

PRACTITIONER BUY-IN AND RESISTANCE TO E-ENABLED INFORMATION SHARING ACROSS AGENCIES

*The case of an e-government project to join
up local services in England*

- SUSAN BAINES*
- PAT GANNON-LEARY~
- ROB WILSON*

**Centre for Social and Business Informatics,
University of Newcastle-upon-Tyne,
Newcastle-upon-Tyne, UK*

~University of Northumbria

Outline

- E-government – modernising service delivery
- Creating a framework for multi-agency service environments – the ‘joining up’ project
- Change at work
- Lessons from Evaluation

Local E-government in England

Part of wider government modernisation agenda...

- ...circa 80% of direct interaction with “users” of public services are at local level
- National (English) Programme from 2000-2005
- Total Cost estimate £3.1 bn
- Touches upon almost all ways in which citizens encounter government

FAME: FrAmeworks for Multi-agency Environments

- National Project on local “multi-agency” working – the joining up project
- Local authorities + partners and software suppliers
- Phase 1: 2003 – 2004
- Aim – to provide ‘real life’, local examples of management of personal information across agencies in specific services

8 FAME STRANDS

Bradford & West Yorkshire Child protection system

Wirral, Surrey & Woking Single Assessment Process

Shropshire – Integrated Mental Health Records

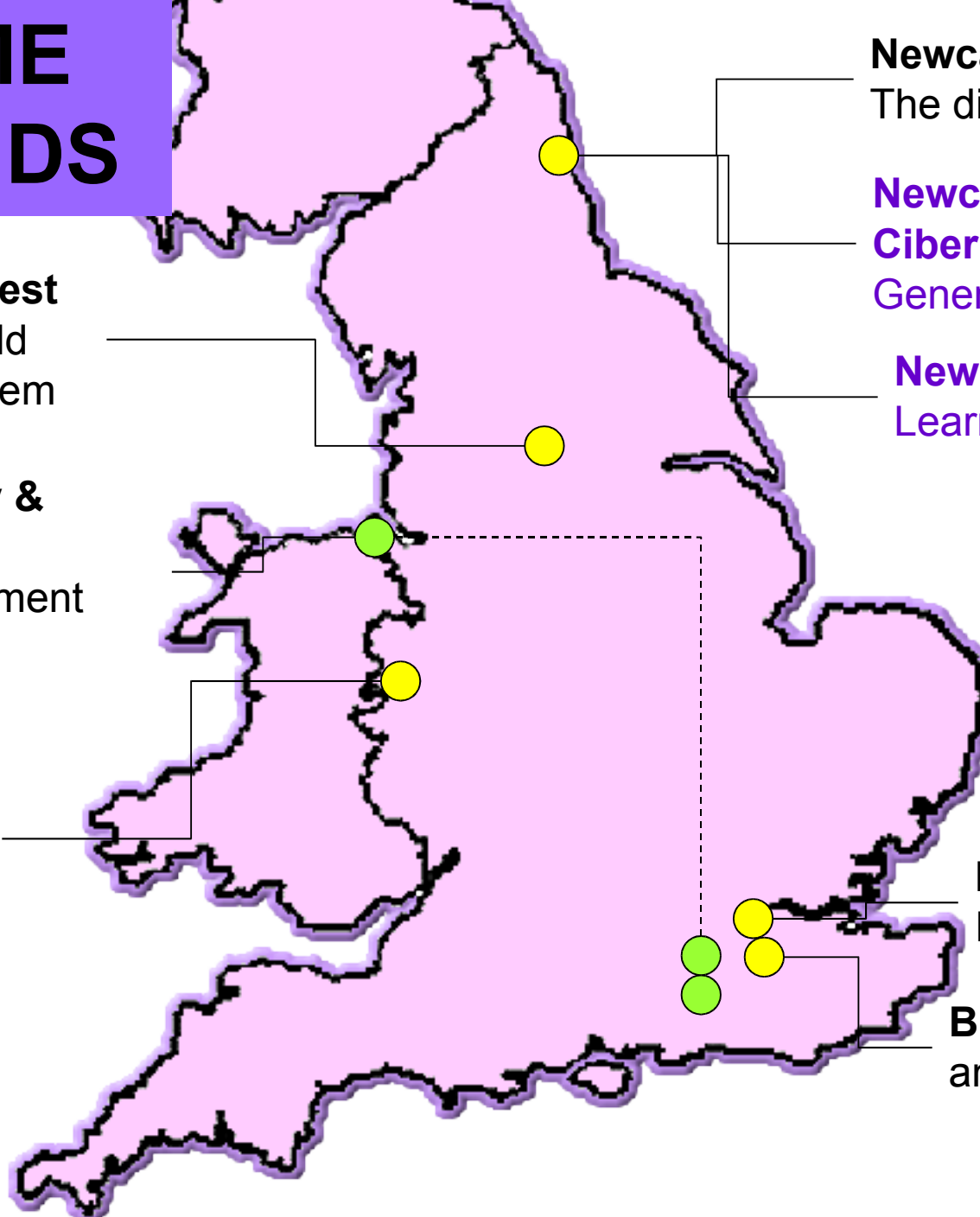
Newcastle CC
The disabled child

Newcastle University
Ciber & Liquid Logic
Generic Framework

Newcastle University
Learning & Evaluation

Lewisham – ISA/IRT

Bromley - Housing and Benefits



Why talk about practitioners?

- A neglected aspect of e-government agenda
- ‘Street level bureaucrats’ implement government policies
- ‘Joining-up is hard to achieve on the front line

What might e-enabled multi agency services mean for front line practitioners?

- New working practices – demands on time - deskilling
- Reconciling images of the client/patient/service user
- Passing on personal information
- Overcome ‘cultural’ barriers

Evidence from FAME evaluation

- Interviews with project managers, stakeholders, partners (4 times)
- Observe events, meetings, workshops
- Work with selected service users (e.g. focus groups)
- Visit pilot sites
- Document analysis
- Feedback from project teams

Project managers' initial concerns

- Buy-in from practitioners a “risk factor”
- Potential to improve working practices – if only practitioners could see it
- “Dealing with reluctance and resistance”
- “Project fatigue”

Some findings from practitioners

- Understood and supported the premises and aims of FAME
 - e.g. More than 2/3 agreed that they relied on service users for information about other agencies/services
- IT resources and skills were variable
- Wanted clearer guidelines on sharing information
- Positive about dialogue with other workers

Client / patient records

District nurse: Would a copy stay with the patient?

IT supplier: Why?

DN: It is the patient's record – they take responsibility – you have to visit 20 patients in a day you can not take 20 records in your carthe patient can see the information so it empowers them

IT supplier: so at best we need a print out – or to keep paper forms in the patient's home

Social worker: Do you have a legal obligation to leave notes?

DN: No – it is not practical to keep them.

SW: We never leave anything with the client – it all goes back to the office

Enthusiastic practitioners

- **“It is like putting flesh gradually onto the skeleton”**
- **“I was unsure about FAME to start with but as I began to use it more I could see an increased benefit for both patient and carer”**
- **“In an emergency...the health visitor had done an assessment 3 days earlier and I was able use information from the computer to make a decision”**

Encouraging the others

- Local projects started to recruit enthusiastic practitioners as ‘super users’ to help overcome resistance
- Some practitioners complained of technical frustrations but remained optimistic about the potential benefits

But uptake was low because....

- “This is just another project – it will not last”
- It takes time to use the IT system and taking that time means giving a worse service and imposing burdens on colleagues.
- It is not easy to see direct benefits for clients/ patients from using an IT system when immediate concerns are about finite resources and expanding need.

Some recommendations from findings

- **Assume nothing about IT skills, attitudes or resources**
 - practitioners need better access, more training, and ongoing support
 - audit skills and attitudes before implementation
- **Recognise that a high level of altruism is demanded for practitioners to use the IT system to benefit others**
 - harness the enthusiasm of a few
 - Hold a review event