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Information-sharing and confidentiality in social policy: regulating multi-agency working

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Abstract

In recent years, there has been growing concern in the UK that local services aimed at risky or vulnerable people are ineffective, because of persistent failure to share information about their clients. Despite considerable national policy effort to encourage better information-sharing, previous research indicates that there are many cases where information is still not shared when it should be, or where it is shared when it should not be, with potentially devastating results. This article uses data from the largest empirical study of local information-sharing yet undertaken to examine four policy-sectors where multi-agency working has come to the fore. It shows variations in their information-sharing and confidentiality practices can be explained by neo-Durkheimian institutional theory and uses insights from this theory to argue that current policy tools, emphasising formal regulation, are unlikely to lead to consistent and acceptable outcomes, not least because of unresolved conflicts in values and aims.

Introduction¹

Increased sharing of personal information about clients, patients and offenders has come to be regarded in British government as critically important to ‘joined-up’ approaches to social policy, especially in such fields as child protection, crime reduction, health and social care, offender management, youth services, domestic violence and substance abuse. Willingness and capacity to share information between local agencies responsible for these services is seen as the *sine qua non* of effective management of cases, the efficient use of resources, and the prevention of unacceptable outcomes (PIU, 2002; Cabinet Office, 2006b). All these fields have seen the publication of national guidance notes and of model information-sharing protocols designed to promote the increased sharing of client information among local agencies. A raft of new national IT systems are also being developed to provide better infrastructures for information-sharing, including the ViSOR database of violent and sex offenders, ISA (an information sharing and assessment tool) for integrated children’s services, and a new, national police intelligence system. So heavy is the emphasis now being placed on this issue by national policy-makers, that a recent White Paper (Cabinet Office,

2005) placed the enhancement of information-sharing at the core of the e-government project and a Cabinet Committee, MISC 31, was set up in February 2006 to 'develop the Government's strategy on data-sharing across the public sector' (Cabinet Office, 2006a). A new, high-level outline strategy for information-sharing was announced in September 2006. (DCA, 2006) and a 'comprehensive plan' is promised for April 2007.

The reasons for this persistent, high-level policy interest in the UK in sharing information about the clients of public services have been discussed previously (6 et al., 2005; Bellamy et al., 2005). They reflect, in large part, the increasing preoccupation with targeting resources on people at greatest risk of criminality, anti-social behaviour and social exclusion. This preoccupation shows no signs of abating: for example, the new Social Exclusion Action Plan (Cabinet Office, 2006b), also published in September 2006, was said to 'go hand in hand' with government's information-sharing strategy (Cabinet Office, 2006c). The high political salience of information-sharing can also be attributed to a series of well-publicised cases where failures to share information effectively led to tragic outcomes, including the deaths of children as a result of long-term abuse (e.g. Laming, 2003), rapes committed by paedophiles registered with the police as sex offenders (e.g. BBC News, 2006a) and murders by violent offenders living in the community under supervision by local agencies (BBC News, 2006b). A particularly horrific case involved the murder of two schoolgirls in the Cambridgeshire village of Soham by a man who was previously known to the police in another county as a probable serial sex offender but who was nevertheless employed in Soham as a school caretaker (Bichard, 2004).

There are, therefore, strong political pressures on local agencies to engage in more information-sharing, but, in practice of course, how consistently this is done depends on how discretion is exercised in the street-level management of cases. Although much available guidance is couched in spuriously precise, legalistic terms, judgments about when to share client information cannot be reduced to a set of algorithms capable of being applied mechanically in sensitive and contested fields such as these. Thus, the detailed guidance on information-sharing about violent and sex offenders concedes that 'whether information should be shared, and if so, what information and to whom, must be decided on a case-by-case basis' (NPS, 2004: para 201). However, if the purpose of national policy is to establish a systematic bias in favour of much more sharing, then, it seems, thus far, to have failed. Previous research on local partnerships in policy fields such as child protection and offender management has shown that information-sharing continues to be patchy, for reasons that

are commonly attributed to soft, 'cultural' factors (Cleaver *et al.*, 2004; Kemshall *et al.*, 2005; SEU, 2005). Evaluations of initiatives created specifically to promote more information-sharing suggest that change is difficult and slow (Baines *et al.*, 2004; DfES, 2005; ODPM, 2005): top-down political pressure and stronger national prescription *is* probably associated with an increase in the overall volume of information-sharing, but unevenly so, even within the same service (e.g. SEU, 2005; Kemshall *et al.*, 2005). The implication is that there are still many cases where information is not being shared where it should be, with the consequence that the government's social policies are not being consistently implemented, the full extent of some clients' problems are being insufficiently recognized, appropriate interventions are not being made, and clients, their families and, sometimes, the wider public are being put at risk of preventable harm. At worst, we can expect further tragedies, such as that which took place in Soham.

The patchiness of local information-sharing practices means, too, that there is a high probability that some personal information is being shared in circumstances that may *not* warrant it, with costs both to personal privacy and to service outcomes. We have discussed, elsewhere, the possibility that the apparent willingness to attach blame to frontline staff and agencies when cases go wrong may be combining with stronger policy imperatives to encourage inappropriate information-sharing, with the risk that client confidentiality is violated unnecessarily, the trust of clients in public services may be undermined, clients are needlessly stigmatized as posing risks or problems, and unacceptable or unjust outcomes may be triggered (Raab *et al.*, 2005). For example, there are well-documented cases where families have been irreparably damaged as a result of children being taken wrongly into the care of the local authority on the basis of (what later turned out to be) unsubstantiated allegations, as in the notorious 1991 Orkney (Clyde Report, 1992) and Cleveland (Cleveland Report, 1988) child-abuse affairs. Similarly, it has recently turned out that some 2,700 people have been unfairly denied employment, because of police records that inaccurately identified them as having been convicted or suspected of various crimes (BBC News, 2006c).

There is, therefore, a pressing need to know much more about local information-sharing practices and the social contexts that shape them. What factors explain variations in practice observed by previous research? Are local practices more predictable and consistent as a consequence of more assertive national policy, the imposition of national guidance and the signing of local information-sharing protocols? And in what circumstances do frontline staff become more confident about

navigating successfully between policy pressures to share more personal data and continuing operational and ethical imperatives to protect confidentiality, especially in circumstances where the full significance of information is unlikely to be understood until it is shared?

The study and its theoretical framework

This article provides some answers to these questions. It reports findings from a major studyⁱⁱ of information-sharing and confidentiality practices in multi-agency arrangements (MAAs) in four policy sectors where multi-agency working has been strongly prescribed by central government. Data were collected by means of 205 interviews with frontline staff and their managers, in 75 agencies working in twelve MAAs in England and Scotland. This is, therefore, the largest empirical investigation of information-sharing in social policy yet undertaken, and the only one systematically to compare information-sharing and confidentiality practices within and also across policy sectors dominated by different professions.

The eight English multi-agency arrangements in the study were drawn (two each) from the following fields:

- Integrated health/social care, local implementation teams (LITs), established under the national service frameworks (NSFs) in mental health, (DH, 1999);
- Integrated health/social care LITs, established under the NSF for older people (DH, 2001);
- Crime and Disorder Reduction Partnerships (CDRPs), established under the Crime and Disorder Act 1998;
- Multi-agency Public Protection Arrangements (MAPPAs), established under the Criminal Justice and Courts Services Act 2000.

These measures do not apply in Scotland: four Scottish MAAs were therefore drawn (one each) from informal multi-agency arrangements covering the same functions, enabling comparisons to be made between the impact of strong national prescription in England and the less prescriptive approach in Scotland. Overall, the twelve MAAs in the sample included agencies involved in a Care Trust, regional information hubs for crime prevention, the Scottish e-Care initiative, several youth-offending teams (YOTs), anti-social behaviour units (ASBUs) and Drug and Alcohol Action Teams (DAATs). Thus, the study included agencies with very different relationships with clients. The

primary purpose of health and social care agencies is to meet individuals' health and welfare needs, whereas the primary duty of the multi-agency public protection arrangements (MAPPAs) and crime and disorder reduction partnerships (CDRPs) is to protect the public by managing risk and reducing crime. Some agencies – notably YOTs, DAATs and the probation service – attempt to combine both therapeutic and public protection functions. The sample included metropolitan and suburban areas, and rural counties with sparse populations. It also contained some MAAs with reputations for being well advanced in multi-agency working, and some that were not.

The study's core hypothesis was that the variations in information-sharing practices (the dependent variable) would be explained by systematic differences in institutional settings of the twelve MAAs (the independent variables). The project was therefore designed to explore whether the social dynamics associated with different institutional contexts could explain the differences in practices identified by previous research, including differences, noted by the previous research cited above, between those in the same policy sector and of a similar functional type. To develop a theory dealing specifically with information-sharing practices, from which precise hypotheses might be directly drawn, a series of predictions about the patterns of information-sharing (and absence of sharing) and confidentiality practices that we would expect to find were developed from twelve sets of theories most relevant to multi-agency working, inter-organisational relations and local policy implementation (6 *et al.*, 2004). These predictions were synthesized into a single analytical framework provided by neo-Durkheimian institutionalist theory (Douglas, 1982a [1978]; 1982b, 1992, 1996; Mars, 1982; Thompson *et al.*, 1990, 1999; Gross and Rayner, 1986; Rayner, 1992; Hood, 1998; 6, 2004a,b; 6 *et al.*, 2006). This tradition emphasizes two key dimensions of social organisation, set out in Durkheim's writings (1951 [1897]; 1961 [1925]) – namely, the degrees of social regulation and of social integration.ⁱⁱⁱ In this context, 'social regulation' assesses the degree of tightness with which institutions control and sanction behaviour, both formally, by means of rules, laws, authorisations and structured role-differentiation, and informally, through conventions, the setting of expectations, informal supervision and staff interaction. 'Social integration' assesses the degree to which individuals are institutionally bound and accountable to a bounded group or collectivity.

Cross-tabulating these two dimensions, first done by Douglas (1970), yields four distinct institutional forms which, it is claimed, can be found in social entities at every level and of every kind, although –

as we explain below – they are usually found in combination, as well as in varying degrees of strength. These forms are:

- *hierarchical* (strong regulation; strong integration)
- *individualistic* (weak regulation; weak integration)
- *enclave* (weak regulation; strong integration), and
- *isolate* (strong regulation; weak integration).

Under *hierarchical* institutions, life is rule-bound, roles are clearly distinguished, membership boundaries are clear and decisions are made under known rules of authorisation: power varies with status. Under *individualistic* forms, staff must find their own ways of accessing resources and brokering agreements with others: behaviour varies with personal power. In *enclaves*, collective action is sustained by shared commitment to values that define the sub-group or team: boundaries between members and non-members are heavily marked and policed in order to sustain this commitment. Finally, in the absence of status, power and commitment, collective action of any kind becomes difficult, and so in *isolate* forms, staff must adopt whatever short-term coping mechanisms are available to them.^{iv}

The hypothesis was that the social dynamics associated with each of these forms would support different kinds of information-sharing practices, and thus help to explain the variations in local practices found by previous research. That is, theory was used to draw up a series of predictions about the different behaviours around information-sharing and confidentiality that would be reported by interviewees in institutional settings exhibiting either: strong tendencies to regulatory compliance (hierarchy); instrumental or strategic calculation principally by individuals (individualism); principles and values sustained within strongly-bounded teams (enclave); or day-to-day getting-by (isolate). The practices predicted for each form are summarized in Table 1. Hybrid institutional forms, characterized by combinations of two, three or even four of these elemental forms, were predicted to show a variety of practices according to the relative dominance in those settings of multiple forms.

[Table 1 about here]

Table 1 lists the 75 agencies in the study, grouped by the MAA to which they belong. To establish the institutional forms for each agency, transcripts of interviews with staff were analysed qualitatively, using structured, pre-defined, codes relating to characteristics such as institutional history, degree of formalisation of structures and rules, commitment to shared values and management styles. These codes are published in full in the annexes to the project's end of award report (Bellamy *et al.*, 2006) which also describes rigorous arrangements for ensuring inter-coder reliability in the assessment of institutional forms. Because the project was concerned both with the internal institutional dynamics of agencies, and with effects on their institutional dynamics of participating in multi-agency arrangements, two institutional codings were assigned to each agency. The *agency-by-agency* coding (Column 4) captures effects on the agency ascribed to its internal dynamics, by showing the mix of institutional forms resulting from internally-generated regulation and the degree to which the agency is integrated within itself. The *agency-by-MAA* coding (Column 3) captures institutional dynamics ascribed to the agency's participation in the MAA: that is, the degree of regulation imposed on the agency by the MAA itself or by other external bodies, such as government departments, as a result of participation in the MAA, and the extent to which the agency in question is integrated into the MAA.^v In both columns 3 and 4, hybrid forms are shown in order of the relative predominance of each pure form in the hybrid.

Table 1 about here please

For example, the first agency listed, 1A, is a National Health Service (NHS) trust in Case Study 1, a mental-health care MAA. It was judged, on the basis of the codes described above, to be strongly regulated by, and integrated in its MAA, which was a mental health local implementation team (*agency-by-MAA* code H). The Trust's internal dynamics were judged to be predominantly hierarchical, but with some admixture of enclaving because there some areas where staff were closely bonded amongst themselves but not well-integrated in, or regulated by, the Trust (*agency-by-agency* code H/E). By contrast, the local authority community safety department, 5A, is a larger, functionally-diverse body that requires significant elements of hierarchy to sustain it internally. The MAA is subject to Home Office guidance, and the community safety department was making efforts to integrate agencies more strongly within it. But the MAA, like all the crime and disorder partnerships in the project, was, nevertheless, fairly incohesive. Within the MAA, the department therefore occupied the structural position of an isolate: that is, it was being subject to more social

regulation but this was not matched by an increase in social integration. Internally, its staff operated rather individualistically and they were also attempting to do replicate this behaviour across the MAA, by striking personal deals with staff in other agencies within the MAA. Hence the *agency-by-MAA* (H/Is/In) and the *agency-by-agency* (In/H) codes, show respectively the limited role for individualism *within* the department, and the *additional* scope for individualist behaviour created for its staff by the department's participation in the MAA.

The distribution of institutional forms among agencies involved in multi-agency working

Most agencies exhibit some degree of hybridity. As we should expect by virtue of being formal, public service, organisations, many agencies exhibit significant levels of social regulation. Some two-thirds of agencies cluster in the top two sectors in Figure 1, with significant elements of hierarchy and isolate forms, and individualistic form, are weakly represented in the sample as a whole. *Agency-by-agency* coding shows that 41 of the 75 agencies are purely or predominantly hierarchical and 10 are isolate, whereas *agency-by-MAA* codes show 26 as being hierarchical and 25 as isolate. This indicates that for a significant minority of agencies, involvement in an MAA adds social regulation without increasing social integration into the rest of the MAA. This is particularly marked in crime and public protection agencies in Scotland (MAAs 11 and 12), raising a question about the claim frequently advanced by policy-makers there, that the more intimate scale of public administration encourages partnership-working, without need for legislation.

Apart from this Scottish dimension, geography is not strongly associated with particular institutional forms: metropolitan areas, for example, do not differ systematically from suburban or rural ones. Nor is it the case that long experience of working-together is associated with increased hierarchy; this was surprising since it was assumed that the strength of both social integration and social regulation might increase with the passage of time. However, prior reputation with senior policy-makers for excellence in information-sharing *does* appear to be strongly associated with hierarchy: there are only four agencies in MAAs with no particular reputation for information-sharing amongst the 27 that are purely or predominantly hierarchical.

By far the strongest finding displayed by Table 1 is that institutional form varies by *policy sector*. That is to say, it reflects the distinctive histories, functions and structures of the fields in which the MAAs operate. The health/social care local implementation teams (MAAs 1-4) work to operational

guidelines issued in the form of secondary legislation by the relevant Secretary of State (DH, 1999, 2001) and are accountable for outcomes through a national performance measures and inspection regime. There are similar, but less prescriptive, guidelines for health/social care in Scotland (MAAs 10, 11). In all these MAAs, there is evidence that detailed, central prescription is associated with an increase in social regulation, and also some increase in social integration, amongst agencies bearing the brunt of sustaining the MAA, and providing it with strategic direction: these are the strategic health authorities, trusts, health boards, statutory social services and housing departments that plan, resource and jointly manage services in health and social care. But all these MAAs also display evidence of marked institutional cleavage, in the sense that there are marked differences in institutional form between these agencies and the agencies and teams responsible for delivering services. Especially in the English mental-health care (MAAs 1, 2), there is pronounced articulation of enclaving amongst specialist, service-delivery teams that tend to be dominated by professional medical, para-medical, social work or social care staff. The absence of social integration is also marked in the Scottish mental health care case (MAA 9), but by contrast to the English cases, this MAA exhibits limited evidence of hierarchy, there is less evidence of a more strongly-integrated core, and interviewees reported major problems in maintaining collaboration, not only between health and social care but also between health agencies. The social services department had withdrawn its staff from a series of jointly-managed facilities; in interviews, both sides reported limited commitment to common processes or even to multi-agency teams and inter-professional working.

The English multi-agency public protection arrangements (MAPPAs) are statutory MAAs, in which formal responsibility to supervise sexual and violent offenders in the community is imposed jointly on three agencies: police, prisons and probation services. MAPPAs development has, in practice, been led at both national and local levels by managers in the National Probation Service, which in the last five years has transformed a set of over 40 local probation services into a single, national one, working to strict operational guidelines, including those regulating MAPPAs work which have the force of secondary legislation. This accounts in large part for the marked hierarchical forms exhibited in these MAAs (MAAs 7, 8). Pressure towards hierarchy is reinforced by the enormous scope possessed by violent and sexual offenders for generating moral panic amongst the press and public. The UK currently has no Megan's Law requiring community disclosure of paedophiles (cf. Hood *et al.*, 2001: 156-8), but most interviewees in the three 'responsible agencies' revealed great fear

of vigilante action arising from unauthorized disclosure, and so they are establishing trusted routines for sharing information based on relatively high levels of both social integration and social regulation. As with the health/social care MAAs, the MAPPAs display marked institutional cleavages. For the purposes of MAPPAs work, the three responsible agencies need to work with a potentially large number of mental health, social housing landlords and social services departments that have a statutory 'duty to co-operate' with them: one MAPPAs membership comprised more than 50 agencies. The 'responsible agencies' therefore work, often on an infrequent basis, with many agencies that are relatively peripheral to MAPPAs work (for example, social housing agencies, 7D, 8E, 8H), that have little understanding of, or capacity for, information-sharing in this specialist field, and that often resist working with this clientele. They also pose significant risk of unauthorized leaks to the community or to the media. To add to these problems, mental health services have formally objected, on grounds of patient confidentiality, to sharing data except in clear cases of high and immediate risk: this stance appears to be supported by guidance from the Department of Health (DH, 2003) and the Royal College of Psychiatrists (RCP, 2004), which notes that the guidance issued by the National Probation Service (NPS, 2004) 'sets out stringent conditions which must be met before such disclosure can be permitted. These do not entirely square with the requirements of medical confidentiality, and they cannot over-ride those requirements' (RCP, 2004: unpagged).

Like the MAPPAs, the English crime and disorder reduction partnerships (MAAs 5, 6) are statutory creations, but, in contrast to the MAPPAs, social integration there is more weakly articulated across the *whole* of these MAAs than in the other English ones: unlike the MAPPAs, CDRPs appear to have no strongly integrated set of core agencies. The Home Office has no tradition of closely supervising local authorities, and has adopted a relatively hands-off approach, preferring persuasion to subordinate legislation. Local authority community safety departments, that co-ordinate CDRPs in conjunction with the police, have low status and are more used to taking a bottom-up steer from local communities than a top-down one from central government. Intelligence-led crime prevention, which provides the rationale for CDRPs, is still not widely understood in the police and runs counter to the crime-fighting approach favoured by their 'canteen culture' (Tilley, 2003). Although the national Association of Chief Police Officers has issued guidance on information processing and data protection (ACPO, 2002), it has limited power to compel chief constables to comply (Savage *et al.*, 2000). Like the MAPPAs, CRDPs have a large, unwieldy and diffuse membership, and here, too,

health authorities have been chary of information-sharing with other members of MAAs on grounds of patient confidentiality.

By contrast, Scotland has no statutory arrangements for community supervision of violent and sex offenders, and multi-agency work with this clientele is led mainly by specialist teams in local authority social work departments. These teams lack authority to impose strong regulation and possess very few resources for increasing social integration amongst other agencies involved in this work (MAA 12). The Crime and Disorder Act (1998) that established the English CDRPs does not apply in Scotland, and Scottish crime prevention work (MAA 11) is even more weakly integrated and regulated than in England. In both the Scottish law enforcement MAAs, there is a preponderance of isolate and enclaved forms, and a higher density of individualistic and a lower density of hierarchical forms than in any other MAAs in the study.

In sum, then, there are clear differences in the patterns of institutional forms displayed in the four policy sectors in the study, and also between England and Scotland. The question is whether these forms are also associated with marked differences in information-sharing practices. To explore this point, we now turn to a discussion of the dependent variable, that is, 'the styles of information sharing' exhibited by local agencies.

Styles of information sharing in local multi-agency working

The sensitive nature of personal data collected by agencies in the services studied for this project, means that it would not have been possible, for research ethical reasons, to gain access to patient records, and the research design called for breadth of coverage to maximize scope for comparison, rather than in-depth ethnographic analysis of fewer cases. The study therefore used data about local information-sharing practices reported by interviewees, and did not attempt to establish robust, independent measures of their volume and appropriateness. Nevertheless, these data did enable judgments to be formed about the degree to which interviewees were confident that information was being shared, and confidentiality respected, appropriately: this is important, because much national regulation in this field has been issued specifically to give street-level staff more confidence about information-sharing, as a means of increasing its volume and consistency. Interviewees were asked specifically about these points, but the judgments made by coders were based on the transcripts as a whole: judgments were then checked independently under strict protocols for inter-coder reliability. They resulted in two sets of assessments shown in columns 5 and 6 of Table 1.

This Table shows that Interviewees' confidence that *confidentiality is respected* appropriately is generally much higher than is their confidence that *information is shared* appropriately. However, the strongest relationship is between the degree of hierarchy displayed in the *agency-by-MAA* codes, and *confidence in information-sharing* and, to a lesser extent, *confidence in confidentiality*. Six of the seven cases of pure hierarchy were ranked high or medium-to-high on *confidence in information-sharing*, as were 12 of the 20 predominantly hierarchical forms: the respective numbers for *confidence in confidentiality* are 5 and 10. By contrast, only four enclaved or isolate agencies were ranked high on either dimension.

Overall, then, there seems, then, to be a clear relationship between hierarchical institutional forms and high reputation for effective information-sharing, on the one hand, and high interviewee confidence in information-sharing, on the other. It might be tempting to infer that, to promote effective information-sharing in multi-agency working, national policy-makers should try to strengthen hierarchy, particularly in the Scottish MAAs, the English crime and disorder reduction partnerships and in the peripheries of the English MAPPAs and health/social care MAAs (represented by some two-thirds of the agencies in the sample), where hierarchy is currently weak. However, we are cautious about making a strong causal inference, for reasons that will be explored in the next part of this article.

The inevitable insufficiency of hierarchy

While some degree of hierarchy is undoubtedly important for establishing appropriate information-sharing practices, it is probably not a sufficient one over the longer term, for the other institutional forms contribute capabilities that may be critical in checking the tendencies of hierarchical institutions to overregulation (Thompson *et al.*, 1990, 86-93). This point depends upon an important thesis in neo-Durkheimian thought, one that is well-supported by empirical evidence (Thompson, 1996; Verweij and Thompson, 2006 in press; Thompson *et al.*, 1990; Peck and 6, 2006; 6 *et al.*, 2006). This states that no one institutional form is viable without some admixture of others, because each of the four elemental forms offers something important to the mix, not least by providing a counter to the potential excesses of other forms. Without scope for individualism, institutions can become gridlocked by adherence to rules or paralysed by conformity to social regulation. Enclaves supply commitment to principle, as the basis of legitimacy and trust, and thereby act as brakes on isolate pragmatism or individualistic instrumentality, but may encourage fragmentation and schism. Isolate elements create capacity for day-to-day carrying-on of business in the midst of conflicts about

principle, reforms of business methods, or uncertainty surrounding the brokering of deals, but may encourage overly-pragmatic indifference either to values or consequences. Hierarchy provides cohesion and also authority, and thus the means of routinising business (6, 2003; 2006 in press), but may encourage excessive pressures to conform or too much concern with process at the cost of concern for outcome. If this theory holds in this field, and even though hierarchical and isolate forms are dominant, we would expect to find enclaved and individualistic forms in their interstices or on their periphery and that *all* institutional forms contribute, in ways that are intelligible, to information-sharing and confidentiality practices actually found in local MAAs. Detailed, qualitative analysis of discursive interview data, using the computer package QSR N6, was therefore undertaken to explore the interplay of hierarchical and other institutional forms.

One of the most thorough-going strategies for increasing hierarchy across multi-agency arrangements found in the sample is in one of the two English multi-agency public protection arrangements (MAA 7). The manager of the lead agency (7A) not only relies on strong, detailed national guidance formally to regulate the MAA, but tries, too, to foster social integration by building good social relations with other agencies and by providing them with systematic training, mentoring and support. This strategy does not, however, address short-term resistance, particularly by enclaved peripheral agencies, to working with this clientele. The interview with this manager reveals several incidents in which he was obliged to resort to the crude assertion of formal regulation, for example by threatening to report non-compliant agencies to the Home Office:^{vi}

I have very good links with my colleagues and the unit has even better links with their colleagues in those surrounding areas and often if we're hitting a problem then we'll go through their sort of MAPPAs framework to try and resolve it, so for example we had a family moved into this area. It was a youth offending service case and they moved in from the Northshire area ... and we were concerned that we couldn't get the information through, and we just went to Northshire and said 'I think you need to know that this is going on and if you can't get the information, I'm going to kick up a stink. Can you try? And they got it. (7A)

Although, this interviewee believes that this use of top-down regulation is softened by good social relations within the MAA, there is evidence from other interviews in this MAA that it served to reinforce isolate and enclaved elements found in the peripheral agencies.

The guidance issued to MAPPAs does not apply in Scotland and does not, therefore, provide legal authority for the sharing of information about clients. The interviewee quoted below, a police inspector in charge of a specialist sex crimes team in a Scottish police force, is therefore more worried about contravening human rights and data protection legislation than about failing to comply with information-sharing rules. Here the interviewee is talking about the problems of persuading the local authority to house a sex offender:

We have to be very careful, informal contact is extremely dangerous, again because of all the issues that have come out recently with data protection, and human rights and all this sort of thing, er, we've got to be able to manage the information ... we've got to be able to show that we haven't disclosed the information illegally and ... if we have informal contact with Housing then we could be accused of sharing information ... which in actual fact they're not entitled to, which has breached data protection and all that sort of thing. (12B)

The team, the *agency-by-agency* code for which is predominantly hierarchical (H/In/E) copes with this problem by finding a chink in the regulatory armoury of the MAA, albeit one that is too small fully to meet their needs, by exploiting the individualist elements in the *agency-by-MAA* form (In/H/Is):

Well, what we do ... is to discuss the information with Social Services through the Criminal Justice Team, who thereafter then in consultation with their colleagues in Housing can share certain information that we have given them, but they can't share everything because they're not entitled to either ... when the major issue for a sex offender is where is he going to be housed. (12B)

Many police officers working in English MAPPAs and crime and disorder reduction partnerships tend to work in individualist teams, characterized by weak social regulation and weak social integration. This is because liaison with CDRPs and MAPPAs is often undertaken by specialist police teams that are relatively free from operational discipline, and whose members operate relatively independently of each other. This setting provides ample scope to use their contacts and social skills to cut deals to achieve personally-defined goals. For example, a Detective Inspector in charge of MAPPAs work for a large police force describes why he hardly ever uses a 'specified point of contact' when dealing with other agencies:

I always ring ... the prisons that I want to talk to myself, I do the deal myself. If I want Discipline, I ring Discipline and I speak to a person and I deal with a person. ... Throughout my service I've always found working with people is better than working through the centre. Now that's probably contrary to the organisation, are you with me? (8B)

Nevertheless, police officers are constrained to operate within the legal framework of policing. In England, but not in Scotland, s.115 of the Crime and Disorder Act 1998 specifically permits information-sharing to detect and prevent crime, and this Act was frequently cited by police interviewees in English MAAs as providing formal regulatory cover for their information-sharing practices. In other words, an element of formal hierarchy was being used to legitimate individualist behaviour which tended to privilege sharing over confidentiality. By contrast, as we saw above, police-officers in Scotland tended to be nervous about information-sharing because there is no legislative provision akin to s. 115. Staff in enclaves, in both England and Scotland, also tended to be nervous about information-sharing, not because they feared the consequences of breaking the law, but because information-sharing may run counter to internally-agreed principle. Indeed, in its strongest form, enclaving provided principled grounds for teams to resist MAAs' agreed information-sharing procedures. Here, for example, is the head of a team specialising in the primary health care of substance abusers (*agency-by-MAA* code E) explaining why he never shares patient data with other agencies for non-therapeutic reasons and why he even refuses to make statutory statistical returns:

Our job is to provide good general medical care and specialist treatment for particularly heroin addiction to our patients. So I suppose I don't see what there is to be a partnership about. Except with those people who provide other parts of the treatment. ... Because what's central to our practice is that relationship in which patients know they can talk about anything they want and it doesn't go anywhere else. And you can't do the job without that. So in that setting my responsibilities to protect the wider society have to come second. (5G)

Enclaving does however serve to promote information-sharing *within* the enclave: indeed, the high level of internal integration, egalitarianism and trust characterising this institutional form supports free access of members to patient records, regardless of status or profession.

However, even strong enclaves cannot easily sustain themselves without admixtures of other institutional forms. As the quotation below indicates, this agency is prepared to refer to external regulation – from a professional body that reinforces its values – in order to cite authoritative, external political support for its resistance to local regulation. This manager is also prepared to assert a degree of internal regulation, to head off the dissent to which egalitarian teams are inevitably prone: its *agency-by-agency* coding contains an element of hierarchy:

We make all those decisions at our weekly meeting. I don't think we've ever come across any disagreements about what we should and shouldn't share. I suppose mainly because most are cognisant [of] what our professional bodies want. Nursing and medicine say the same thing really But even if there wasn't [agreement] I would impose it. Because it's me that carries the can. So if one of our nursing staff gives out data that is against general medical council rules it's me that gets hauled before the General Medical Council. I have to be very clear that those rules are being adhered to. (5G)

In another MAA, the manager of a prison health unit described the 'bizarre' situation in which a primary health care trust (8f – *agency-by MAA* code E/H) insisted on (what he considered to be excessively) detailed protocols for sharing patient data, but turned a blind eye to the fact that they were subsequently ignored:

They're very, very cautious as to what they will sign up to and they're working to a different set of standards as well. That's a problem in terms of information-sharing. Now ... is that having an impact in terms of what needs to be shared? I don't know... the feedback I get is 'no, probably', but this information is still being shared ... So the protocols aren't having any impact in terms of information-sharing. (8C)

In this example, the predominantly isolate position occupied by this agency (*agency-by-MAA* code Is/In/H) is mitigated by a degree of individualist space created by a tacit agreement not to enforce symbolically-important rules.

This discussion illustrates some important ways in which variations in local information-sharing practices are indeed made intelligible by neo-Durkheimian institutional theory, as predicted by the

hypotheses framing this study. In particular, it shows the significance of the large number of hybrid forms shown in Table 1. Thus, the relatively high proportion of hierarchical institutional forms, and particularly their social regulation dimension, are, variously, supported, reinforced, undermined or worked around in ways that are enabled by other institutional forms, so as to enable or inhibit specific kinds of information-sharing or confidentiality practices in multi-agency arrangements. Thus, strong or intrusive assertion of formal regulation by one agency may reinforce the tendency to isolate forms in others, but at the same time, the uneven reach of social regulation creates spaces for individualistic deals to be brokered, or for staff to find workarounds to inflexible or excessively-restrictive rules. Conversely, elements of hierarchy are to be found in predominantly enclaved or individualistic forms, where, for example, they provide independent validation of the enclave's principles or create scope for individualist discretion.

Coping with dilemmas in conditions of uncertainty: the problems of regulating frontline information-sharing

This discussion has also begun to explore the use of informal practices to deal with problems imposed by the exigencies of multi-agency working, and the importance of understanding the importance of informal, as well as formal, means of regulating information-sharing and confidentiality practices in local MAAs. The widespread use of such practices is not surprising, nor is it *necessarily* worrying. Social theory has long recognized that the most important constraints on organisational life are often sustained more by informal, and often tacit, understandings of appropriate behaviour than by explicit rules (Roethlisberger and Dickson, 1939). Interviews conducted for this study revealed that, in a few cases, informal workarounds lead to law-breaking, mainly by contravening data protection legislation. But informal practices are more typically used to address the gaps, to deal with the inconsistencies and to reduce the bureaucratic transaction costs commonly associated with all forms of formal regulation, than to engage in the kind of systematic cheating found in Mars' famous study (Mars, 1982). There is, however, no getting away from the fact that they often lead to solutions of a very particular kind, and thus undermine the predictability, consistency and equity of local public service delivery. This quotation is from an interview with the head of a social work team in a Scottish mental health MAA, describing the extent to which effective information-sharing in his MAA depends on knowing the right people:

I used to work in a mental health resource centre, so I have got a more personalized relationship with some of the community psychiatric nurses and some of the consultants. It means that it's easier for me to access information from their information systems. ... I could phone up the staff from the Matrix Centre and get information on somebody who has been referred to social work. It's difficult for other social workers who don't have that kind of personalized relationship and anecdotally, they have said sometimes they phone up and CPNs or admin staff have said 'no we can't give that information'. (9B)

MAAs find it very difficult, however, to nurture the kinds of informal practices that staff are able to use with high confidence in their acceptability and appropriateness, because MAAs are unable to sustain widely-shared understandings of what counts as *appropriate* information-sharing or confidentiality. Some reasons relate to deficits in formal regulation: as we have also seen, the British Government has devoted a great deal of energy to increasing the availability of formal regulation in this field, but previous research cited above found that frontline staff continue to complain about in the incomprehensibility of data protection legislation. Some national guidance is contradictory, notably the guidance handed down to MAPPAs by the NPS, on the one hand, and the Royal College of Psychiatrists and the Department of Health, on the other. These contradictions in national policy are reflected in continuing, deep-seated differences of opinion in local MAAs about the purposes and scope of information-sharing in policy fields such as those studied for this project: these conflicts serve to reflect and reinforce deficits in social integration, too. It was apparent from many interviews (including those from MAA 5 quoted above), that there are particular tensions around the sharing of client information across the divide between client-oriented, therapeutic services, on the one hand, and, on the other, law enforcement services oriented primarily to public protection and crime reduction. These tensions were found in all MAAs in our study, except those concerned with older people. They were especially strong within and around agencies, such as the probation service, youth offending teams and drug abuse units, that try to combine the treatment of clients with formal responsibilities to public protection. Many interviewees in such agencies were frankly bewildered by the dilemmas posed by their work. Here is an experienced, senior worker in a youth offending team coded as predominantly isolate:

I'm still trying to get a definitive answer regarding high levels of confidentiality we use in the service. Something that since coming into this post two and a half years ago that I've been repeatedly raising.

Because there are times, there's a conflict ... which I fully understand, because somebody's offending is directly related to their drug use then it has a valid argument that you need to know about that. But equally in terms of having worked in treatment and understanding the need, because ... [if] you don't have that level of confidentiality, you put a barrier between [a] therapeutic kind of relationship. Now I'm constantly trying to get an answer. I'm all things to all men. Youth Offending but but I'm also therapeutic relationship Drug Worker but. And there is a conflict between the two of them.

(5H)

All these problems mean that managers and their staff cannot operate on the basis of unambiguous national guidance, laws and codes: still less do they operate within uncontested local interpretations of their underlying ethics and rationale. If frontline information-sharing depends on judgment as much as rules – and therefore as much on tacit understandings as on formal protocols – then in very few of the MAAs in our study is there an uncontested basis for building the kind of shared understandings that would support the consistent and confident application of judgment. As a result, the tasks of establishing agreement across the MAA about what counts as appropriate information-sharing, let alone of enforcing it, are far from simple. The MAAs (1, 2, 5, 6, 7, 8, 9, 11, 12) that were most intensely troubled by this problem exhibited a variety of institutional forms, but it is not surprising that considerable reliance is placed in all of them, to varying degrees, on the kind of individualistic deal-making and isolate coping illustrated by the interviews quoted above.

It is clear, too, that many street-level staff experience this uncertainty, and particularly the scope for contestation, as problematic for their day-to-day work. Most staff interviewed for this study comprehend well the current policy imperatives for information-sharing and also the need to protect confidentiality, but the ways in which this understanding of policy context impacted on their attitudes and reported information sharing and confidentiality practices, were mediated by institutional context. Only a few interviewees were untroubled by the perceived tension between these imperatives. These people tended to work in enclaves fortified by principle, that usually privilege confidentiality, or in individualistic settings, that usually privilege information-sharing. In a political context that is likely to generate blame when matters go wrong, many interviewees also stressed the need for defensible practice. But, especially in isolate or enclaved agencies that were not well integrated into the MAA, they often lacked a working understanding of how what it might mean for their information-sharing practices. This interviewee is a senior manager in a drug action

team (agency-by MAA code E/H/Is) whose professional leanings towards confidentiality are in tension with pressures emanating from the MAA towards greater sharing. The lack of strong, shared understandings, based on effective social integration, mean that, like the interviewee quoted above from agency 5H, he has no successful way of resolving this tension:

From a personal side, as long as I could justify to myself that I'd followed due process and that due process would vary from time to time, you know because – well it wouldn't, due process would remain the same but the decision could be different because of that situation – I think from a personal side it wouldn't really matter to me. I think the thing that would concern me most around blame would be when I say about following due process I don't think it's particularly clear what due process is. So it's actually quite difficult at times to know whether you are following it. If you see what I mean. (5DAT)

Some – mainly hierarchical or enclaved – agencies attempted to address such problems by providing frontline workers with stronger, internal social regulation through regular supervisions or more formal training in information-sharing practices. More frequently, workers relied on tacit guidance provided by their own professional training or long occupational experience. This could work well in hierarchical and individualist settings where workers could be confident of a high degree of compatibility between their own expectations and those of the agency and where they, consequently were able accurately to gauge the limits of the agency's tolerance of informal practices. This experienced nurse – the criminal justice lead in a mental health trust, a hybrid agency where the predominant enclaving is moderated by hierarchy as well as by individualism – expressed high confidence that he understands the difference between the formal and the informal rules and uses this understanding to make use of informal information-sharing in ways that are acceptable to the enclave:

... to the greatest extent [it's] the protocols that govern what we're supposed to have. But it's a job that means you could informally get information... it's just the nature of how things are, because you're around and you're physically there, so you could have access to information that you perhaps shouldn't... But you're not able to use that information, although you would use it make your judgments perhaps, you're not able to explicitly say you use that information. (7G)

More difficult problems arose when there were strongly-contested expectations about information-sharing within the MAA. The most frequent tactic – passing problems up the line in the hope that senior managers would resolve them – ‘I get a suit to talk to a suit’ (12A) – sometimes helped, but only when managers had already established shared understandings of the purpose and scope of information-sharing in the MAA. Few MAAs appeared to have established routine arrangements for resolving such problems amongst senior managers: we saw above, for example, that the manager of the lead agency in MAA believed that he sometimes had no choice but to resort on occasions to bludgeoning other agencies into compliance with formal regulation, and we heard many stories of seemingly endless delays in negotiating inter-agency information-sharing protocols among the agencies’ managers.

Conclusion

This empirical analysis of the increasingly vexed problem of information-sharing in social policy has demonstrated the power of neo-Durkheimian institutional theory to explain important variations in local practices, and to demonstrate the consistency of those practices with deeper institutional contexts. In particular, we have shown that, in this field, the expansion of formal regulation by national policy-makers *has* been associated with the strengthening of social regulation, and to a much lesser extent of social integration, in local MAAs. But we have shown, too, that this strengthening of hierarchy in local MAAs is far from complete. This is particularly so in Scottish MAAs dealing with crime reduction and public protection, reflecting a style of public management that may be based on an overly optimistic assessment of the capacity both for informal regulation and for social integration in Scottish public administration. The relative weakness of hierarchy is also particularly noticeable in the English crime and disorder reduction partnerships. The English MAAs that are most strongly hierarchical – that is, those working in health and social care and in the public protection field – are markedly cleaved, with many service-delivery agencies with predominantly isolate and enclaved forms operating in the periphery of more strongly-integrated, strategically-oriented, cores. And even the core agencies in these MAAs display significant elements of individualist forms.

Hierarchy therefore coexists with other institutional forms in all the MAAs in the study, and is likely to continue to do so. This finding is not unexpected, in that neo-Durkheimian institutional theory predicts that mixed or hybrid institutional forms are usually more viable than pure ones, and that

social practices may flourish more easily when multiple forms are present. We have seen, too, that there are particular reasons why effective information-sharing could never rely exclusively on hierarchical institutions. In the first place, there are clear, though not readily measurable, limits to the feasibility and effectiveness of *formal* regulation in this field, because of the high reliance inevitably placed on street-level professional judgments about when to share client information, and with whom. There are important structural reasons, too – not least, the diffuse, unbounded and fragmented nature of partnerships in crime reduction and public protection – why a high level of social *integration* is particularly difficult to develop in many of these fields. Most importantly, social integration in local MAAs is also undermined by active conflicts and widespread unease arising from fundamental differences of perception about the scope and purposes of MAAs, and this inhibits the development of shared understandings about what constitute appropriate information-sharing and confidentiality practices: in consequence there is a weak institutional basis for the confident development of mutually-supportive informal practices, and for the consistent exercise of judgment across all MAAs: this includes even the English mental health local implementation teams and the multi-agency public participation arrangements that have relatively well-integrated cores but also rely on service delivery on enclaved or isolate agencies or teams. Achieving the enhanced volume of information-sharing demanded by government policy therefore relies, in practice, on the persistence of individual-goal seeking behaviour enabled by individualist forms and on the coping mechanisms encouraged by isolate forms, whilst enclaves play a significant role in asserting the principles underpinning appropriate confidentiality practices.

There are two obvious problems associated with the uneven reach of social regulation and the patchiness of social integration in local MAAs. First, this state of affairs undermines an important precept of justice, namely that like cases should be treated alike. The reliance, to a greater or lesser extent in all MAAs in this study, on pragmatic and particular solutions encouraged by isolate and individualist forms means that similar cases are almost certainly being treated differently in different MAAs, and probably in the same MAAs at different times. Second, the reliance on informal practices associated with these forms certainly undermines the ability of MAAs, and their member organisations, to *assure* justice, let alone conformity to law, because it necessarily masks the extent of differences and their outcomes. Despite the assertion of much stronger national prescription, information-sharing practices in British social policy continue, at best, to be lacking in transparency, are inconsistent and unpredictable and, in some cases may therefore be unjust. At worst, they pose

real and present risks of disastrous consequences to vulnerable people, or to the potential victims of dangerous ones, while at the same time failing to assure the consistent application of confidentiality norms and privacy principles.

It is therefore understandable that, with the establishment of MISC 31 and the development of its high-level information-sharing strategy, the British government is trying yet again to strengthen the formal regulatory regime under which local information-sharing occurs, with the intention of more successfully reconciling imperatives for information-sharing and the protection of confidentiality, such that the volume of information-sharing can be increased overall. The increase in formal regulation has thus far proved helpful, but this article has argued, too, that there are clear limits to the role of formal regulation in achieving this policy goal. We have seen that confusion and incoherence at local level can be traced not only to deficits in formal regulation, but that the development of supportive informal practices is also being inhibited by deficits in social integration. Some MAAs appear to be making efforts to increase the level of social integration in local partnerships, by investing in building good social relationships amongst managers, by engaging in mentoring and training, and by working together on such products as information-sharing protocols. However, evidence from this study suggests that these endeavours may be inhibited, to significant but varying degrees, by deep, and possibly unresolvable, differences in the aims and values of some agencies that are active in this field, and that this problem is apparent at national as well as local level. The overall conclusion is, then, that deficits in social integration as well as in formal regulation are significant in inhibiting the development of consistent and appropriate information-sharing practices. Where the volume of information sharing is increasing, this may be as much the result of instrumental, individualist and coping behaviours as of an increase in formal regulation. This, then, is the fundamental policy problem facing national policy-makers in seeking to resolve the apparent dilemma between information sharing and privacy, such that a systematic shift towards more and better information-sharing is achieved. In elucidating this problem, this article has shown the power of neo-Durkheimian theory to explain the complex relationships between the degree of social regulation and social integration and the nature of local information-sharing practices.

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Figure 1: Institutional forms and expected styles of information-sharing or absence of it

<p><i>Negative diagonal (isolate-enclave)</i></p> <p>Information-sharing or lack of it defensively driven by avoidance of risk</p>	<p><i>Weak social integration</i> ←</p>	<p>→ <i>Strong social integration</i></p>
<p><i>Strong social regulation</i> ↑</p>	<p>Isolate: coordination by individual coping with constrained circumstance and brute luck; Heavily constrained individuals acting opportunistically, unable to sustain trust</p> <p>Information-sharing Embraced as opportunistic coping Rejection as inconvenient</p>	<p>Hierarchy: coordination by rule, role and given fact; Centrally ordered community</p> <p>Information-sharing Undertaken as regulated practice Rejection insofar as lack of formal governance for it</p>
<p><i>Weak social regulation</i> ↓</p>	<p>Individualism: coordination by voluntary agreement; instrumental, entrepreneurial individuals</p> <p>Information-sharing Commitment to it as managerial strategy Rejection as inconvenience or threat to managerial or professional control of resource</p>	<p>Enclave: coordination by shared mutual commitment within bounded group; internally egalitarian, but sharply marked boundaries with others; held together by shared commitment to moral principle</p> <p>Information-sharing Embraced as crusade for saving lives etc Rejection as in principle wrong</p>
<p><i>Positive diagonal (hierarchy-individualism)</i></p> <p>Information-sharing or lack of it positively driven by commitment or pursuit of opportunity</p>		

Proximate source; 6 *et al.*, 2004, Figures 3 and 4, pages 11 and 15

Ultimate sources: Douglas, 1982a [1978], 1982b, 1992, 1996; Gross and Rayner, 1986; Thompson *et al.*, 1990; Durkheim, 1951 [1897]

Table 1: Institutional forms of agencies

The derivation of the coding displayed below is described on pages above. In columns 4 and 5, H refers to hierarchy, E to enclave, Is to Isolate and In to Individualist institutional forms. In columns 5 and 6, Hi refers to high confidence, M to medium confidence and L to low confidence on the part of interviewees about data sharing and confidentiality across the MAA. In all cases, scores expressed are averages of all those expressed by interviewees in the relevant agency.

Agency number	Agency function	Agency by MAA code for institutional form	Agency by agency code for institutional form	Interviewee confidence that information sharing in MAA is adequate and appropriate	Interviewee confidence that client confidentiality is adequately and appropriately respected in MAA
MAA 1 – English health/social care for mental health – rural					
1A	Merged NHS trust	H	H/E	Hi	Hi
1B	Mental health trust	H	H/E	M -> Hi	M -> Hi
1EIT	Early intervention in psychosis team	E	E	Hi	M -> L
1CMHT	Community mental health team	E/H	E/H	Hi	H
1CRT	Crisis resolution team	H	H	Hi	Hi
1AOT	Assertive outreach team	E/In	E	M	Hi
1C	Local authority social services dept (interviewee based in CMHT)	H/Is	Is/H/In/E	Hi	Hi
MAA 2 English metropolitan health/social care for mental health					
2A	Mental health trust	Is	Is	M	M
2CRT	Crisis resolution team	H/E	H	L	H
2CMHT	Community mental health team	Is/In	In/Is	L -> M	M
2EPS	Emergency psychiatric service	Is/E	E	M	M
2B	Local authority social services department	In/E	Is/In	L -> M	M
2MH Day Centre	Mental health day care centre	E/H	E/H	L -> M	M -> Hi

2AOT	Assertive outreach team	E/In	E	L -> M	M -> Hi
2C	National charity for mental health	E	E	L -> M	M -> Hi
MAA 3 English metropolitan H/SC for older people					
3A	Local authority social services department	H	H/E	L	M
3B	Primary care trust	H	H/E	L -> M	M
3C	Local older person's charity	In/E	E	Hi	M -> Hi
3D	National charity for the elderly	E/In	E/Is	L -> M	M
3E	Housing dept	H/E	H/E	Hi	M -> Hi
MAA 4 English urban H/SC for older people					
4A	Primary care trust	H/Is	H	M -> Hi	M -> Hi
4B	Social services	Is/H	H/Is	M -> Hi	M -> Hi
4C	National charity for the elderly	E/Is	H	L -> M	M
4E	LA housing, (arms length mgt org)	Is/H	In/E	L->M	L -> M
MAA 5 English metropolitan CDRP					
5A	Local authority community safety department	H/Is/Ind	Ind/H	M	M
5DAT	Drug action team	E/H/Is	E	L -> M	L -> M
5B	Police (community safety dept)	In/H/Is	H/In	M>L	M>L
5C	Sub regional information services partnership	H/Is/E	H	M>Hi	M
5D	Fire aervice	Is/H	H/In	M	Hi
5E	Children's charity – sex abuse project	H/E	E/H	M	Hi
5F	Strategic health authority – prisons service	H/Ind	E/H	L>M	L>M
5G	Primary health care – specialist drug abuse medical practice	E	H/E	L	L
5YOS	Youth offending service	Is/Ind/H	Is/H	L>M	L
MAA 6 – English rural CDRP					
6A	County council community safety	Is/H	Is/H	M	M

6YOS	department Youth offending service	E/H	E/H/Is	M	M
6B	Local authority community safety	Is	Is/H	L -> M	L -> M
6C	Fire service	Is/H	In	M	M
6D	Police service	Is	Is/In/E/H	L	L
6E	National drug abuse charity	E/H	H	M	Hi
6F	Primary care trust	Is/In/H/ E	Is	M	Hi -> M
6DAAT	County drug and alcohol action team	H/Is	H/Is	M	L -> M
6H	County information partnership	H	H	L -> M	L -> M
MAA 7 English mixed urban/rural MAPP					
7A	Probation service	H/Ind	H/Is	Hi>M	Hi -> M
7B	Housing – tenancy compliance team	Is/Ind/H	E/H/Is	M>L	L -> M
7YOS	Youth offending service	H/Is	Is/H	M > Hi	M>L
7D	Housing – tenancy compliance team	Is/H/Ind	H/Is/Ind	M>Hi	Hi -> M
7E	Police service	In/Is/E	H/In	M	M -> Hi
7F	Probation secondes to prison service	H/Is	H/Ind/E	Hi>M	M
7G	Mental health trust	E/H/Ind	E/H/Is	M	M -> L
MAA 8 English metropolitan MAPP					
8A	Probation service	H/Is	H/Is	M>Hi	Hi -> M
8B	Police – violent and sex offenders unit	Is-In/E	H/In/E	M	M
8C	Prison service	Is/In/H	H/Is	M	M
8D	Victim support	H/Is	H/Is	M > L	Hi
8E	Housing – registered social landlord	H/Ind/Is	H/E	M>L	M
8F	Primary care trust – public health unit	E/H	Is/H/E	M	M>L
8G	Mental health trust – community team	H/E/Is	H/Is	L>M	M>L

8H	Local authority housing dept – tenancy compliance team	Is/H	H/Is	M>L	M>L
MAA 9 – Scottish metropolitan H/SC for mental health					
9A	Health board	IS/E	E/H/Is	L	L -> M
9B	Social services	E/H	H/E/Is	L->M	M -> H
9C	Mental health charity	E/In/Is	E/In	M -> Hi	Hi
MAA 10 – Scottish mixed urban/rural H/SC for older people					
10A	Local authority social policy section	H/E	H/E	Hi-> M	Hi -> M
10B	Health trust	H/E	H/E/In	M -> Hi	M
10C	Social services	E/H/In	H/E/In	M -> Hi	Hi
10D	Housing department	H/E	H/Is/E	Hi -> M	Hi
MAA 11 – Scottish urban community safety partnership					
11A	City council communities dept	Is/E/H	Is	M>Hi	M
11 ACN	Anti crime network	Is/In	H	M>Hi	Hi
11B	Police service	Is/H/E	H/Is/E	M	Hi-> M
11DAT	Drugs and alcohol action team	E/Is/H	E	L	M
11ASBT	Local authority housing dept – anti-social behaviour team	Is/In/E	E/H	L	L
11E	Fire service	Is/H	H	L>M	Hi
11F	City council social services – justice services	H/Is	H/Is	M -> Hi	Hi
11G	Voluntary mediation service	E/H	E	Hi>L	Hi
11H	Drugs abuse project	E/Is	H/E	M>L	M>L
MAA 12 – Scottish urban community social work partnership (dangerous and youth offenders)					
12A	Social work dept – justice services section	In/H	E/H/In	L>M	M>L
12B	Police – specialist families and sex offender units	In/H/Is	H/In/E	M	M>Hi
12C	Voluntary agency – intensive work with selected youth offenders	Is/H	E/In	L	M
12D	Local authority housing dept –	H	H/E	M -> Hi	Hi

temporary
accommodation
management
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ⁱⁱⁱ The theory is sometimes called ‘cultural theory’ (e.g. Thompson *et al.*, 1990). The label is unsatisfactory because it suggests that ‘culture’ is the *explanans*, whereas it is in fact the *explanandum*. As Douglas (1986) points out, the independent variables are institutions, specifically those institutional aspects of social organisations measured by Durkheim’s two dimensions. Moreover, the theory develops Durkheim and Mauss’s 1963 [1902] thesis, which is central to Durkheim’s sociology of knowledge generally, that people paint categories from their own social organisation onto other features of their world because of the perception cultivated by those institutions (6, 2004b; Peck and 6, 2006).

^{iv} The neo-Durkheimian institutional theoretical tradition has of course been controversial. Sjöberg (e.g. 1997) has become a prominent critic of the theory, arguing from the limited support given to it by quantitative studies using data gathered using the survey instrumentation developed by Dake (1991). However, the present study neither uses Dake scales nor follows Dake’s and Wildavsky’s idealist interpretation of the theory. That is, rather than trying to measure worldviews and predict attitudes, it is interested in the linkage between institutions and self-reported behaviours and uses an entirely different, qualitative, methodology appropriate to this question. Indeed, as Tansey (2004a,b) has argued, the kinds of survey designs advocated by Sjöberg may well be inappropriate to test the core theses of the theory, when they are correctly construed. Moreover, Sjöberg’s main interest is in pointing out that the four elementary forms are rarely found in their pure state, even though the theory predicts hybridity.

^v The full set of tables resulting from data analysis are available on request from the first author.

^{vi} All proper names have been pseudonymized for publication.