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An Exemplary Scheme? An Evaluation of the Integrated Children's System

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Abstract

We outline selected central results from a formative evaluation of four pilot sites in England and Wales of the Integrated Children's System (ICS) – one part of the UK's e-Government strategy. We concentrate on the aspiration of the ICS towards 'integration' and 'systematization' of services within children's services, at local and national levels. We look in turn at, the use of the ICS as a foundation for aggregate statistical profiles; the experience and views of the social workers; and the implications of ICS for social work practice as exemplified in social workers' use of time. The evidence suggests substantial problems in accomplishing government policy aspirations in each of these areas. We review the likely reasons for these problems, and recommend a review of the ICS on the grounds that the difficulties are inherent rather than transitory, and have arisen at least in part from uncertainty as to whether the ICS is fit for purpose. The authors seek to promote the open and thoughtful debate that a major innovation of this nature requires.

Keywords: Integrated Children's System, children's services, ICT, policy implementation

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Introduction

The New Labour government in the UK, following its election in 1997, initiated a radical programme to redesign the apparatus of government through the use of information and communication technologies. Policy interventions for children in need were eventually brought within this apparatus. Concerns about insufficiently early intervention, perceived failures of children's agencies to recognize and respond to risk, and failures of information sharing between professionals combined to prompt state intervention. This paper takes one example of the government's programme—the Integrated Children's System (ICS)—and outlines part of the results from a formative evaluation of four ICS pilot sites in England and Wales.

The ICS is a government-led initiative and part of a wider package of developments for children's services, designed to promote effective services for children and families in England and Wales. It builds on previous developments, but its emergence was first signalled in *Learning the Lessons* from England's Department of Health (2000). All authorities were initially required to have fully operational ICS systems in place by 1 January 2007. But it appears from information given to the team by several authorities that this date was not met in a number of cases.

The ICS 'provides a conceptual framework, a method of practice and a business process to support practitioners and managers in undertaking the key tasks of assessment, planning, intervention and review'. It aims to help them do this 'in a systematic manner, and to enable practitioners and managers to collect and use information systematically, efficiently and effectively' ('About the Integrated Children's System'). It is intended to apply to all children in need in England and Wales—about 370,000 at any one time—and not only 'looked after' children (about 60,000) or those on nationally required and locally maintained 'child protection registers' (about 26,000). The ICS is not a marginal development, but is intended to lie at the heart of statutory child-care practice in England and Wales. (There was not a nationally supplied ICS system, but a number of systems being implemented, ranging from home-grown to commercial suppliers, through locally agreed business solutions.)

The key elements of the ICS are said to be:

- an understanding of social work as consisting of assessment, planning, intervention and review;
- a set of data requirements providing common information from one locality to the other about children and families;
- a set of 'exemplar' formats for social work practitioners and other agencies, which form the basis for an e-social care record.

The twenty-six exemplars are essentially forms that set out the data that are to be recorded at different stages in the social work process. They can be

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grouped under the headings of 'information' (e.g. contact), assessment (e.g. initial or core assessment), planning and review. Some exemplars cover quite specific activities (e.g. adoption planning or child abuse enquiries) and others are designed for children of specific ages. The level and nature of the data required vary with the activity. These exemplars guide the companies who write the software for the system and form the basis for the 'screens' that the social workers use to enter the data. In these ways, the ICS reflects late-modern developments towards evidence-based practice and the congruent development of standardized, manualized tools for use in direct practice. What is described here as a UK government initiative is happening elsewhere and is supported at a European level (Nygren *et al.*, 2006; Shaw, 2006; Parton, 2008).

It is not easy to unpack the nature and implications of the ICS. This is exacerbated by the lack of parliamentary scrutiny of the scheme and debate on its merits (Garrett, 2005). In this paper, however, we concentrate on the aspiration of the ICS towards 'integration'. The system seeks to achieve this by:

- improving the communication, use and quality of information *within* Councils with Social Services Responsibilities (CSSRs), *between* CSSRs, between *local and central government*, and *between local services* associated with different departments of central government; and
- promoting a 'systematic' approach to direct practice with service users and carers.

Against this background, the paper concentrates on the consequences of this systematic approach. It looks in turn at:

- the use of the ICS as a foundation for aggregate statistical profiles;
- the experience and views of the social workers; and
- the implications of ICS for social work practice as exemplified in their use of time.

Our conclusion discusses the explanation for our findings and their implications for policy and practice.

Method

Our evidence comes from a study of the implementation of the ICS in four pilot authorities: two in England and two in Wales (Bell *et al.*, 2007). The fieldwork took place over almost three years from mid 2004. Our research looked at the accuracy, quality and comprehensiveness of the records, the process of implementation, and the views of children, families, managers and social workers at different points in the implementation. We made a special study of the experience of disabled children, and their families

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and social workers. The study was a large one, including fourteen focus groups, a survey of team leaders, social workers and others using the system ($n = 52$), the statistical analysis of over 10,000 records, interviews with social workers, children and families, estimates of the time taken to complete selected processes on seventy-two cases, and a documentary analysis of implementation processes.

We developed the study as a *stakeholder/responsive* evaluation, which permitted aspects of the evaluation to be fashioned and finalized during the evaluation. It was *formative* rather than summative, with a focus on lesson learning about the process by which things take place. Apart from that, it was conventionally *evaluative* rather than strongly *research and development* in focus. It combined a *local* and *cross-site* focus, where we sought both local distinctive conclusions about the ICS and conclusions that could be generalized across the four sites. The evaluation drew on a diversity of methods within broad quantitative and qualitative traditions. The design of the evaluation was built around a 'spine' of an audit with linked studies (for a full account of methodology, see Bell *et al.*, 2007).

The use of ICS for aggregate statistics

We asked our authorities to give us selected data from their systems. Although one aim of the study was to look at how the CSSRs had implemented the ICS electronically, delays and other difficulties meant that only two of the four authorities had computerized ICS and they could not supply comparable data that would allow meaningful comparisons. Instead, one (Authority A) provided all the data it had collected over a period of twenty-five months. The other (Authority B) gave us a limited set of data over a period of six months. The data came from a wide range of exemplars. Here, we will concentrate on the records that dealt with initial contacts and referrals ($n = 9{,}674$) or initial assessments ($n = 809$). Together, these made up the bulk of the records, illustrate the potential of the system to provide an accurate picture of demand, and reflect the extension of the system from its origins among looked after children to the bulk of cases.

Examination of these data illustrated both their difficulties and their potential. The first difficulty was lack of accuracy. The ICS assumes that data are reliably entered by social workers with common understandings of key concepts (referral, need, start date for assessment, outcome, identity, and so on). The social workers are busy and have variable recording practices. Just less than one in five of the entries in the two authorities (18 per cent) were duplicates. In other words, successive lines of data referred to the same event (e.g. a referral for the same child, on the same date, and for the same reason) and were liable to be counted twice. The fuller data in Authority A showed that some social workers were much more likely

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to record duplicates than others and some were much more likely to complete certain parts of the records than others.

The interpretation of key concepts and processes certainly differed between authorities. For example, only Authority B allowed its workers to postpone the start of certain assessments. There were almost certainly similar variations between workers. For example, outcomes in Authority B were sometimes seen as desired results (e.g. improved morale), sometimes as desired inputs (e.g. a sitting service) and sometimes as a desired process (e.g. support). Presumably, these differences reflect different understandings of what the system requires or of the nature of what the social worker should provide (e.g. whether the job in a case is seen as one of the equitable provision of a service, the achievement of a change in morale or the meeting of a need for support).

Variable recording remains an issue (Barnes, 1993; Auslander and Cohen, 1995; Burton and van den Broek, 2008) and was not the only way that the system did not ensure standard practice. The model underlying the ICS specifies the length of time to be taken by different processes such as initial referral or initial assessment (e.g. date, whether the case was signed off, action taken and so on). These data were never available for more than 1 or 2 per cent of cases. Nineteen per cent of the initial assessments in Authority A and 39 per cent of those in Authority B had no completion date.

The model similarly specifies the information to be collected at each stage. We were not able to check whether these data were available in Authority B. In Authority A, many variables (e.g. dates of previous referrals, addresses or telephone numbers of health visitors or parental permissions to contact the school) were simply not recorded. Fields that were very rarely completed either asked for information to which the answer was assumed (e.g. whether an interpreter was needed) or for information that would take time to get (e.g. telephone number of GP) or referred to a social work action (e.g. whether client was given advice). Thus, the social workers seemed to be reluctant to record information they might not need, that was not relevant to the particular case, or that was about action rather than assessment or information.

Some of the required missing information seemed important. Authority A asked for the reason for referral, the name of the social worker taking it and whether the client was aware of it. None of these items of information was available for more than two-thirds of the referrals. In only 4 per cent of the initial assessments in Authority A was there information on when the assessment started, when it finished and which social worker was initially allocated to it. In Authority B, 39 per cent of the initial assessments had no end date and, in such cases, there was hardly ever any record of the action that was taken.

In practice, it did seem possible to ensure fuller recording of selected variables. Authority B's system required social workers to enter certain items of data for all initiated records. Unsurprisingly, this limited range of variables in Authority B's data was quite fully recorded. Authority A

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Table 1 Completeness by type of referral

Name of variable	Proportion of recorded responses	
	Duplicated cases* %	Unduplicated cases %
Referral date	100.0	100.0
Signed off by team leader	1.4	1.5
Referred as child in need	1.4	22.0
Referred as in need of protection	47.4	41.3
Client aware of referral	53.6	67.5
Client's language	99.6	99.1
Ethnicity	99.3	99.3
Religion	95.3	93.4
Nationality	0.3	0.6
Name of referrer	100.0	99.5
Agency/role of referrer	99.6	99.0
Telephone number of referrer	5.0	13.1
Name of social worker taking referral	51.3	64.8
Reason for referral	51.3	62.1
GP's name	25.2	31.8
GP's address	33.2	39.3
GP's telephone number	21.5	28.0
Parental consent to contact GP	0.3	1.4
Parental consent to contact school	0.4	0.8
Name of school	31.8	39.5
School address	28.3	35.6
School telephone number	19.5	23.5
Responsible authority	3.3	8.3
Date referral recorded	100.0	100.0
Date of previous referral	1.3	2.3
Whether child disabled	3.7	7.6
Whether child registered disabled	2.6	4.3
Whether on CSSR register	2.8	3.4
Category of registration on CPR	0.4	0.7
Date of registration	0.3	0.5
Whether looked after by CSSR	2.0	3.8
Date started to be looked after	0.0	0.1
Whether previously looked after	1.5	2.9
Date that ceased?	0.0	0.2
Health visitor's name	4.7	5.4
Health visitor's address	0.0	0.2
Health visitor's telephone number	4.7	4.8

*Duplicate records tend to be slightly less fully completed. By duplicate, we refer to the high proportion of instances in which two or more lines in a record referred to the same process starting on the same date for the same child.

was also able to ensure that some fields were fully completed (see Table 1). Others (e.g. health visitor's address) were not. Religion is an interesting example. Social workers answered this using a 'drop-down' menu that included 'don't know'. They used this in over 90 per cent of cases. Where a 'don't know' was not available, they may well have left the question blank. A further problem with the ICS is thus that it routinely requires information that the social worker may not possess or consider relevant at the point at which it is required.

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More encouragingly there was evidence that some of these problems might be overcome. The information provided by Authority A on initial contacts was sparse. There was, however, no evidence that much of the information requested was missing or that it was internally inconsistent. Every initial contact was associated with a work group (team), a planned start date, a planned end date, and an actual start and end date. Authority A was similarly parsimonious over the data it provided on initial assessments. In this group, however, it had virtually eliminated the problem of duplicate data. Despite their limitations, the data in Authority A did seem potentially capable of providing very useful information, such as on the number of re-referrals. Its success in this respect could reflect its concentration on a limited set of data rather than on the vast haul required by the information system.

The experience and views of social workers

Our evaluation included fourteen focus groups, a survey of practitioners and team managers involved with the ICS ($n = 52$, response rate 56 per cent) and a purposive sample of sixteen social workers engaged with children with disability and their carers. The data were collected from all the teams involved with the ICS, from staff with differing roles and at different points in the project. The main variable associated with the survey response rate was the social work team, but the teams most likely to answer were not more or less favourable to the system than others.

An early round of focus groups found a surprising degree of agreement across practitioners and managers. In principle, staff in the three authorities with experience of the ICS welcomed the idea of a common computerized system and saw its potential for communicating information across agencies. They did not, however, think this potential was realized. Moreover, many thought that the ICS took up time that would be better spent with their clients and were very critical of it. They found the exemplars prescriptive, repetitive and bitty, dividing the information into 'chunks' so that the story was difficult to follow. They said the tick boxes (e.g. 'client has mental health problems') were often irrelevant and too imprecise to be useful. The forms were too complex to share with families and children or other professionals, and not user-friendly.

These concerns were illustrated by our detailed study of 153 exemplars from thirty-two cases. None contained a first-person statement by a service user. They were also difficult to use in inter-agency arenas, being too unwieldy for case conferences and not well received by the courts. As a practitioner explained:

> ... what is lost in that is the child. You don't get a picture of the child and their needs very succinctly. It is all lost in these questions and jargon. It is very difficult for another professional to read it and get a picture of the child.

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A number of these concerns and hopes were mirrored in the study of social workers in the field of children's disability (cf. Mitchell and Sloper, 2008). Workers liked the idea that they were working in a national system and those with least experience of work with disabled children welcomed the depth of information required. By contrast, most of those with previous experience thought the ICS perpetrated the problems associated with the earlier materials developed for work with 'looked after children' and with Assessment Framework forms (Marchant, 2001; Horwath, 2002) and felt uncomfortable asking questions that seemed to them to imply a lack of disability awareness and understanding. They argued that the system provided too little scope for a detailed description of the clients' and their families' needs, asked questions more appropriate for non-disabled children, used terminology that parents found offensive (e.g. the phrase 'parenting capacity', which was felt to imply that the parents of disabled children might well be 'bad parents') and failed to take account of the difference between chronological and developmental age (Mitchell and Sloper, 2008).

The survey carried out at the end of the study confirmed these findings. Almost all (89 per cent) respondents agreed that the ICS asked for most of the essential information and most (71 per cent) that it would, in time, lead to major improvements. Almost all (89 per cent) thought it good that social workers were making more use of computers. By contrast, only one in nine thought the ICS was user-friendly for clients. Moreover, seven out of ten or more agreed that the ICS separated pieces of information that should be kept together, often forced social workers to complete irrelevant tasks, cut the time available for seeing clients, had too many exemplars and should be drastically simplified. In general (see Table 2), they gave high ratings to many of the aims of the ICS and low ratings to their achievement. They felt that the system performed best as a convenient way of recording practical details and worst as a tool for promoting user involvement or social work analysis.

Table 2 Possible aims by priority score and achieved score*

Possible aim	'Priority' score	'Achieved' score
A convenient way of recording practical details	5.17	3.88
A way of recording that improves communication with other agencies	5.00	2.74
Management information for planning	4.55	3.11
Time-saving ways of completing forms and letters	4.67	2.56
Records that promote service user involvement (e.g. user-friendly, prompt client contributions)	4.71	1.94
'An expert system' that promotes social worker analysis	4.35	2.60
A useful tool for supervision	4.22	2.81
A way of checking for the recurrence of suspicious names	4.57	2.96
A management method of monitoring performance	4.14	3.28
A structured way of recording information for social workers' own use	4.94	3.41

*Ratings on a six-point scale.

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The survey suggested that the hopes held for the ICS were not groundless. The social workers rated some exemplars more favourably than others, such as the Initial Assessment, making it likely that some could be improved. In some cases, the authority had adapted them to local requirements, and this was found helpful, although it lessens the potential for national aggregate data.

There were serious problems over IT. Our users reported problems over complex logging-on procedures, entering data, finding data located on different screens, reading screens that flickered or were too small, crashing systems and remote access. Users maintained parallel paper files, could not scan in letters and reports and were unable to sign off documents or transfer data securely by electronic means. However, the survey did not suggest that difficulties with the ICS reflected either lack of experience with the system, lack of familiarity with computers or difficulties over implementation. There was no correlation between length of experience with the system and attitudes towards it. However, there was a positive difference where the system had been tailored locally with social work staff engaged in the process from initiation to implementation. Those with previous experience of computerized systems were less favourable to it than others. And, although there were major problems with computers and others aspects of implementation, social workers in the authority that did best in this respect made essentially the same criticisms as those made in other pilot authorities.

The ICS and the use of social work time

We look below at two aspects of the impact of the ICS: its effect on the way social workers spent their time and its impact on recording practice.

All our respondents suggested that the system required more time, particularly in terms of time spent on entering information. In two authorities, we asked social workers to fill in questionnaires on the time taken to collect and enter the information required by their latest ICS exemplar. This retrospective approach was successfully used by Ward and her colleagues (2008) and we adapted an instrument developed by Cleaver and her colleagues (2004). (A time diary methodology, while attractive, would not have been acceptable to the social workers.) We asked the social workers to divide the time they spent between six activities. The existence of systematic differences in the time demands of the activities, between different types of case (children under five and at risk taking up much more time than others) and between authorities suggests that this method can identify patterns in the use of time. Table 3 gives an estimate of the average time spent on these activities by the type of exemplar.

It should be remembered that these 'overall' figures do not come from a random sample of assessments, plans and reviews. They are therefore

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Table 3 Mean time in hours spent on six activities by assessment type

Assessment type	Time spent on consultation with other agencies	Time spent on consultation within department	Time spent on direct contact with child/family	Time spent with informal network	Time spent on entering data	Time spent on other activities	*N*
Initial assessment	1.65	0.79	2.5	0.02	2.56	2.83	22
Core assessment	12.01	4.2	10.9	0.39	8.47	13.14	19
Child plan	6.49	1.94	6.14	0.15	3.83	9.27	13
Review	4.42	1.50	15.03	0.26	2.91	12.41	12
Total	6.09	2.13	7.91	0.20	4.58	8.81	66

rather poor guides to how social workers spend their overall time. They are, however, a guide to the differences in the way time is spent within and between assessment types. Taken as whole, the figures show that social workers spend a lot of time at a computer—each core assessment, for example, appears to take, on average, at least a day to enter—but data entry is not, on average, their predominant activity. These average figures, however, are very heavily influenced by a small number of cases that take up an enormous amount of time. If we omit those cases in which the overall assessment took up more than 100 hours, the relative time spent on 'data entry' increases from 15.5 to 27.1 per cent of all activities. Almost all the respondents to the survey felt that the ICS had increased the time spent on entering data and that this took away from other valued activities such as contact with clients. The time aspect was captured by the person who remarked:

> . . . I find I can spend an inordinate amount of time sitting in front of the screen wondering what on earth I'm supposed to input because I can't work out what I'm being asked. All [the forms] are equally frustrating and time consuming. Time I could spend with clients . . . .

Discussion

The ICS systems we studied did not provide reliable aggregate information, were heavily criticized by social workers and were widely seen as taking up a lot of time, for, at best, little net gain. We need to ask if these difficulties are simply teething problems, a necessary consequence of the design of the ICS, or inherent in any attempt to implement a systematic information system of this kind.

First, it should be said that teething problems were to be expected. A survey for the British Computer Society found that only 130 IT projects out of 1,027 were delivered on time, within cost and to specification. That said, the computerized systems are more likely to have problems if they are ambitious and complex, and if they fail to engage their users or understand their needs. As we say below, we think that the ICS has these

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problems, that they are connected and that they are likely to lead to lasting rather than temporary difficulties.

The ambition of the ICS is seen in the variety of its objectives. Among other things, it seeks to provide management information, hold the details necessary for the management of a case, enable accountability and supervision and ensure a more systematic and higher standard of evidence-based practice. This combination leads to a variety of problems.

First, it leads to demands for a lot of information, including, for example, the telephone number of the school, whether or not the child is on various registers and the social worker's assessment of the child's 'identity needs'. It is a superhuman task to ensure that social workers complete all this information comprehensively, accurately and according to the same definitions or that families understand the information held on them. So, social workers skip questions and answer others based on varying assumptions. There are costs in the lack of accuracy, missing data, time and family engagement.

In practice, the desire for a systematic evidence-based approach is reflected in a pressure to describe individuals in terms of pre-determined categories that are held to apply to everyone. This, in turn, was seen as leading to an unhelpful 'one size fits all' approach. So, it is not enough, for example, for a social worker to fill in the tick box 'problem drinking/drug misuse'. They may need to know when the person drinks, what happens, who may be in the house, what commitment the drinker may have to give up, whether he or she has tried before and much else besides. Insofar as the information is covered, it is fragmented and in different parts of the forms. Despite its numerous demands, the ICS can neither specify nor require information at this level of detail. Insofar as good practice depends on such detailed analysis, it cannot ensure it.

Unsurprisingly, the social workers in our study generally found the exemplars unhelpful. As they saw it, the standard headings lack the flexibility required to reflect the needs of differing groups of children, promoting instead a classified, repetitive and disconnected description and not a coherent, specific analysis of what should be done. Its time limits aim at a business-like approach. But is accurate information on (say) identity available within five days of first contact? In these ways, the social workers felt that the system had failed to take account of their particular needs, saw it as far too prescriptive, and, for the most part, were not committed to it. Contrary to what some have felt (e.g. Parton, 2008), this did not mean that they lost their autonomy—they varied in what they recorded, how they understood cases and how they practised—but they did not see the ICS as assisting this practice.

These issues pick up on themes that others have approached in different ways: the conflict between professional and organizational or management values and the fit between evidence-based and social work decision making and technologies of categorization (see White *et al.* in this issue). There is,

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as we see it, no necessary reason why the increased use of computers should lead to a shift in values and an emphasis on categories and approximations. There is, however, little doubt that it both allows such centralizing changes and tempts towards them. As a result, systems are commissioned by central authorities, whose investment in them makes them reluctant to change (the criticisms made by social workers were not accepted by those who funded our research). Others have commented on the health service 'systems bought by doctors generally work and systems bought by civil servants generally don't'. Perhaps the same kind of rule applies here.

We are not alone in expressing these concerns. They were expressed in a subsequent review designed to reduce the bureaucratic burdens on local authority staff:

> In some cases there is good evidence that new IT based approaches undermine existing effective or good practice. For example local authority staff believe that the Integrated Children's System (ICS) moves the focus of activity towards compliance with the expectations and needs of a standardised system, which appear to be chiefly related to data capture, and away from using effective professional approaches and analysis related to meeting the needs of the client family and child (Local Government Association, 2008).

So what is to be done? Our own view is that there should be a review of the aims of the ICS and the policies and business plans surrounding it. We feel that it should be carried out in such a way that would ensure greater ownership of the project among social workers and their managers and, in particular, that the review should look at:

- the conceptualization of social work practice within the ICS, the design of the exemplars and the impact the ICS has on practice;
- the purpose of social work records, the relationship between the core electronic record and the exemplars, and the intended relationship between electronic and hard copy files;
- the fitness for purpose of the information system design and its usability in relation to administrators, practitioners and service users' expectations; and
- expectations of and consequences for the relationship between administrative, management and professional information roles in CSSRs.

At a more detailed level, the marked tendency to inflexibility and standardization within the ICS exemplars renders their utilization with children and young people with disabilities ill-developed (cf. Mitchell and Sloper, 2008). Consideration should be given, even at this late stage, to developing exemplars that are user-group-specific. More generally, the timescales associated with the exemplars along with their standardized requirements and 'chunky' layout make them inappropriate for many cases and discourage rather than enable a holistic view of a case (cf. Kennedy and Wonnacott,

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2003). The ICS is not 'integrated'. We believe that the design of the ICS should change in order to provide a system that enables the key features of a case to be more easily grasped.

Conclusion

In conclusion, the extensive evidence from the evaluation has raised significant doubts as to whether the ICS is fit for purpose. While some of the teething problems arising from technical difficulties and inputting data might lessen with usage, we believe that some of the problems are inherent in the system and get in the way of rather than promote professional and analytic social work practice. Our respondents thought that the ICS was, in principle, an excellent idea but that it needed to be drastically simplified. Perhaps it is time to debate whether they are right.

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