PRACTICE

In Scotland, a New Info-Sharing Program Improves Children's Services

The West Lothian Council's award-winning C-me project enables secure electronic data sharing among children's services in the Edinburgh area.

By Peter Clark

EMBRACING A LONG-STANDING NEED to improve delivery of services to the children of the Edinburgh region and implement Scotland's national "Getting It Right for Every Child" agenda, the West Lothian Council engaged with VisionWare, a U.K.-based data management vendor, to develop an information-sharing framework among West Lothian Council Social Services, NHS Lothian, West Lothian Education Schools and Services, Lothian and Borders Police and the Scottish Children's Reporters Administration. The project, dubbed C-me, which got under way in 2003 and was launched broadly in 2004, enables secure sharing of information electronically between professionals providing children's services, as well as electronic delivery of components of shared assessments, all within a clear framework of consent.

Due to the project's successful implementation, the information-sharing community has expanded to include all practitioners in health, housing and social policy, including their administrative teams and management in the adult and older people's sector. The C-me system currently supports 3,000 users, and the database is growing at a rate of 30 percent a year. Practitioners from education, health, social policy and police are able to access it for purposes of improved child protection and integrated service provision, particularly in terms of earlier identification and intervention. (See below for more specifics about other project outcomes and benefits.)

How C-me Works: Processes and Protocols
C-me stores partial records from the partnership agencies and links them with the original record on the host system, providing a unique data set for every child in West Lothian.

The information available includes records from:

- SWIFT (Social Work InFormation Technology), the social work case management application
- CIS (Community Information System), the National Health Services (NHS) case management application
- EMS (Education Management System), the schools and education case management application
- GPASS (General Practice Administration and Support System), the general practitioner/family physician health records database
- ETS (Enquiry Tracking System), the West Lothian Council telephone call and service request management database
- Various other systems, such as Academy (West Lothian housing records) and SSID (the Social Services Information Database, which contains archived social work records).

C-me provides access for the aforementioned system users and other practitioners, such as hospital workers, police and the Children's Reporter (part of the Scottish Court Ser-

vice) to well over 500,000 records from partnership agencies for the region's population of 170,000. (This information can be shared only if consent has been established for a child or an adult, or if there is justification for overriding consent, such as child protection. Otherwise, system users can access only records normally available from their own agencies.)

A number of methods and techniques have been used to deliver the range of technology, training, support services, policy and guidance required to support this ambitious and innovative undertaking.

Fundamental to the approach was a detailed requirements analysis that included widespread cross-agency consultation, identifying information-sharing needs and mapping of business processes to determine how they should work after introduction of the system. The consultation was performed within the context of emerging national policy and guidance for improving children's services from the Scottish Executive, as outlined within the framework of Scotland's standards for child protection, Children's Charter, Education Act 2004 (aka the Additional Support for Learning Act), Modernizing Government and Getting It Right For Every Child agenda. These legislative requirements were built into the C-me design.

Where new policy was required, guidance was drafted and circulated across agencies for review and approval. Where new working practice was to be introduced, training packs and materials were constructed, tailored to each practice group and delivered in a joint training environment. Multi-agency presentations and seminars were also used to raise awareness of information sharing, integrated assessment framework and consent.

Rising to Project Challenges
The consortium of agencies involved has over-come several major obstacles during the course of C-Me development, including:

Communication
Practice, language, approach and definitions vary greatly between nurses, social workers, police officers, housing officials and teachers. There is also disparity between the technical language used in developing a system and the language and syntax used by practitioners to describe the functionality they need.

Joint workshops, joint management arrangements, joint boards and public consultations all have helped overcome these differences. In 2004/05, for instance, more than 100 people, including practitioner representatives and members of the public, participated in 20 national workshops to discuss the management of consent and confidentiality for records to be shared via C-me. The result: a robust information-sharing and consent protocol designed to meet not only the legal requirements for information sharing in children's services but also the public expectations for best practices and security when dealing with children's records.

Consent, data protection and confidentiality
For a system like C-me to operate efficiently, it must not only meet the needs of its users and clients, but it also must enforce nationally legislated security standards, such as Caldicott (the Scottish information standards and security department for health) and data protection. It must also reflect and manage consent and confidentiality agreements while adhering to national data standards.

The West Lothian Partnership has worked with the Scottish Committee on Data Standards and the Scottish Executive as well as the partnership's own legal representatives to deliver appropriate information-sharing guid-

ance and protocols, covering security, consent, confidentiality and best practices, allowing us to proceed legally with use of the system.

Technology

Inflexible legacy systems within agencies, differing storage types and platforms, and wide-ranging requirements have presented major concerns regarding data sharing across organizations.

A great deal of time and effort was devoted to specifying and negotiating what information can be taken from and passed back to the existing case management applications, with the team always aiming to share the minimum amount of data necessary to achieve its members' joint goals. That information also must be managed appropriately, and viewed, matched and merged in a legitimate manner that the administrative teams can support with relative ease.

After an intensive evaluation process, we determined MultiVue, an indexing and information-sharing solution from VisionWare, to be the most suitable system to support these activities. VisionWare seemed the best service provider to fully meet and develop the system requirements established for C-me and the related eCare program, especially regarding record-matching and -management tools: MultiVue was seen as essential for generating and maintaining a single, reliable record for each client, on multiple end-point systems, with varying data formats and standards.

Positive Outcomes

C-me is part of a strategy of continuous evolution to improve the quality, quantity and scope of relevant information available to practitioners across children's services. In addition to the benefits discussed above, the information-sharing framework has led to these positives:

›› Sharing of alerts and concerns from systems to which health, education and social workers have not had access previously reduces personal risk for practitioners who provide front-line care services to children and, most importantly, safeguards children in West Lothian.

›› The referral and assessment history help build a framework for more effective and accurate assessment of the individual, with less time required to discuss background, fewer repeated questions and better understanding of the child's needs.

›› The electronic recording of information is an improvement over paper-based systems, reducing duplication during assessment and speeding processes.

›› The sharing of alerts enables rapid communication of key data between practitioners.

›› Secure messaging enables rapid and effective communication between those currently involved and with those previously involved who may have vital information to contribute.

›› Professionals starting work on a case have reduced need for background information gathering, as any information previously recorded can be viewed or passed on from a previously involved practitioner in another group or agency. This practice is fundamental not only to saving practitioner time and effort, but also to improving the quality and efficiency of assessments and providing seamless service to children and their families.

›› The new framework simplifies statistical reporting. The majority of 2010 key performance indicators and joint performance information and assessment

framework returns (the Scottish government's healthcare assessment indicators) were produced automatically for the Scottish Executive.

More to Come

Future benefits of C-me include:

Reduced time to write assessments, as previously recorded forms can be electronically copied, linked to or incorporated within reopened or ongoing cases and used as a template.

Support for production of integrated care plans by statutory processes and multi-agency procedures. These plans encompass:

›› Child protection plan
›› Looked-after child plan
›› MASP (the Multi-Agency Support Plan for child protection)

›› CSP (the Children's Service Plan for improved educational achievement and support)

Use of C-me to evidence:

›› Earlier identification and intervention, over time reducing the number of crisis interventions needed
›› Improved communication across and within agencies
›› Shared accountability and responsibility
›› Improved outcomes for children and families.

Peter Clark (*peter.clark@visionwareplc.com*) is VisionWare's business development manager.