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Joining it up: multi-professional information sharing
Sue Richardson

Introduction

This chapter introduces four theoretical approaches to the challenge of multi-professional information sharing in public service delivery. Two of the four approaches are then described in more detail as lenses through which to explore what happens in the practice of integrated children's services. The two approaches explored in detail are the systems approach and the approach that underpins much of this book: Etienne Wenger's 'communities of practice'.

The focus of the chapter is on the professionals delivering the services and not primarily on the children, young people or their families who are in receipt of these services. This approach however is in no way antagonistic to the idea that it is the interests of the children and young people that must always come first when redesigning organizations, policies, procedures and guidance for practice in children's services.

Before moving on to the substance of the chapter the following points establish the scope and structure of the argument:

- 'Integrated' in this chapter is construed broadly, to include all situations where more than one profession, service or organization works together in delivering a service in such a way as the users of the service see it as just that – a service – and not a number of separate services. It is not restricted to situations where the services have been formally integrated to the extent of becoming a single legal entity.
- Although the context for the chapter is integrated children's services, much of what is presented is generally applicable to the sharing of personal, sensitive information in the delivery of any public service.
- There are many forms of information sharing and only one is considered here, that is the sharing of personal, and often sensitive, information between those working in multi-professional teams in integrated children's services. This might be sharing within the team or with other practitioners or officers in other services, across professional, organizational, sectoral, service or agency boundaries. Other forms, for example sharing of large data-sets, sharing of information for research purposes and sharing between practitioner and service user, do not come within the remit of this chapter.
- There are important distinctions to be made between 'data', 'information' and 'knowledge'. The contexts relevant to the chapter are mostly concerned with data and information and for the current purpose, no significant distinction is made between these. The term most commonly used will be 'information sharing' but on occasions there will also be reference to data sharing, particularly in relation to the work of other authors who have utilised this term.
- Regarding the legal and policy aspects of information sharing in children's services, it is the English legal system and policy context that is considered here.

The challenge of information sharing

The challenge of information sharing lies in the requirement of practitioners to simultaneously achieve two goals that can be seen as conflicting: to share personal information across professional, organizational, sectoral, service or agency boundaries while at the same time protecting it so that confidentiality is not breached. This conflict has been heightened in recent years with encouragement being given, through varieties of 'public service transformation', for a greater level of integration across services.

As practitioners are aware, there are two compelling reasons for ensuring that information is protected by public service agencies. One is that breaking confidence unnecessarily can have devastating consequences for the individuals whose personal information has been shared (as well

as for those close to them). The second is that unless people trust that information they tell public service professionals is held in confidence, they will be less likely to seek help (including treatment) or to give full information. This has implications for the well-being of individuals and it can also be important for the general population. For example, when someone begins to hear voices, if they are reluctant to go to their General Practitioner because they fear that information about their mental health will not be kept confidential, their condition could get worse without treatment, and could conceivably result in them harming themselves or someone else.

Equally, there are important reasons to share information. Not sharing can put the care of an individual service user at risk, for instance because a practitioner with caring responsibilities does not have a complete picture of their situation. It can also pose risks beyond the individual, for example, failing to share a service user's information across organisational boundaries could result in harm to others. Thus there is a tension between sharing and protecting information. Entangled with this first tension is another: that between risks to the individual and risks to the wider community. As will be shown later, this can become important for understanding some of the problems that arise in information sharing.

This challenge of sharing personal service user information is faced by public service professionals, whether they work in health, social services, education, criminal justice, housing, employment services, or others, and whether they work in the statutory, voluntary or private sector. Practitioners frequently describe meeting this challenge as 'walking a tightrope'. Public services need to ensure that information vital to the well-being of an individual, a family or a community is passed on to all professionals who need to be informed, while at the same time taking care that information held about a service user is not shared inappropriately or without good cause, thus maintaining data privacy and confidentiality. The stakes are high: falling off the tightrope on either side can result in tragedy.

Theoretical approaches to the challenge

So, what theoretical approaches have been employed in attempts to understand information sharing in practice? This section provides a brief overview of these theories.

A neo-Durkheimian institutional approach has been proposed (6 et al. 2005). In this approach a range of social theories are utilised to explain or predict which of four 'types' or 'zones' of institution, dependent on levels of social integration and of social regulation, will result in a greater or lesser 'willingness' (or 'capacity') to share data or a higher or lower disposition towards the 'rejection' of data sharing.

One of the main difficulties for application to practice of such an approach is that there is an inherent assumption that the goal should be an increase in information sharing. The theory was devised to account for the observation that despite policy encouragement to do so, some agencies still seemed reluctant to embrace information sharing, and so the focus on the degree of sharing is perhaps not surprising. Arguably, however, much more important than asking about the level of information sharing is querying how appropriate the sharing practice is and how appropriate the rejection of information sharing is, at the level of each potential information sharing interaction.

Later, this same team of researchers employed **a risk management approach** to study what they call 'information sharing dilemmas' (6 et al. 2010). They identified four configurations of information sharing contexts dependent on a) whether the services involved are universal or targeted and b) whether they primarily benefit individuals or third parties/wider society. The four configurations are as follows: universal for the benefit of individuals; universal for the benefit of third parties or the general public; selective for the benefit of individuals; and selective for the benefit of third parties or the general public. Each of the four tends to handle different kinds of information and in different ways. The model highlights the complexities that need to be considered and the dangers of relying on simplistic algorithms for information sharing decision-taking in order to 'balance' the risks of sharing (disclosing) with those of withholding (protecting) information.

The idea is that risk in information sharing can never be completely eliminated although some risk-based heuristics could be helpful in developing policy. The point is also made that government policy is more tolerant of false positive errors (too much information sharing) at some

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times and more tolerant of false negative errors (too little information sharing) at others and that this needs to be openly acknowledged so that practitioners can be supported when errors occur (2010: 479). A risk management approach to sharing information, incorporating the idea of a tension between the interests of individuals and groups, has also been employed by Barton and Quinn (2002) in the domain of drug treatment and criminal justice.

A number of authors has engaged with information sharing through a **systems approach** (see for example Richardson and Ashthana 2005, 2006: Dawes et al. 2009, Baines, et al. 2010; Yang and Maxwell 2011; Wastell and White 2014; Dent and Tutt 2014, Eason and Waterson 2014). Those who have chosen to use a systems approach frequently do so because they want their readers to remember that all the interacting elements affecting the subject of study are dependent on each other: change one and almost certainly there will be consequences in unexpected places.

The final approach considered here actually draws heavily on systems theory, and in the study of information sharing, it can in some ways be thought of as a specific form of the systems approach. This is the **communities of practice approach** which we first introduced in chapter 1. Lave and Wenger (1991) first proposed 'communities of practice' as a way of understanding how apprentices learned their trade. The ideas were further elaborated in Etienne Wenger's book *Communities of Practice: Learning, meaning and identity* (1998). Wenger's notion of communities of practice provides an excellent set of frameworks, as well as a language, for tackling the complexities of information sharing. It assumes that we do not have to be constrained or restricted by the conventional boundaries of profession, organization, service and agency. What can be more productive is to think of the different communities of practice at work and to ask questions of these communities. What is important to people working in them? How are they similar and different? What clusters or 'constellations' of communities of practice are there and what are the implications of these?

What makes a community of practice different from other communities is that, in a community of practice, practice is the source of coherence of the community (1998: 72). To recap from chapter 1, there are three dimensions of practice that, as the property of a community, provide this coherence:

- Mutual engagement
- A joint enterprise
- A shared repertoire

After giving some examples of using a systems approach to investigate information sharing, it is the communities of practice approach that will then infuse the remainder of this chapter.

Using a systems approach to explore information sharing

This section draws on research undertaken in two Sure Start Children's Centres. One of the aims of the research project was to identify the factors influencing how practitioners share service user information across organizational boundaries (Richardson, 2007).

The research took the level of 'the system' to be that of the organization, agency, or the service that the practitioner was working in (some services being delivered across a number of organizations). This might be within the public, private or voluntary and community sectors. The 'supra-system' level of the wider environment and the 'sub-system' level of the individual practitioner were also explored. One representation of influencing factors that were found is shown in Figure 10.1. It can be seen from Figure 10.1 that there are multiple interdependent influences operating at different levels that affect whether, in a specific context, a practitioner shares (discloses) or withholds (protects) a service user's information. None of these factors can be considered in isolation.
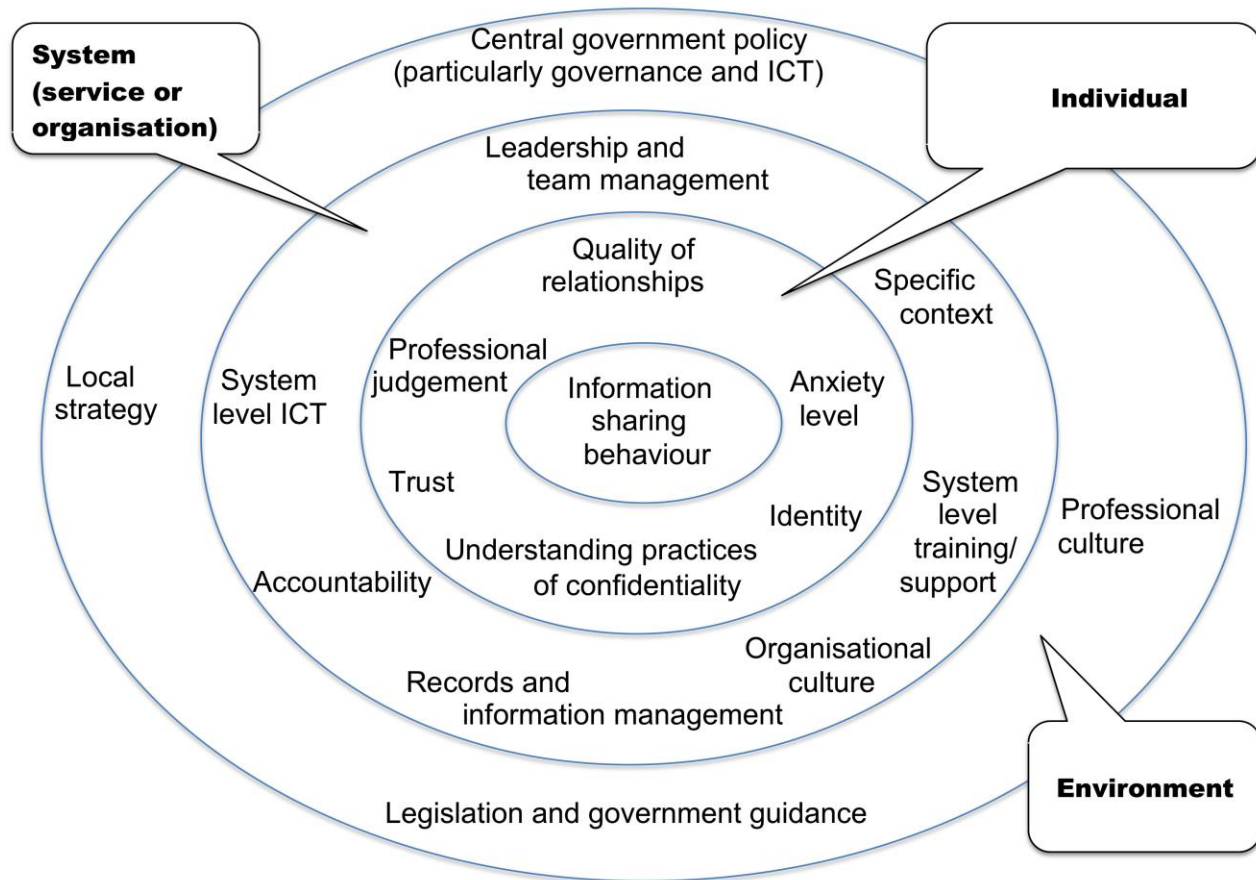
Figure 10.1 Factors influencing practitioner information sharing behaviour

This approach works by focusing on the individual potential information sharing interaction between practitioners (the circle at the centre of Figure 10.1). Within an integrated children's service context, this might be, for example, an information sharing interaction between a social worker and a health visitor within the service, or it might be between a social worker within the service and a health visitor outside, or between a social worker within the service and a social worker outside, and so on. Of course many different services and professions might be involved, including those in children's and adult services, involving a variety of health services and professions, and those working in education, criminal justice, employment, housing and many more.

Although practitioners are making choices about sharing information all the time, they often do not consider in a systematic way the choices that are available to them and what might be influencing their decision-making. Table 10.1 shows the eight possibilities that are available in any potential information sharing interaction.

Type of Interaction	I hold service user Information	Another agency/service/ organisation holds service user information
Sharing/disclosing	I offer information	I request information
	I share/disclose if information is requested from me	I accept if information is offered to me
Protecting/ withholding	I do not offer information	I do not request information
	I protect/withhold if information is requested from me	I refuse if information is offered to me

Table 10.1 The eight possible information sharing interaction decisions

When practitioners see this list, they frequently express surprise because some of the options available to them are rarely considered. The most 'forgotten' of the possible interactions are:

- Offering service user information to a practitioner working outside their own organisation, service or agency (although this is now becoming more common, even when safeguarding is not an issue)
- Refusing service user information offered by another practitioner

For many practitioners, the potentially negative consequences of accepting information offered by another agency, has not been a prime consideration. However, of course, when seen with the other possibilities, it becomes clear that information should not be accepted without clarifying various issues. These might include: what the source of the information is; whether the person offering it can legitimately share it; the accuracy of the information; whether only the information that is needed for the particular purpose in question is being offered (rather than, for instance, the rest of the spreadsheet or case record that it is taken from); and so on.

Table 10.1 shows that half of the possible interactions are sharing (or disclosing) interactions and half of them are protecting (or withholding) interactions. The research proposed that, theoretically, any of the interactions made by an individual practitioner, whether sharing or protecting, could be either appropriate (with good cause) or inappropriate.

What is classified as 'good cause' is relatively clear in a potential safeguarding situation, but can be harder to assess in other contexts. It is usually impossible to know in practice if the decisions are appropriate or not, unless there is a problem in the future as a consequence of the decision. Lack of such feedback could be one reason why developing this kind of professional judgement can be very difficult.

Assuming that a practitioner will sometimes share and sometimes withhold information, the research produced a 'model of appropriate information sharing interactions' based on the logical possibilities (Richardson and Asthana 2005). A two by two matrix with an 'appropriate/inappropriate' dimension and a 'sharing/protecting interactions' dimension gives four quadrants:

- The 'ideal': Information is shared appropriately but is equally withheld when there is good cause to do so. Low risk of breaching confidentiality and low risk of neglecting to pass on important information.
- The 'over-open': Information is withheld appropriately but information is shared without good cause. High risk of breaching confidentiality and low risk of neglecting to pass on important information.
- The 'over-cautious': Information is shared appropriately but information is withheld without good cause. Low risk of breaching confidentiality but high risk of neglecting to pass on important information.
- The 'chaotic': Information is shared inappropriately and is also withheld without good cause. High risk both of breaching confidentiality and of neglecting to pass on important information.

The research aimed to identify what might facilitate an individual practitioner (or indeed an organization, service or agency), moving towards the 'ideal' situation where all information sharing interactions, whether they result in exchange of information or not, are appropriate. It used a series of interviews with practitioners to explore the influences in Figure 10.1 and their relation to the 'ideal' and the other three categories of information sharing interaction.

The findings suggested that there was one factor capable of moderating both a tendency of practitioners to be 'over-cautious' in their information sharing interactions and their tendency to be 'over-open', so facilitating a move towards the 'ideal' (Richardson, 2007). Other potential influencing factors investigated were found to be capable of moderating in one direction or the other but either of these holds inherent risks. Increasing personal trust between practitioners for example can moderate over-cautiousness but it can then lead to information being shared when it should not be, in other words becoming 'over open'.

The one thing that seemed to help prevent both over-cautiousness and over-openness was an understanding of how practitioners in other professions or services work with confidentiality of service user information. This is what can be seen as others' 'practices of confidentiality' and the idea will be returned to in the discussion of communities of practice.

The communities of practice approach and information sharing

As previously stated, the trio of dimensions of practice that enable the coherence required for a community to be thought of as a community of practice comprise: mutual engagement, a joint enterprise and a shared repertoire. Anyone working in an integrated children's service will no doubt see some familiarity here. Even though the service might comprise people from different professions, and with different employers, sometimes from different sectors, there will be some mutual engagement; there will be shared practices through working together. There will also be joint enterprise and a shared repertoire; for example there will be mutual accountability and a shared history with common jargon and so on.

We each are members of many communities of practice though, and this complicates the picture, while also shedding some light on the problems of information sharing. To make sense of this, some other concepts fundamental to Wenger's vision of community of practice need to be considered.

Participation and reification

For Wenger, meanings are arrived at through the continual flow and ebb of our social relations, of our living in the world. According to Wenger, fundamental to this 'negotiation of meaning' is the duality of 'participation' and 'reification' (1998:55). Participation, in this technical sense, is probably easier to grasp than reification.

Participation is more than merely current physical engagement in a community of practice. Participation in the community stays with an individual, even when the individual is not physically engaging in the practice of the community. For example, when Jenny, a speech and language therapist goes to the theatre with her partner in the evening, she remains a participant in

several communities of practice: the smallish multi-professional team that comprises the integrated children's service she works in and the larger community of speech and language therapists that she feels part of through her professional networks and the local charity that employs her, from which she is seconded. The meaningfulness of this play that Jenny is watching (about the role of the state in terrorist activity) as well as the significance of the evening for her and her partner, will be coloured by her participation in these (and other) communities of practice.

According to Wenger, reification is 'the process of giving form to our experience by producing objects that congeal this experience into "thingness"' (1998:58). Whenever a tool is produced, a form devised, a new term coined, then reification is happening. The products of reification can then become the focus for the negotiation of meaning. For those familiar with socio-technical systems theory, it is too easy to assume connections here. There are similarities, in that participation can be seen as related to the social system and reification can be seen as related to the technical system, but they are not equivalent. The pairing of participation and reification used in the communities of practice approach is located at both the level of community of practice and at the level of the individual in that the negotiation of meaning is constantly moving between the two.

It is impossible to separate participation and reification in Wenger's conception. However, it is often easy to simply accept that meanings are 'in' our behaviours or are 'in' things themselves. This can be dangerous as participation and reification can make up for the shortcomings in the other. An example is an information sharing agreement, which, if well-constructed, can overcome some of the problems of poor communication between different agencies. On the other hand, if two practitioners from different agencies are required to make use of a poorly designed information sharing agreement, they can overcome some of the resultant problems by developing a good working relationship and getting to know each other's processes and policies. This can illuminate some of the misunderstandings that might have surrounded the agreement.

Seen through the lens of communities of practice, the frustrations of practitioners around sharing information have changed over time. At the turn of the century, a market (or part market) economy was introduced into the delivery of public services in Margaret Thatcher's first period of government. Along with this came the 'new public management' needed to control and regulate it, and the inevitable partnership working needed to 'mend' the subsequent fracturing of services. These changes to service delivery led to a growing need to share information across boundaries. At this stage, there were complaints from practitioners that there was not enough guidance on information sharing; there was insufficient reification. This was quickly followed not only by guidance from the Department for Constitutional Affairs (2003), which was intended to be the cross-government voice, but also from individual government departments, because they were involved with different communities of practice with both national and local boundaries. This resulted in too much contradictory guidance and much confusion and uncertainty for practitioners.

Multi-membership of communities of practice and constellations of practice

What is fascinating about most situations of information sharing today is that they exist within a largely unrecognized multiplicity of different communities of practice. Wenger introduces two ways of thinking about such complexity. One is the 'multi-membership' of communities of practice (1998:105) and the other is the idea of 'constellations' of practices (1998:126).

Multi-membership uses the idea that people can participate in more than one community of practice and that reifications can be used by more than one community of practice. We have already met multi-membership when thinking about Jenny the speech and language therapist. This clearly has implications for ideas of identity, which in turn can be important for information sharing. Whether a practitioner relates more closely with the values of their profession, or the service they work in, or their employer organisation, for example, might affect their practice of confidentiality, and also their understanding of others' practices of confidentiality.

Multi-membership raises two relevant ideas borrowed from other authors. One is the concept of 'boundary brokers' (Burt 1992) to refer to specific roles that deliberately work across boundaries. A related term, 'boundary spanner', was introduced by Tushman (1977) and has been taken up widely but Wenger prefers 'broker'. Similarly, a 'boundary object' has been a useful

notion, first proposed by Leigh Star and Griesemer (1989). A boundary object is a reification that might be used by a number of different communities of practice together in an agreed way but which is also used within each individual community of practice in its own localised manner.

A good example might be the English tool known as the Common Assessment Framework. There is a sense in which the CAF is used in an agreed ('central') way by multiple agencies within a locality. It is also true though, that when it is used by each of these agencies for its own purposes, there will be individual idiosyncrasies that are necessitated because of the different practices that are needed by each community of practice. The very word 'assessment' can even mean different things in different communities of practice. Understanding that boundary objects can have different meanings and be used in different ways in different communities of practice can help to understand others' practices of confidentiality.

Constellations of practice work in a slightly different way from multi-membership of communities of practice. There could be constellations of practice within a single organisation (often organisations include quite distinct communities of practice distinguished along professional or functional lines but which still act together as some form of unity) but, equally, we could look at an integrated service as either a community of practice in itself or as a constellation of interconnected practices, whether these relate to a set of organisational, professional, sectoral or service related practices.

There is no hard 'fact of the matter' about the 'real' boundaries of these constellations. It is a question of whether people see the service as a community of practice, a constellation of practices or as a community of practice that is part of a larger constellation. What determines whether the integrated service is a community of practice or a constellation of practices is, in a sense, how integrated the service feels to those within it. Is there really mutual engagement? Does it feel as though boundaries are constantly being crossed within the service? Is there one shared repertoire, a common discourse in the service or is communication via a generally agreeable set of distinct discourses? Are there individuals who are needed to work across boundaries and to engage in 'boundary practices'? The more it feels as though there are many boundaries inside, the more likely it is that there is a constellation of practices at work, rather than a community of practice.

As an example, there might be different kinds of communities of practice around 'Troubled Families' programmes (DCLG 2012), depending on how the programme is configured in different localities. In some places, this will work as an integrated service, focusing very much on the children in the family as long as the family meets the criteria for being part of the 'Troubled Families' programme. For other places, there might be a loose 'alliance' of services that have agreed to work together to deliver the programme. Where there is a more integrated service, it will work as a unit but it will be multi-professional and will still include close links with Schools and other education services, Job Centres and other employment services, police and other criminal justice teams, as well as mainstream adults and children's services and health services. The kinds of question that need to be answered to determine whether this is a single community of practice or a constellation of practices are the following. Where do people within the service see their boundaries and how do people 'outside' the service see them? How strong for example, is the identification of the front line staff with the service compared with their identification with their profession or with the organisations they may have been seconded from?

Linking practices of confidentiality with communities of practice

As proposed earlier, critical for the improvement of information sharing can be the question of individuals' practice of confidentiality and this will depend to a large degree on the answers to the questions above. A front line worker's practice of confidentiality seems to relate very much to the 'primary focus' of the practitioner. The practitioner might see their main allegiance as being to an individual service user. Alternatively, they may perceive their primary duty as being to the wellbeing of the family they are working with (in which case the needs of any one of the individuals in the family might have to take second place to the needs of the family as a whole). Similarly, their primary focus could be on the wider community, for example on public safety. In this case, the rights of an individual patient might need to be demoted in order to contain an

epidemic of a contagious disease, or the rights of individuals might need to be temporarily curtailed to manage a potential terrorist threat.

A practitioner's community of practice, then, is a major 'shaper' of the practitioner's 'primary focus', and their 'primary focus' will largely determine their practice of confidentiality. When this is recognised, it can account for some of the antagonisms and misunderstandings that can sometimes emerge in information sharing, where one professional judges another as acting wrongly, because they do not share the same practice of confidentiality (Richardson and Asthana 2006). Once it is understood that these differences can arise perfectly legitimately, and that they are in some ways inevitable because different professions and services are required to do different things in different ways, constructive communication between practitioners can be enabled in relation to the sharing of information. To summarise, understanding the reasons for variations in practices of confidentiality can be a key to better information sharing and the communities of practice approach can be helpful for developing this understanding.

Improving information sharing

Much of the chapter thus far has drawn attention to problems with information sharing or with gaining a deeper understanding of the contexts of information sharing, but with the implicit purpose of learning how to improve information sharing. As has already been seen, improving information sharing does not equate with increasing information sharing, although, in some situations, improving information sharing will coincide with increased information sharing. It is the *quality* of information sharing, however, that will be essential for improving service delivery.

There are emerging a number of exciting developments that could make a real difference to improving information sharing. Unusually, compared with initiatives in the past, they are not driven by technological solutions but are rather being led more by ideas such as those found in this chapter, around the importance of the ways in which people work together in different contexts.

Probably the most significant of these innovations is a government funded Centre of Excellence for Information Sharing (CEIS 2014). This is likely to become a key resource for all front line practitioners as well as those working in information governance. The Centre, although funded from across government departments, is independent from government. It is likely to succeed where other initiatives to improve information sharing have failed because it has thought carefully about how it should work and what its focus should be.

It is a virtual Centre, with a small core staff, other centre members working in different localities across the country. Good practice of information sharing on the ground will be gathered and shared across localities and will be recorded in the Centre. Good links are being nurtured with both local and central government so where there are barriers to good practice that originate at central government level, or which can only be removed by central government, there are links from the Centre into central government, providing an opportunity for blockages to be cleared.

Initiatives related to the Centre of Excellence are an Economic and Social Research Council (ESRC) seminar series on information sharing (to take place over three years to 2017) and an ESRC knowledge exchange project, Effective and Appropriate Sharing of Information (EASI).

The EASI project had partners from the University of Bradford, Leeds Beckett University, the City of Bradford Metropolitan District Council and the government funded Improving Information Sharing and Management Project, the pre-cursor to the Centre of Excellence for Information Sharing. This project developed and piloted a multi-professional practitioner development programme called 'valuing our differences' made up of two one-day workshops, held a few weeks apart. It was designed to allow practitioners to gain a greater appreciation, within a locality, of the way in which different communities of practice, all involved in delivering public services, necessarily need to work differently from each other, and particularly to understand different practices of confidentiality.

Through the period of piloting the workshops (in Bradford District, Greater Manchester and in Leicestershire), a list of 'top tips' on information sharing was slowly refined by the project leaders, with input from the workshop participants. The latest version is reproduced below in Box 10.1.

- Base your policy and practice within the legal requirements for information sharing in general and your practice area specifically (1, 4)
- If you are starting a new project, programme or service, see if conducting a privacy impact assessment could help you to get things right from the start with respect to information sharing (6)
- If a protocol and specific agreement under it does not already exist for the information sharing you need to do, consider developing a protocol and agreement(s) for information sharing for your organisation if this will help reassure partners and/or your own information governance team, drawing on a clear vision of what is to be achieved (3)
- Ensure all staff members are fully aware of your protocols/agreements if you have them and provide training and human support in implementing and reviewing them (3, 5)
- Ensure your information and communications technology (ICT) system is secure and efficient in terms of information sharing (1)
- Ensure all service user consent that is sought is fully recorded along with information sharing decisions and their justification (1)
- In keeping with advice from the Information Commissioner's Office, if a legal gateway is available to you, consider this option before consent to share is sought (if consent is refused you may then find it hard to use the legal gateway) (2, 6)
- Ensure that information sharing takes place only amongst those with a legitimate relationship (or potential legitimate relationship) with any concerned individual (1)
- Clearly explain to service users how information will be shared and with whom and under what circumstances it might be shared without consent (1)
- Clearly explain to service users how aggregate information might be used to inform research and policy development where relevant (1)
- Find out about other relevant agencies' protocols and thresholds and approaches to confidentiality; understand why they might be different from yours (4)
- Challenge when refusal to share information is inappropriate (4)
- Refuse information offered to you when sharing is inappropriate (4)
- Utilise the Centre of Excellence for Information Sharing website and the Office of the Information Commissioner website to inform your information sharing (see 2 and 6)
- Evaluate and gather evidence to achieve a clear feedback loop in improving your information sharing policy and practice (1, 5)
- Keep up to date with new legislation and guidance impacting on information sharing.

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Box 10.1 Top Tips

Conclusion

The Chapter has given a brief overview of different theoretical approaches to information sharing, focusing on systems approaches and on how using the ideas from the communities of practice approach can help in understanding the complexities in information sharing.

Key concepts have been the interplay of reification and participation in communities of practice and the importance of understanding other professionals' practices of confidentiality for improving the quality of information sharing.

Think Points:

- What would you say is your primary focus – a) individual services users, b) families, c) the wider community or the general public? If you think it is a mixture of two or more, which is dominant?
- Do you know the primary focus of those you might want to share information with or who might want to share it with you? How do you think this might affect how they might want or need to share information?
- Do you identify most strongly with your profession, your service, your team, your employer organisation or another community of practice? (Some or all of these might be the same in your case but are not the same for everyone.) How do you think this might affect your practice of confidentiality and your understanding of the practices of confidentiality of the practitioners you work with?

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