Seeing the full picture? Technologically enabled multi-agency working in health and social care

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Abstract

The implementation of local e-government in England touched all public services and affected front-line workers across local authorities and partner agencies. Professional ‘cultures’ are invoked rhetorically as barriers to the translation of this policy into practice. This article proposes that the concept of ‘street level bureaucrats’ offers a more nuanced framework, grounded in everyday working practices, to think about local responses to centrally driven change.

Autobiographical notes

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E-enabling local government services

Electronic government ('e-government') has been defined as using Information and Communications Technologies (ICTs) to support modernised, joined-up and seamless public services (Silcock, 2001). The implementation of local e-government in England from 2002 to 2006 touched all public services and all departments of local government, and affected staff from Chief Executives to front-line workers in local authorities

and partner agencies (Cornford et al., 2003; McLoughlin and Cornford, 2006). High expectations continue to surround e-government, since re-branded as 'transformational government' (Cabinet Office, 2005). The vision of 'transformational government' demands public services based around the needs of individual citizens, with information technology as the key enabler (Cross and MacGregor, 2006). The history of technology-based service redesign does not tend to inspire confidence in such promises (Bellamy, 2002). It has been asserted, indeed, that 'most e-government projects fail' (Heeks, 2006:3). This article is concerned with some of the lessons that we have learned from observing, evaluating and working alongside local authorities and their partners as they sought to implement e-government. Drawing upon a detailed study of one ambitious e-government project we document, and attempt to explain, neither triumph nor catastrophe but a series of achievements and setbacks. Our aim is to open up an aspect of e-government that is relatively neglected, the interplay of centrally driven transformation projects with professionals producing local public services on the front-line. We critically evaluate claims that public sector workplace cultures are the main barrier to change. We make a case for the utility, as an explanatory tool, of Lipsky's (1980) characterization of front-line practitioners as 'street level bureaucrats' whose actions affect how government policy does, or does not, get translated into practice.

Joining up' and 'seamlessness' have come to denote ways in which the New Labour government in the UK reacted to the perception that complex social needs demand co-coordinated activities across organisational boundaries (Ling, 2002). Policy statements from central government urgently demand the dismantling of service silos, barriers and walls. According to the Minister for Social Care '[W]e need to ruthlessly focus on removing barriers' (Lewis, 2006). In similar vein the Secretary of State for Health promised to, 'demolish the Berlin Wall between Statutory Agencies and their partners in the Third and Private Sectors' (Johnson, 2007).

The death of eight year old Victoria Climbié in London in 2000 at the hands of her carers seemed to dramatize the most tragic consequences of the persistence of services silos. The enquiry into this tragedy reported that in the months before she died Victoria had been known to three housing authorities, four social services departments, two hospitals, the police, and a national charity (Laming, 2003). Laming concluded that the agencies involved were under funded, inadequately staffed and badly managed (ibid.). The lesson from this case that became most widely publicized was lack of co-operation between agencies and services. The Green Paper *Every Child Matters*, published alongside the formal response to the report into the death of Victoria Climbié, cited the case as an extreme instance of failure on the part of social care and health workers to share the information they separately held:

> Victoria Climbié came into contact with several agencies, none of which acted on the warning signs. No one built up the full picture of her interactions with different services (DfES, 2003: 51)

'Joining up' across silos requires personal information about users of services to be made available across organizations and agencies (including statutory bodies, voluntary groups and for-profit service providers) with different priorities, management structures, and information systems (Green et al. 2001; Hudson 2005). In order to achieve this, new information systems, new ways of working and 'culture change' have all been demanded of local authorities, their partner agencies, and employees (DfES, 2003; Department of Health, 2004).

In the next section we overview debates about public service reform and commentary on front-line practitioners' responses to multi-agency initiatives and ICTs in the workplace. Then we introduce the nature and scope of one project dedicated to supporting the management of personal information across partner agencies. We describe the research methods, account for our role as 'academic partners', and go on to report and comment upon what we learned about practitioners' responses to the project. In relating the empirical study we select from a wealth of field data to focus upon encounters between front-line practitioners and the project teams tasked with achieving change. Finally we reflect upon this material to comment upon ICT enabled change for public sector workers delivering health and social care on the front-line.

Front-line workers and modernising government

One of the earliest and clearest statements of the New Labour Government's agenda for public services was the *Modernising Government* White Paper of 1999 in which were set out three core aims: Delivering high quality, efficient public services; ensuring that policy making is joined up and strategic; and making public services focus on users not providers (Cabinet Office, 1999). The promise that modernised services will be designed for 'clients and customers rather than according to organizational convenience' (Martin 2000: 210) reflects a critique of public services as being liable to 'producer capture'. The charge that public services, sheltered from the disciplines of competition or profit, are prone to be run for the benefit of the professionals producing them is at the heart of New Public Management (NPM). NPM is not a single, coherent theory and its various permutations are much contested but it generally invokes 'a cluster of contemporary ideas and practices …that seek, at their core, to use private sector and business approaches in the public sector' (Denhardt and Denhardt, 2000: 550). NPM reforms embraced in the UK by Conservative Governments of the 1980s and early 1990s included audit and inspection regimes along with the use of market models and market-like mechanisms. New Public Management is no longer new. Indeed, some analysts consider that it has limited relevance to 21st centaury public services (Haynes, 2003)

and that with a few exceptions worldwide its reforms have stalled or been put into reverse (Dunleavy et al., 2006). Others take the view that NPM principles continued to drive aspects of UK public service modernisation after New Labour took office in 1997, and that NPM is not so much in decline as evolving towards a less ideological and more technocratic face (Dean, 2006). Emphasis on partnership and joining up intended to personalize public services can be seen as replacing NPM (Dunleavy et al., 2006), as continuation (Law and Mooney, 2007) or as a paradoxical mixture of elements drawing heavily upon NPM but distinguished by the pursuit of a more consensual approach and joined up working (Martin, 2002). These evolved (or post) NPM perspectives align with a more subtle version of the 'producer capture' critique of public services (Walsh et al., 2006). In this version the problem becomes framed not so much as services being organized directly for the benefit of producers but rather that workers in unmodernised state agencies see the individual only from within their outdated professional or organizational silos (Sainsbury Centre, 2000; Banks, 2002).

Public service reform in the UK has looked increasingly towards new technologies as the key to service improvement, and sought to borrow technologies and techniques from the private sector (Richter and Cornford, 2008). The American academic Fountain (2002) argues that e-government technologies are 'enacted' as the emergent product of 'the perceptions of

users as well as the designs and uses in particular settings' (Fountain, 2002:10). By 'enactment' Fountain means that outcomes of the application of information technologies are mediated by contextual institutional and organisational conditions which influence choices and decisions about deployment and use in particular contexts. In consequence the outcomes can be unpredictable, variable and unexpected. The effects of modernisation programmes in the public sector, as UK commentators have observed, do not flow directly from the intentions of their designers but from the way in which competing pressures are resolved in the workplace (Newman, 2001; Lupton et al., 2001).

Government policies are implemented by workers who interact directly with citizens in the delivery of public services. They are the group labeled by Lipsky (1980) as the 'street level bureaucrats' through whom most citizens encounter government and whose actions constitute the services delivered by government. The notion of street level bureaucracy suggests that many workers in front-line public services have discretion to create their own versions of their jobs in ways that contrast with services in the private sector (eg retail and call centres) where researchers have more typically studied employees' experiences of organisational and technological innovation (Kerfoot and Korczynski, 2005).

Street level bureaucrats, according to Lipsky, struggle with heavy workloads and competing demands from policy makers and from citizens.

Their characteristic dilemma across public services is to, 'find a way to resolve the incompatible orientation towards client-centered practice on the one hand and expedient and efficient practice on the other' (Lipsky, 1980: 45). The decisions they make, the routines they establish, and the devices they invent to cope with daily work can mean that official priorities may not be followed in practice. In the context of public service reform in England this has been observed, for example, in the negative response of General Practitioners (GPs) to National Service Frameworks, which they perceived as failing to make their job easier (Checkland, 2004).

It has been argued that in some public service settings the discretion of the street level bureaucrat is increasingly curtailed when ICTs lead to 'system-level bureaucracies' in which decisions are no longer made on the street (Pollitt, 2003). System-level bureaucracies exist in some large executive agencies where thousands of decisions are taken and transactions between public servants and citizens have been automated (Bovens and Zouridis, 2002). For professional workers in health and social care such automation is less likely although there is evidence that they sometimes perceive ICT in the workplace as undermining their expertise(Harrison 2002; Haynes 2003; Stam et al., 2004; Nettleton and Burrows, 2003; Henwood and Hart, 2003).

Implementing information systems to support multi agency working across health and social care is inherently more complex than introducing

ICT solutions into single agency workplaces. Lupton et al. (2001) refer to different professionals' conceptual frameworks: 'We can expect that a particular professional group will apply a certain frame of reference. Professionals in other fields are likely to utilise different reference points, creating the potential for misunderstanding or disagreement' (:42). Joining up strategies from the centre, it is claimed, will count for little unless there is, 'significant change in frontline professional "worlds" and inter-professional relationships' (Banks, 2002: 9). Attempts to implement multi agency information sharing have often failed as a result of different attitudes towards the recording, storage and distribution of information (Green et al., 2001). Such intractable barriers associated with professional practice and ways of seeing clients/ patients are repeatedly labeled 'cultural'. The National Service Framework (NSF) for children calls for a 'cultural shift' resulting in services being designed and delivered around the needs of children and families (Department of Health, 2004). A review of progress against the National Service Framework for Older People (Commission for Healthcare Audit and Inspection, 2006) similarly concludes: 'A change in culture is required, moving away from services being service-led to being person centred'(:85). *Every Child Matters* (cited above) stated that local authorities are required to lead a process of 'cultural change'; new technologies for sharing information, according to this document, must be

adopted but this alone will not bring about intended reforms towards more joined-up working practices (DfES, 2003).

Some academic commentators have concurred with policy statements that longstanding claims to professional autonomy by public employees act as barriers to, 'culture change that transforms the way in which individuals and organizational units perceive the role and purpose of information' (McIvor 66). Others put much more emphasis on the pressures of everyday workloads. Studies have noted that workers in social care and health in the UK are being adversely affected by the restructuring of welfare in various ways including casualisation, work intensification and loss of job security (Mooney and Law, 2007) as well as increased monitoring and distrust (Hebson et al,, 2003; Cochrane, 2004). In the context of multi agency working it has been noted that services tend to be overburdened with their own schedules and deadlines (Wigfall and Moss, 2001). Factors inhibiting rapport, trust, and shared knowledge are rarely *purely* cultural according to (Easen, et al., 2000) but include different conditions of work, resources, and status as well as cut backs, re-organisations and short-term funding initiatives. The pace of reform is often rapid and time for adjustment limited (Robinson and Cottrell, 2005).

We propose that the concept of the street level bureaucrat offers a framework to think about complex responses to transformation which are not well explained by broad brush accounts of culture and resistance to change.

This approach is consistent with Fountain's (2002) proposition that it is the enactment of e-government innovation that produces, or fails to produce, expected benefits. It is able to recognize both human agency and the material properties of technologies as explanatory factors in empirical outcomes resulting from the use of information technologies in the workplace (Orlikowski, 2000; Boudreau and Robey, 2005; Dery, et al., 2006). Interventions for ensuring joined-up service delivery through ICT enabled information sharing bring into relief practitioners' different ways of seeing the service user. When these are not consistent difficult choices may need to be made. Sensitized by the concept of the street level bureaucrat, we now turn to the story of how these tensions have been played out under local government modernization in England.

The Joining-up project

FrAmework for Multi-agency Environments (FAME) was the largest and most ambitious of the 22 national projects created to support the delivery of local e-government in England. FAME put information systems in place at a local level in six pilot sites to support information sharing in specific services (eg to vulnerable older people and children with disabilities). The aim of the FAME national project was to establish a multi-agency approach to meeting the challenge of transformation in the delivery of local public

services. The first phase of FAME ran from April 2003 to October 2004 with six discrete projects (known as strands) led by local authorities throughout England. Each local strand worked with an IT supplier (known as a technology partner) to produce a technical system for the exchange and management of client / patient information across agency and professional boundaries in a specific service. The services and types of lead authority were:

- Children With Disabilities (City Council)
- Promoting the Independence of Vulnerable Older People (Site 1: Northern Metropolitan Borough Council; site 2: Southern County Council and Borough Council)
- Integrated Mental Health (County Council)
- Information Sharing and Assessment of children at risk (London Borough)
- Housing Benefits Inter-working (London Borough)
- Child Protection (Metropolitan District Council in partnership with four neighboring authorities)

All the strands involved Social Services. Health, Education, the Police and voluntary sector agencies also participated as partners in some but not all strands. Some had more than one local authority partner. All had the remit to link participating agencies and their ICT systems in order to

facilitate the secure and timely exchange of information according to locally agreed protocols.

The Office of the Deputy Prime Minister (ODPM) which was then responsible for local government in England provided six million pounds in funding for FAME Phase 1. The project was led by the London Borough of Lewisham. A second phase of FAME (November 2004 to March 2005) consisted of dissemination activities and a third phase was concerned with demonstrating a transition to a multi-agency, multi-service shared infrastructure in a regional context. This article draws upon the learning from local projects that participated in the first phase of FAME.

The timescale for FAME phase 1, given the scope and complexity of the work being undertaken, was over optimistic and only two of the six pilots achieved the promised implementation of live IT systems on schedule by May 2004 (Baines et al. 2004). These were Promoting the Independence of Vulnerable Older People and Integrated Mental Health. Two local projects, Information Sharing and Assessment of children at risk and Children with Disabilities went live with an IT system in October that year. The lead authority decided not to proceed with the building of an IT system for Housing Benefits Inter-working. The Child Protection strand had a live system within the lead authority but faced a series of setbacks as a result of which there was little progress with the objective of sharing information across the neighboring local authorities by the end of 2004.

In this article space precludes doing justice to the practitioner interactions with all of these complex and varied pilots in any depth. We therefore focus upon two of them. These are: Promoting Independence of Vulnerable Older People (PIVOP) which successfully implemented an electronic Single Assessment Process in two separate local authority areas, and Children with Disabilities (CwD). Both these projects were concerned with creating electronic assessment to improve the quality and accessibility of information and the cohesion of services (see boxes 1 and 2). Although the CwD project implemented late we were able to revisit the site a year and a half after implementation as a result of our involvement in the third phase of the FAME national project, which 'migrated' to the City Council in 2005.

[Box 1 here]

[Box 2 here]

Research methodology

The authors were part of team based at Newcastle University involved in FAME as academic partners. This role afforded a unique opportunity to explore encounters by front-line public sector workers with a project that aimed to implement ICT-enabled change. One of our tasks was evaluation of the local strands. Evaluation is conventionally divided between 'summative' (to determine overall effectiveness) and 'formative' (giving feedback to

people trying to improve an intervention) There is blurring at the edge however and some commentators maintain that the distinction is often exaggerated (Newburn, 2001). Our work cut across these modes with emphasis on the formative. For this reason the evaluation strand of work in the project was called Learning & Evaluation. We were guided by the principles of Theory of Change (Weiss, 1995). Central to Theory of Change is the requirement that the evaluator works to surface the implicit theory (or theories) of action held by all participants.

The FAME Learning & Evaluation team undertook field work from July 2003 to October 2004. We consulted project managers, project board chairs and a wide range of stakeholders including service managers, service user representatives, and front-line practitioners. Evaluation inevitably makes demands on the evaluated (Draper, 2001). Evaluation activities had to be negotiated with the individual projects. We used specially designed research instruments including questionnaires and interviews. We made extensive use of naturally occurring data from observation of meetings and other events. Data drawn upon in this article comprise:

- Transcripts of meetings with project managers, project officers, project chairs and other key individuals eg project 'champions' (based on four visits over the life of the project to each of the seven local sites) ;

• Field notes on observations of workshops, reference groups, launch events, awareness raising events, and local project reviews (in this article we focus on four such events);

• Project documents i.e. board minutes, local reports to the national project, and publicity material;

•A pre-implementation questionnaire from 108 practitioners across four of the six strands about attitudes to multi-agency working, IT, and information sharing prior to implementation;

• Interviews with eight participants in the CwD project a year and a half after implementation

• Feedback sessions in which we reported our interim findings to project participants for discussion and critique.

Questionnaires for practitioners prior to implementation were designed by the Learning & Evaluation team after the initial round of meetings with project managers in each strand. The questionnaires were distributed to practitioners in the pilot sites by the project teams in four strands. (In two strands this was not possible because of delays in identifying which agencies and staff would participate.) The timing of this questionnaire was such that practitioners had been exposed to the aims and objectives of FAME from publicity in the workplace and from local awareness-raising events but none had yet been trained to use the system. Overall we received 108 pre-implementation questionnaires from practitioners who had been selected by

project teams to be trained to use the FAME IT systems. Of these respondents half (50 per cent) were health workers and 35 percent from Social Services. Six per cent were from education and four percent were from other services eg local authority housing and a housing association.

The questionnaires were distributed by the local project teams. As they were not able to divulge contact details for practitioners we were entirely dependent on their co-operation. Response rates can not be gauged accurately as we did not have a full list of recipients. Based on the information about numbers of practitioners trained in each pilot site, we estimate that they ranged from 60 per cent in one strand to below 10 per cent in another. (The reason for this very low response is unclear but may be because for the local project team it seemed to be an unnecessary addition to their own evaluation and they did little to encourage participation).

The qualitative and quantitative data we collected from practitioners prior to the implementation of FAME IT systems in four strands offer insight into attitudes, perceptions and resources that facilitate or impede multi-agency-environments and ICT use. We were able to do some post-implementation evaluation work in the two strands that 'went live' in May 2004. As a result of further funding for FAME we were also able to revisit one pilot site which went live later that year. In what follows we draw most heavily on interviews and observation of events. Our use of these approaches is situated within an interpretive paradigm within the social sciences, which seeks to

understand the actor's definition of situations and the meaning attributed to experience.

Practitioners and the FAME pilots

Practitioner 'buy-in' to the project

All the local pilot project managers informed us at our first meetings that 'buy-in' from practitioners was both essential and fraught with difficulty. Project managers typically expressed the concern that hard pressed health care/social workers would simply 'see it as more work'. Practitioners, on the front-line, we were told, get blasé and weary and often suffer from 'project fatigue'. In some instances practitioners were struggling with the implementation of other new processes and systems in parallel with the FAME project. One project manager explained that she was 'dealing with reluctance and resistance.' The term 'culture' was repeatedly invoked by project teams to denote obstacles in the way of the project. Another project manager, for example, explained at our first meeting that although there was 'some level of consciousness' among front-line practitioners the 'cultural issues' would be difficult. When asked to expand on what he understood by culture in this context he responded that culture for front-line staff means, 'I am up to my backside in agitators already and you are asking me to do something else – how does it help me?'

Again and again, project managers and other team members highlighted their concern about lack of practitioner 'buy-in' in our meetings. They formally logged this as a serious risk factor in their official reports to the national project. Their 'theories of change' were underpinned by the perception that there was a range of possible practitioner responses from 'resistance' to 'buy-in'. They were convinced that the latter must be secured in order to ensure that the potential benefits of the projects would be realized. It was in response to these concerns that we developed a questionnaire to ascertain practitioner attitudes and expectations.

The evidence from the pre-implementation questionnaire was that practitioners who had been introduced to FAME understood and supported its aims. More than eighty per cent shared the view that lack of co-ordination and exchanging information across agencies leads to less than optimal services to clients / patients. There was similarly very high agreement that users would benefit for from closer working between agencies. Health workers, social services and others all concurred. Sixty percent of all respondents also agreed or strongly agreed that they relied on service users for information about other agencies (see Table 1).

[Table 1 here]

The questionnaire was designed to provide the project with base-line information about the practitioners who would participate. Findings from it can not of course be claimed as representative statistically of the wider

population of care and health workers in the UK who are, or will become, affected by e-government initiatives. Nevertheless they are indicative of: widespread positive attitudes in principle to closer work with other agencies and sharing information with them. These inferences were strengthened by data of a very different nature, observations of activities organized for practitioners in the pilot sites during the IT development phase.

Interplay between practitioners and projects

The technology partners and project teams arranged workshops with practitioners in each pilot in order to develop the technical solution and ensure that its functionality and the 'look and feel' met their needs. Altogether members of the Learning & Evaluation team attended 15 workshops as observers. Practitioners who attended were invariably interested and enthusiastic about the promise of an electronic system to improve the quality and timeliness of information. Some of them, however, expressed anxiety that the new ICT system would reduce personal contact and trust. We now to turn to report in more detail on two particular workshop events in which we observed encounters between the practitioners as they explained their different practices and their attitudes to service users' information. In each of these events practitioners' interactions with each other and the project staff exposed how their professional values and ways of working differed. We saw them recognize these differences and thoughtfully

explore how they mattered in the context of ICT enabled information sharing.

The first example is a workshop for practitioners led by the technology partner in the southern SAP site. Attendees were from: the FAME team; the technology partner; and day care services; the acute hospital; the district nurse team; and the social care team. Earlier workshops had been for practitioners in specific services but this was the first one that one included a mixture of health and social care workers. Some seemed surprised at what they heard from practitioners in other professions. A district nurse explained that she always left her records with patients in their homes. A social worker responded that he would never leave any record with a client and asked her why she did so. One reason, she said, was security - it is not safe to keep confidential records in a car between visits. Another reason was to 'empower' patients - 'it is the patient's record'. This dialogue continued for some time. This was a reciprocal exchange of ideas about practice across agencies. It helps to confirm the inference from the questionnaire results that practitioners, in principle, value increased knowledge of the work of other agencies.

The second example surfaced more difficult consequences of the participants' different perspectives on service users' information. It was one of a series of 'Practitioner Reference Group' meetings in the CwD project. Attendees included two FAME project staff from the city council, a

representative of the technology partner, and practitioners in Pediatric Therapy, Speech and Language Therapy, Educational Psychology; Social Work; Psychiatry; Community Nursing and the Equipment Service.

The FAME project staff asked participants to comment on the multi-agency joint assessment form that would be the basis of the electronic tool designed to allow agencies to share information. The form consisted of sets of headings which would ultimately be produced via the FAME information system. Information under a heading may be filtered into another document such as a Core Assessment. These heading however, caused difficulties for some participants and provoked a lively debate. One particularly awkward issue that emerged in discussion was that Speech & Language Therapists have continual assessment processes whereas social services have set time frames imposed on them. The Speech & Language Therapist spoke up to say that there were too many cross over areas which didn't fit under one heading, so it would be better to change these headings. The council IT manager said it would be difficult for Social Services to use the system if the standardised forms were changed. Other professionals took exception to this, making the point that there are more services than just social services. The IT manager also felt that changing headings would be problematic for other initiatives being introduced via government policy and that the problem perceived by the Speech & Language Therapist could be 'got around' by

training. She insisted that training wasn't going to help: 'Is the aim to look at the needs of the child or to fit into the system?'

This event surfaced the different perceptions of assessments by service practitioners. Practitioners did nevertheless reflect that it was useful to understand how others perceived different agencies and their working practices. They saw the proposed technological solution as lacking the flexibility to accommodate their various and distinctive contributions to care of the child.

Take up and usage

In this section we turn to evidence that we were able collect from two of the strands after the FAME IT systems went live. With regard to practitioner responses the richest data come from observation of their participation in project events and we report from two of these. We also draw upon interviews and documentary evidence.

Three months after implementation of FAME SAP in the southern site assessments of older people had been completed on the information system by the following percentages of the practitioners who had been trained to use it:

43 per cent District Nurses and SWOPs (Specialist Workers with Older People)

29 per cent Community Rehabilitation

22 per cent Adult and Community Care

5 per cent Community Support.

The district nurse team were the first users and they were very positive about the system from the outset. Their experience was showcased in public in a ‘Demonstration of FAME SAP Electronic Solution’. One nurse, for example, explained how she welcomed the fact that she can now ‘see the story progressing’. Another said she found the build up of assessments, and their visibility, fascinating. In trying to convey her experience of being able to see better, more complete information about patients she likened the process of accessing it electronically to ‘putting flesh gradually onto the skeleton…I can see this old lady’.

The northern SAP site (which had trained the largest number of practitioners in any part of FAME) also went live in May 2004. Implementation there had faced more troubles than in the south. The most dramatic setback occurred when the system went live and GPs discovered that they could see names of each others’ patients. They demanded angrily to be disconnected at once and the project team complied. This was an instance of ‘over integration’ in a system when the sharing of information about service users meant that it could be viewed by other practitioners in ways that offended their working practices. (See Wilson and Baines, 2009).

The northern SAP project team found that just under a third of the practitioners were using the system in any way three months after

implementation. Most of those who had accessed it had done so fewer than three times and there was a very small number of heavy users. In order to understand and address the low usage the project team invited practitioners to a 'review day' in a local hotel. About 40 practitioners attended. The project team asked them to articulate their concerns and barriers to using the system. They were extremely forthright and the main points they made were:

- This is just another project – it will not last.
- Uncertainty over the IT strategy of the National Health Service discourages buy-in from health workers
- It takes time to use the system and taking that time means giving a worse service and imposing burdens on colleagues. Some participants claimed that using SAP would 'punish' them by taking up their time.
- It is not easy to see direct benefits for clients/ patients from using an ICT system when immediate concerns are about finite resources and expanding need. One worker said, 'I worry that we will have a fantastic electronic system and no service to give people!'

A social worker – one of the most enthusiastic SAP users – observed that in his view the heart of the problem of low usage is that a new 'user perspective' is needed. When you put information into SAP it benefits someone else such as an NHS worker in the hospital – 'but we must see the

big picture - we are all one team'. The idea of harnessing the commitment of such individuals to animate wider interest in SAP was suggested as a way forward. It was not implemented, however, because individual agencies were not willing to release staff to spend time in such roles.

The Children with Disabilities (CwD) strand did not go live until October 2004 and we were not therefore able do any post-implementation work within the original project timeframe. We did however have the opportunity to revisit the site in 2005 – 2006 as a result of the City Council's participation in a 3rd phase of FAME (which had a regional rather than local focus and is beyond the scope of this article). From project documents there is evidence that several months after going live levels of usage were, as in the other projects, causing concern. In January 2005 the project board discussed the possibilities of using a distance learning programme and introducing a cancellation fee to encourage workers to take up training. Two months later training take-up had improved but usage of the system was still reported to be limited (source: Project Board minutes).

According to one service manager interviewed in March 2006, the CwD project was successful as a vehicle to promote multi-agency working from service managers to front-line staff. However she went on to report that actual usage of the IT system was still low because staff perceive it to be 'not as user friendly as it needs to be'. Practitioners who are expected to use the system reiterated this point (some more emphatically than others) in

interviews conducted in summer 2006 with staff who had experience of the system. It was difficult to find practitioners who were using it. Things that were particularly disliked were the complex log-in procedure, delays in fixing technical problems in the face of the tight timescales allowed for referrals, and inability of practitioners to make changes to material entered onto the system without asking for technical support. Practitioners claimed that using the technology demanded skills that they did not possess. The story in the CwD strand a year and a half after implementation is largely one of dashed hopes and frustration with a technology that is perceived as ill fitting into everyday working practice. Perhaps surprisingly there is still persistent enthusiasm for the project in principle. Practitioners continued to say that they agreed with the logic of FAME as an aid to multi-agency working and 'joined-up' referral and information sharing.

The FAME experience highlights the unresolved tension between an e-government project and the day to day pressures upon individual agencies and workers on the front line. The empirical evidence for the conditions that lay behind low levels of system usage accords with the interpretation of harried 'street level bureaucrats' whose coping mechanisms include avoiding or deferring difficult tasks in order to make their workloads manageable. In one site the main barrier was the perception of using the IT system as a demand for more work with no direct benefit. In the other the properties of the IT system itself were emphasized. In both the system was seen by

practitioners as a workload burden despite the initial promise of high quality, timely information that should help them improve services by seeing the full picture of the patient / client.

Discussion and Conclusions

FAME succeeded in demonstrating that local authorities and their partners can make information accessible electronically to practitioners across agency boundaries (Baines et al., 2004). The local projects were quite successful in securing and maintaining the commitment of partner agencies at a strategic level (Gannon-Leary et al., 2006). They were much less successful in engaging front-line practitioners, whose usage of the ICT systems after implementation was low (ibid.) E-government policy, in other words, was only partially put into practice on the front-line.

The front-line workers in the FAME pilot sites satisfy Lipsky's definition of street level bureaucrats whose actions can frustrate centrally imposed policy initiatives. Through an account of the FAME project's encounters with practitioners, we have offered empirically grounded evidence that while professional 'cultures' are invoked rhetorically as barriers to change the pressures of everyday practice are more significant. In general, front-line workers across the FAME pilot sites listened enthusiastically to promises about the capacity of more joined-up working enabled by new ICT systems. The promise of a technical solution that would make information available

across professional boundaries was appealing. Indeed it seemed to offer an answer to the street level bureaucrats' classic struggle to reconcile the competing demands from clients for services and from the state for efficiency. Practitioners were positive about opportunities afforded by the project to learn how other professionals worked with client / patient information. None of this suggests that implementation is stalled by individual practitioners' resistance to ICT enabled multi agency working. There is no evidence consistent with notions of 'producer capture' either in its strong, NPM inflected form or modified versions that emphasise discrete professional worlds and service silos. On the contrary, within the various agencies in the FAME pilot sites there was widespread agreement that service silos must be demolished through more cooperative working and joint access to information. Moreover, there was continued expectation that ICT solutions can and will deliver better 'pictures' of service users even in the face of some disappointing experiences.

Local e-government in England was a major change programme with overwhelming implications for people working on the front-line delivering local services. The problem of the organisational silo - and the solutions - are typically framed in policy statements in terms of provider-centered services that must be replaced with flexible and person-centered approaches. In the study sites this perspective was reflected in the words of project teams tasked with implementing local e-government. They invariably articulated

the need to engage front-line practitioners in terms of a continuum from 'buy-in' to 'resistance'. Buy-in and resistance were typically associated by project staff with 'cultures' that were seen as barriers to change. The FAME experience supports a more nuanced reading. Multiple agencies of the state interact with service users in different ways. Each has an implicit model of the user that works in a context e.g. medicine, education, social care. Movements towards joined-up service delivery centered around the citizen throw into relief their different models of the patient / client, and how their information should be used. The FAME projects revealed considerable willingness on the part of practitioners to engage with their counterparts in other agencies in understanding and working through these differences. The results of the questionnaires and observations suggest at least tentatively that for these groups of workers the assertion that there is deep seated 'cultural' resistance to closer interworking with other agencies, and sharing information with them, may be exaggerated or out of date. There were instances, nevertheless, of resistance from practitioners to specific attempts to write information sharing into a system in ways that did not support their practice. (Examples in FAME referred to above were the response from practitioners to standardized assessment headings for children with disabilities, and the negative reaction from GPs to the visibility of other GPs' records in the SAP system.) In both these cases it was over integration of client information in an IT system that practitioners resented.

It was often re-iterated as a mantra by participants in FAME - including the technology partners – that the project was not about ICT but really about ‘culture’. ‘Culture’, as we have seen, was as ill defined on the ground in the projects as it is in policy statements. The experience of FAME suggests that this rhetorical disappearing of the technology is no more useful than the ubiquitous appeal to ‘culture’. The concept of the ‘street level bureaucrat’ in the context of e-government forefronts practitioners and their everyday working practices. By focusing upon interactions in the workplace, it supports the recognition of the technology's material properties, as well as human agency, as a factor in the enactment of e-government. The notion of ‘seamless’ care enabled by technology could be seen then as an over-structuring and over-integration of policy, practice and technical resources aimed at creating the solution of the ‘full picture’ (Wilson and Baines, 2009; .Wilson et al., 2007) There were instances in the FAME pilots discussed in this article when such over-integration, paradoxically, militated against the delivery of more joined up care. Indeed, over-integration can create a ‘view from nowhere’, with the wide range of practitioners’ different skills and approaches needed in an increasingly complex environment factored out of the system. The metaphor of seeing the full picture could perhaps usefully be replaced with ideas of more cleverly curating the picture gallery.

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The aim of the Promoting the Independence of Vulnerable Older People project (PIVOP) was to facilitate improvement to services for older people across health, social care and the wider range of council services. The project produced a Single Assessment Tool in order to improve the way older people are jointly assessed for their health, social care and housing needs. This allows practitioners across all participating agencies to assess the needs of older people by the use of the electronic version of the assessment instrument. Assessments are viewed via an internet browser. The information collated as a result of these assessments is fed into an 'overview assessment summary' to give a full picture of that older person's needs and involvement with other agencies. The SAP FAME pilot included two separate (but co-operating) sites, one in the north of England and one in the south. It was the first of the FAME pilots to go live (in May 2004) and involved 80 practitioners in the southern site and 130 in the northern one).

Box 1. The Promoting Independence of Vulnerable Older People pilot

The City Council has a long history of trying to join up services for children with disabilities (CwD). In 2003 the council received funding as a partner in FAME which gave it the opportunity to develop an electronic multi-agency assessment tool to allow agencies working with disabled children and their carers and families to share information and to support co-ordination of processes. The rationale for this pilot was:

> Traditionally professionals deal with certain aspects of a child and have bits of information about them. This results in fragmented delivery of care and parents have to repeat information over and over again. The FAME Children with Disabilities project wants to bring people together as if they were a 'virtual team' with access to information which enables them to co-ordinate the care they provide. (Source: FAME Training Presentation).

'Reference groups' for practitioners and parents were used to reflect on and discuss numerous issues such as information sharing, confidentiality, and the multi-agency assessment tool that would form the basis of the IT system. The CwD project went live in October 2004 with 30 – 40 practitioners trained to use the system.

Box 2 Children with Disabilities (CwD) Pilot

Table 1: Practitioner Attitudes to Sharing Information

Agree or strongly agree that:	Health workers	Social Services	Other	All %
Lack of information sharing causes poor outcomes for service users	87%	92%	81%	88%
My ability to help the users of my service would benefit from working more closely with other agencies / services	89%	87%	69%	85%
I rely on service users (or their carers) to tell me which other agencies / services are working with them.	63%	50%	75%	60%