td>Req 8</td> <td>Interviewee</td> <td>‘On Course’</td> <td>= 3.00</td> </tr> <tr> <td></td> <td>Evidence</td> <td>‘On Course’</td> <td>= 3.00</td> </tr> <tr> <td>Req 9</td> <td>Interviewee</td> <td>‘On Course’</td> <td>= 3.00</td> </tr> <tr> <td></td> <td>Evidence</td> <td>‘On Course’</td> <td>= 3.00</td> </tr> <tr> <td colspan="3">Interviewee based Overall Score</td> <td>= 2.87375</td> </tr> <tr> <td colspan="3">Evidence-based Overall Score</td> <td>= 2.62125</td> </tr> <tr> <td colspan="3">Interviewee based Overall Grade</td> <td>‘On Course’</td> </tr> <tr> <td colspan="3">Evidence-based Overall Grade</td> <td>‘On Course’</td> </tr> </tbody> </table> <p>It may be of interest to project managers to note that the un-rounded evidence-based scores, if calculated for their authority, may be looked up against Figure Appendix 4.2 to determine their authority’s rank position. The fictitious example above would be at joint 77th position with another 15 authorities.</p>	Req 2	Interviewee	‘On Course’	= 3.00		Evidence	‘On Course’	= 3.00	Req 3/4	Interviewee	‘Well Ahead’	= 4.01		Evidence	‘On Course’	= 3.00	Req 5	Interviewee	‘Well Behind’	= 0.98		Evidence	‘Bit Behind’	= 1.99	Req 6	Interviewee	‘On Course’	= 3.00		Evidence	‘Bit Behind’	= 1.99	Req 7	Interviewee	‘Bit Behind’	= 1.99		Evidence	‘Bit Behind’	= 1.99	Req 8	Interviewee	‘On Course’	= 3.00		Evidence	‘On Course’	= 3.00	Req 9	Interviewee	‘On Course’	= 3.00		Evidence	‘On Course’	= 3.00	Interviewee based Overall Score			= 2.87375	Evidence-based Overall Score			= 2.62125	Interviewee based Overall Grade			‘On Course’	Evidence-based Overall Grade			‘On Course’
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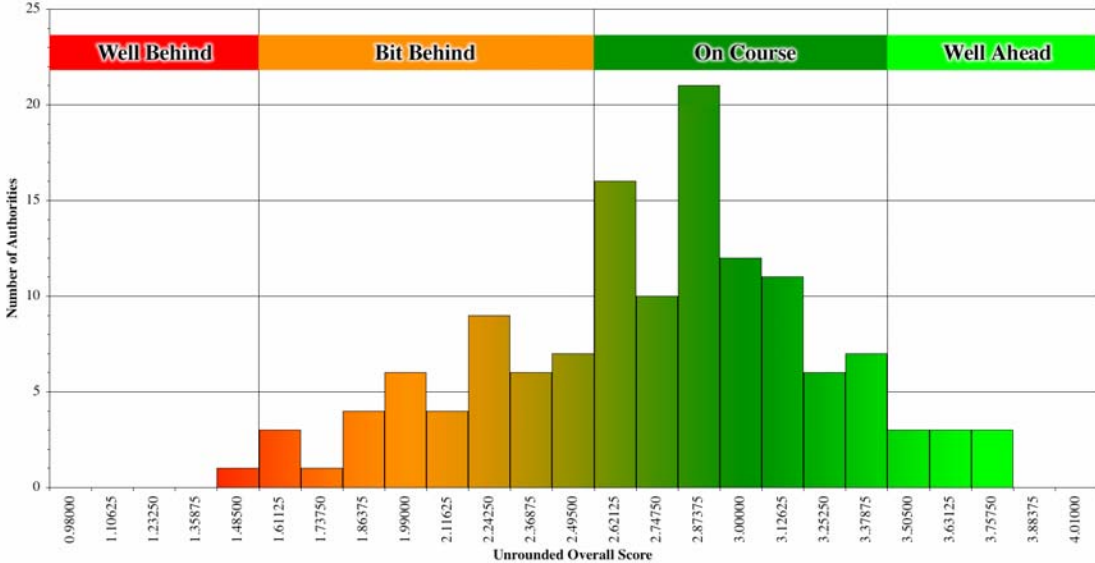
These Overall Scores are un-weighted averages of the individual requirement scores with the following exceptions:

- Where half of the requirements are deemed to be ‘On Course’ and half are ‘Bit Behind’, the overall score results as ‘Bit Behind’.
- Where half of the requirements are deemed to be ‘Bit Behind’ and half are ‘Well Behind’, the overall score results as ‘Well Behind’.

The spread of authorities across the four categories

Authorities (all of whom have been informed of their individual requirement scores) can calculate their own evidence-based raw Overall Score using the formula described above. This can then be compared to the graph in Figure Appendix 4.1 to determine the exact rank position of that authority relative to the other 132 authorities.

Appendix 4.2 The spread of authorities across the 4 categories based on their raw Overall Scores



The average score is 2.74 which is somewhat below the centre of the ‘On Course’ category.

Data Flow

The interview data was entered directly into a PDF data collection tool during the interview. The data was then exported and collated into a ‘comma separated’ data file (CSV) which was imported into MS Excel. The scores from the Excel file were imported into SPSS for numerical analysis.

Analysis

Analysis was performed using a combination of techniques including manual observation and collation of common themes, numerical counts using MS Excel and SPSS and cross tabulation and calculation of statistical significance using SPSS.

Appendix V: Data Collection Tool

Data Collection Tool for March 2004 Requirements for non trailblazer authorities

B a s i c I n f o r m a t i o n	Please note that this interview will be shared with DfES in a <i>non</i> anonymised form.		
	Authority	IRT Manager	Full time?
	Telephone number	e mail	Interviewee
	Mentor trailblazer authority	Date	Most recent CPA rating
	Are you happy for this interview to be shared with other local authorities?		
	Are you happy for any evidence that you send us to be shared with other authorities?		
	Do you think that your authority has met the September requirements?		
	If no, what are the continuing obstacles?		
	Additional Information		

Do you think that your authority (as of 1 st April 2004) has an accurate, up-to-date service directory available.			
Q u e s t i o n 2	What evidence can you supply to show the progress that your local authority has made on this requirement?	<i>description of evidence</i>	Interviewee assessment
			Evidence assessment
	Was there anything that has particularly helped / what have been the drivers for this requirement?		
	What has been the main barrier to meeting this requirement?		
How did you overcome this/attempt to overcome this?			

Do you think that your authority (as of 1 st April 2004) has a child-friendly privacy statement disseminated to children and families.			
Q u e s t i o n 3	What evidence can you supply to show the progress that your local authority has made on this requirement?	<i>description of evidence</i>	Interviewee assessment
			Evidence assessment
	Was there anything that has particularly helped / what have been the drivers for this requirement?		
	What has been the main barrier to meeting this requirement?		
How did you overcome this/attempt to overcome this?			

Q u e s t i o n 4	Do you think that your authority (as of 1 st April 2004) has protocols (common to Health, Education and Social care) for information sharing, and that you have disseminated guidance for practitioners.	
	What evidence can you supply to show the progress that your local authority has made on this requirement?	Interviewee assessment
	<i>description of evidence</i>	Evidence assessment
	Was there anything that has particularly helped / what have been the drivers for this requirement?	
What has been the main barrier to meeting this requirement?		
How did you overcome this/attempt to overcome this?		

Q u e s t i o n 5	Do you think that your authority (as of 1 st April 2004) has disseminated guidance for obtaining consent to share information from children and young people.		
	What evidence can you supply to show the progress that your local authority has made on this requirement?	<i>description of evidence</i>	Interviewee assessment Evidence assessment
	Was there anything that has particularly helped / what have been the drivers for this requirement?		
	What has been the main barrier to meeting this requirement?		
	How did you overcome this/attempt to overcome this?		

Do you think that your authority (as of 1 st April 2004) has a shared understanding of business needs regarding information sharing.		
Q u e s t i o n 6	What evidence can you supply to show the progress that your local authority has made on this requirement?	Interviewee assessment
		Evidence assessment
	Was there anything that has particularly helped / what have been the drivers for this requirement?	
	What has been the main barrier to meeting this requirement?	
	How did you overcome this/attempt to overcome this?	

Q u e s t i o n 7	Do you think that your authority (as of 1 st April 2004) has considered the relevant technical issues and disseminated guidance.		
	What evidence can you supply to show the progress that your local authority has made on this requirement?	<i>description of evidence</i>	Interviewee assessment
			Evidence assessment
	Was there anything that has particularly helped / what have been the drivers for this requirement?		
	What has been the main barrier to meeting this requirement?		
How did you overcome this/attempt to overcome this?			

	What would you say has been your local authority's the greatest achievement during this work?
8	What would you say has been the most difficult aspect of this work?
Q u e s t i o n	What is your priority for further work between now and September 2004?

Appendix VI

Description of Rural Indicator

Rural indicator is based on classification of Ward (described below) averaged up to authority level.

This ward level classification is derived from the district level definition used by the Countryside Agency in their State of the Countryside reports. The classification was constructed by analysing a range of socio-economic variables, drawn from a number of sources including the 1991 Census and the Index of Multiple Deprivation. By applying a logistic regression model it was possible to identify which variables were associated with the district level definition and to use those with a significant association to predict which wards were rural. The selected variables indicating strong rural/urban differences included:

- population density;
- economically active population;
- public transport to work;
- employment in agriculture/forestry/fishing;
- employment in primary production (mining/energy/water); and
- ethnicity.

As a result of further work in 2001, including consultation by the Countryside Agency with key national, regional and local partners, a number of anomalies were identified. For example, there were concerns about the exclusion of some wards within designated rural priority areas and the need to redefine a number of urban areas. It was recognised that the original modelling process was not sufficiently flexible and needed to be adjusted using one obvious rural/non-rural variable.

Population density was adopted as the key variable for adjustment. The basic rules were:

- if the ward was in the top two density deciles (most dense) and was classified as 'rural' then the definition was changed to 'urban' unless other considerations took precedence;
- if the ward was in the bottom two population density deciles (least dense) and had been classified as 'urban' it would be changed to 'rural' unless other considerations were more important.

In addition, other factors including a contiguity constraint and land use could be taken into account. Whereas the contiguity constraint was designed to ensure that neighbouring wards were classified consistently, an overlay of built-up land enabled areas of low population density within urban areas to be identified. This revised methodology was verified using data on economic characteristics drawn from the Inter Departmental Business Register maintained by the Office for National Statistics. Moreover, the Social Disadvantage Research Centre at Oxford University agreed that the original classification could be adjusted in cases where there was convincing local evidence to justify a change.

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