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Abstract

Information technology plays a pivotal role in New Labour's modernization programme. Here we report findings from a 2 year ethnographic study of the impact and origin of one such system, the Integrated Children's System, which has been deployed in statutory children's social care. We show how the ICS, by attempting to micro-manage work through a rigid performance management regime, and a centrally prescribed practice model, has disrupted the professional task, engendering a range of unsafe practices and provoking a gathering storm of user resistance. We attribute these paradoxical outcomes to inherent flaws in the design of ICS, which derive from the history of its development and its embodiment of an audit-driven, inspectorial ideology. We conclude with some suggestions for user-centred design and policymaking, which have relevance not only for children's social care but for the public services in general.

Key words: ethnography, information technology, performance management, social work, user-centred design

Background

UNISON wishes to draw attention to the seriousness of the problems being experienced by social work staff with the Integrated Children's System. The problems appear to be fundamental, widespread and consistent enough to call into question whether the ICS is fit for purpose . . . we have reports of a number of industrial disputes or collective grievances brewing . . . and in many more cases staff are voting with their feet and not using the system when they can get away with it. (UNISON, 2008: 8–9)

The above lament, from the UK public services union, refers to a centrally prescribed practice and performance management model, configured and embedded through information technology (IT), currently deployed in children's services departments throughout England and Wales. Written several years after the inception of this 'Integrated Children's System' (ICS), the UNISON statement is a belated *cri du cœur* from a beleaguered workforce. The ICS, much lauded by government and senior managers as a valuable professional and management tool, has had quite the reverse impact in the real world of child-care practice. In this paper, we reflect on how this ill-designed system came to take such hold, and on some potential remedies for the current state of affairs.

Stark indications of the limitations of the ICS came to the fore in the aftermath of the brutal abuse, and ultimately killing, of a 17 month old child, then known only as Baby P (since named as Peter Connelly) in the London Borough of Haringey in August 2007. Press reports following the trial of the child's mother (now named as Tracy Connelly), her boyfriend (Stephen Barker) and his brother (Jason Owen), which concluded in November 2008, drew attention to the deficiencies of ICS, alleging that it was undermining safe professional practice and increasing risk. The system had been a pivotal element in a series of wide-ranging reforms to children's services in England and Wales, following another high-profile death in 2000 of Victoria Climbié, an 8 year old, West African child, neglected, abused and murdered by her Aunt, and her Aunt's boyfriend, also in Haringey. The inquiry into Victoria's death (Laming, 2003) had made 108 recommendations, including many top-down structural reforms and a number of IT enabled 'information sharing' initiatives (Peckover et al., 2009). Immediate questions had thus been raised about how this could 'happen again'. The death of Peter Connelly brought to the fore a major concern that the post-Climbié

reforms had resulted in too much organizational change, managerial scrutiny, data entry and e-enabled, information sharing, all of which were causing social workers to spend excessive time at their desks.

Symptoms of the malaise caused by the ICS, reflected in the industrial unrest reported in our epigraph, caused the urgent need for its review to be designated as a priority for the national 'Social Work Task Force', set up by the government in January 2009 directly after the Baby Peter trial, to undertake a 'root and branch' review of social work in England. Six months into the deliberations of the Task Force, and nearly 3 years since its national roll-out, the shortcomings of the ICS were finally acknowledged by its progenitors in the Department for Children, Schools and Families (DCSF). A circular to local authorities announced that a fundamental review of its design was under way, foreshadowed in a report published by the Department in June (DCSF, 2009). Even here though, there is a somewhat reluctant tone; the problems and recommendations are those 'identified by the Task Force', not those owned by the ICS's architects, and the defensive narrative of a 'good system let down by local implementation' is readily described:

{T}he Task Force . . . highlights a number of current problems with the local implementation of ICS systems and says these have been exacerbated by overly prescriptive national requirements. . . . The Task Force makes a series of recommendations which, it believes, will rapidly have a positive impact on how frontline workers experience ICS. The Task Force says its proposed changes will enhance the positive elements of the system by making it more flexible and by supporting its record-keeping capacity, while stripping out other, unnecessary features. (DCSF, 2009: 24)

Social work is by no means unique as a public service. The re-configuration of professional work into formalized 'business processes' and an affecting but troubling faith in the power of Information and Communication Technologies (ICTs) to enable radical organizational change are mutually reinforcing themes of New Labour's modernization agenda (Garrett, 2005). The language is often egregiously overblown and sloganistic: 'Modern governments with serious transformational intent', proclaims a Cabinet Office report,¹ 'see technology as a strategic asset . . . better using technology to deliver public services . . . [and] reducing burdens on front line staff'. Seeing technology as a 'magic bullet' is not a new phenomenon, and indeed one might expect the all-too-common miscarriage of IT projects to inject a sense of caution into

the minds of senior decision-makers (Markus and Benjamin, 1997). Research literature into the ubiquity of IT failure reaches back over 25 years to the classic papers of Markus (1983) and others. The tribulations of the current NHS computerization mega-project ('Connecting for Health') have been well-chronicled (Eason, 2007), and the misfortunes of ICT in social care thus have a sadly familiar ring. In their recent paper on the ICS, Shaw et al. (2009: 622) report a survey by the British Computer Society which found that only 130 IT projects out of 1,027 were delivered on time, within cost and to specification. They remark that 'computerized systems are more likely to have problems if they are ambitious and complex, and if they fail to engage their users or understand their needs'.

In this paper, we draw upon findings of a 2 year ethnographic study funded by the Economic and Social Research Council, Public Services Programme, which has brought to light the pernicious impact the ICS has had on frontline practice. It is important to point out that the ICS does not refer to a single computer system. Rather it is a national specification, comprising a workflow model (which rigidly defines the social work 'business process' in terms of a branching sequence of tasks and timescales) and a reference set of electronic forms, called the 'exemplars'. Against this specification, software suppliers can develop 'compliant' software implementations (Cleaver et al., 2008). A number of ICS software products exist purveyed by a range of vendors, and there are inevitably some variations in quality and usability. Nevertheless the centrally prescribed strictures mean that, over the last few years, the ICS has in effect been implemented as a national system. In this paper, following our account of its impact, we explore the ontogeny of ICS and consider how we have arrived at the present imbroglio. This genealogical analysis is important in terms of explaining what has gone awry, and in guiding the search for alternative approaches to policy reform. This is especially vital when ICT is an integral tool of policy implementation, as electronic reification can make the shift into reverse problematic when things go wrong. We will conclude with some suggestions for user-centred design and policymaking, which have relevance not only for children's services but for the public services in general.

Our enquiry will be informed by Keil's classic analysis of the phenomenon of project escalation (Keil, 1995; Mähring and Keil, 2008). Defining escalation (1995: 422) as 'the continued commitment of resources in the face of negative information', Keil identifies large-scale, long-term projects promising high pay-offs as the most vulnerable.

Psychologically, the degree to which key actors feel a strong personal sense of responsibility and emotional attachment is also critical, which may ignite, and indeed help explain, the apparently reckless impulse to 'throw good money after bad' in the attempt to turn around a foundering project by pressing forward with even greater ardour. Social factors include the degree to which external stakeholders have been led to believe that the project will be successful; organizational risk factors include the degree of political support for the project, its alignment with the goals and values of the organization, and the laxity of management controls.

In our critical genealogy, we reveal ICS as a product afflicted by these very phenomena. With multiple design deficiencies, it has been rolled out in an escalating fervour of commitment by policymakers, who are distanced practically and intellectually from the realities of practice. As the story unfolds, parallels with the dynamics of Greek tragedy naturally suggest themselves. The hallmark of classical tragedy is the inevitability of disaster, brought on by the inexorable cause-effect consequences of some fatal action (*hamartia*). At the centre of the drama, are powerful characters, possessed with a hubristic sense of destiny, bent on a course of 'right action' despite all advice and reversals of intended outcome (*peripeteia*). Eventually, the action (*desis*) builds to the climax, with revelation and insight (*anagnorisis*) finally striking, the tension then unwinding as the play resolves. Obviously, in using this trope we are not arguing that the effects of the ICS are so catastrophic as to bring down a people, or a nation. Rather, we are using the metaphor as a device to show that ambitious policymakers need to attend to the enduring fallibilities we all possess as human actors. The flip side of great aspiration is 'courageous resistance to one's fate' (Eagleton, 2003: 15). This is what distinguishes classical tragedy from a simple calamity – the sure sense on the part of the principal characters that their path is the true one. Tragedy is powered by such motives of correct action. The escalation of commitment in relation to the ICS shows just this sort of well-intentioned, but flawed moral conviction.

Tales from the workstation

Central to our critical genealogy of ICS, are 'tales from the workstation' – our ethnographic observations and conversational exchanges were with workers who were increasingly anchored to their keyboards and VDUs.

Ours is not a satirical intent, rather, a genuine effort to convey the lived experience of workers. It is the worker and indirectly the service user who must endure the daily frustrations of an ill-designed and over ambitious project that is the ICS. We emphasize that this is not simply a case of an unpopular imposition of a particularly crude piece of 'Tayloristic' management. Whatever one may say of scientific management, it was at least based on rigorous analysis of 'first-class' performance (Taylor, 1903). As we shall go on to show, there has been little or no empirical engagement here, or with critically validated evidence, by those imposing reforms – in short, there is *nothing* particularly scientific about this paradigm.

To illustrate these points, this section briefly reviews the key findings from our ethnographic study, which are discussed in greater detail in Broadhurst et al. (2010a, 2010b) and Wastell et al. (2010). In summary, everyday practice in five children's services directorates in England and Wales was undertaken for over 20 months, from 2007 to 2009. Direct observation in key organizational loci (e.g. social work 'referral and assessment' teams, strategy meetings etc.) has amounted to a total of 280 days of engagement. In addition, 12 focus groups and 60 formal interviews have also been conducted. Transcripts and field notes have been uploaded to a dedicated project website to allow the research team to share and discuss the data, with regular meetings held to examine and validate emergent themes, supported by email exchange and discussion. Since the publication of some of our early findings we have had correspondence and contact with a number of key players, who were closely associated with the ICS project at various stages in its history. This has allowed us to check the accuracy of some of our observations and our documentary research.

It is no exaggeration to report that across our sites we found not one social worker, or manager, who was happy with the system. All were negative, not necessarily about the *idea* and the aspirations associated with electronic recording, in which many could see great potential; rather, the contours of this particular model were ubiquitously a source of immense frustration and additional physical toil, at the VDU and the keyboard. In our sites, this general finding stands regardless of age, sex, length of service, or position in the organization.

Across our sites, social workers report spending between 60% and 80% of their available time (that is time when they were not travelling, or in meetings) at the computer and this was borne out by our observations. The architecture of the ICS means that data must be recorded on

complex forms (the 'exemplars') which according to our respondents are anything but exemplary. They were cast as unwieldy, repetitive and difficult to complete and to read. Their lack of practical utility was even more apparent with respect to engaging service users in family support or child protection plans:

So there is a big difference, it is not that the electronic system is bad, it is the way they have designed the forms forcing you to repeat yourself over and over again. (Male Social Worker, mid-career)

The worst is, parents can't understand them [child protection plans]. They are broken into domains and dimensions . . . Repetitive, loads of boxes. I have to apologise to parents. We do our own old fashioned child protection agreement in Word and give them that to sign, so they can see what we expect them to do. (Female Team Manager, qualified 20 years, same team 10 years)

With the advent of the ICS, a form must be completed for each individual child. For families with multiple children, the demise of the 'family' record is obvious. The requirement to complete a record for each and every child, results in data either being copied across automatically or 'copied and pasted' into different fields. This negates the purpose of individual assessments for each child and, more importantly, consumes excessive amounts of social workers' time. It is also inherently unsafe as such 'cloned' information is inevitably not checked properly; moreover, there is no obvious place to describe fully the relationships the children have with each other or their parent(s). The overall effect of such intensified bureaucracy is to reduce the social work assessment task to data entry, curtailing time for visiting and thinking about the casework task, and therefore the needs of the child. As one 'baffled' worker remarked:

Erm, some of the questions and the statements, you know, you're expected to answer 'yes' or 'no' . . . I just think that's a bit limiting, why not just get rid of the yes or no, why not just have a text box? (Female Social Worker, qualified abroad 5 years previously)

Whilst the ICS provides a mechanism for the generation of a casework chronology, this is not contextualized within a narrative. Practitioners report the difficulty in recording 'a decent social history' about

the family, often alluding to a more meaningful account carried 'in their heads'. The research team, despite many years' experience in child welfare, found it difficult to glean an understanding of cases from the fragmented documentation. This is a lament echoed by professionals from all walks across the research sites, including those with high staffing levels. The requirement to input data into a number of disparate electronic windows, fragments essential information and ensures that a complete picture is very difficult to obtain:

The government want us to improve our game, get to know each individual child better – but it's an absolutely impossible task . . . to get a feel for what's going on with the child – it's all chopped up – and ICS – it's a complete nightmare – impossible to find the story. (Female Independent Reviewing Officer, Looked after Children – comment in a focus group)

The problem of the forms is compounded by tortuous workflows embedded in the system, all 'policed' with a further set of forms:

It's much worse since ICS. Like when you've got a child in need and you need a conference, you can't get to the conference without going through strategy discussion and 'outcome of section 47' forms. You used to just be able to write like half a side . . . but now you've got these terrible forms. You have to do one on each child, so if there are 5 children, that's 10 forms and they are nothing to do with the work . . . they are just pointless and get in the way. (Female Team Manager, qualified 15 years)

A familiar concern across our sites was the omnipresence of performance management timescales and targets. ICS serves to further instantiate these in day-to-day practice, providing little scope for workers to exercise intelligent discretion. For example, worries about timescales for initial and core assessments come to dominate practitioners' worlds. Although workers still managed some artful 'workarounds', they also described a sense of 'the system' now driving practice. As the space for professional judgements is increasingly squeezed, through rigid workflows of ICS, key social work activities, such as assessment, can become meaningless and mechanistic.

The ICS creates electronic reminders which typically flash in red on social workers' screens. Of course, the technology is not the child, so cancelling these warnings is not the same thing as professional intervention, something of which social workers and managers are acutely

aware. But the relentless rationality of workflow is eroding more and more of the real work. When asked the purpose of a core assessment, one social worker responded:

Well, I know what it should be . . . I think it should be about getting a comprehensive view of that child shouldn't it? When I took my case load over, I'd taken over another worker's straight off her. And it was said that that needs a core assessment, that needs a core assessment, that needs a core assessment. I thought well, why? Because they're getting a small, really small package of support. Like, dunno, 5 direct payment hours or something. So I'm just doing it for the sake of it . . . we need one on the system, but if it's meaningless then why pester these families with all this. (Female Social Worker, qualified 1 year)

That these frustrations and barriers to good practice exist is depressing, but that ICS was rolled out despite its problems having been anticipated and documented with remarkable prescience (Horwath, 2002; Calder, 2004) is what gives our saga its tragic hue.

Design dogma and the ICS: A tale of escalating commitment

Only by understanding the design history of ICS can we expect to understand its current, somewhat dysfunctional configuration. Although it originated in the Department of Health (DoH), as a result of a reorganization of government departments in 2001, responsibility for the ICS came under the wing of what is now known as the Department for Children, Schools and Families (DCSF), formerly the Department for Education and Skills (DfES). The origins of the ICS (its 'incentive moment' continuing the vocabulary of Greek tragedy) can be traced back to the early 1990s, and a series of what were undoubtedly well-intentioned initiatives. Pivotal among these was the 'Looking after Children' (LAC) project, which (in the wake of scandals about the experiences of children in the care system) introduced a range of detailed assessment technologies, designed to ensure local authorities fulfilled their responsibilities as 'corporate parents' (Jackson and Kilroe, 1996). The LAC system was based on rigid, 'universal and invariant age-related developmental stages' (Winter, 2006: 56). It

embodied a strong needs-based approach to assessment, operationalized in cumbersome forms and metrics, which were criticized by many at the time (e.g. Knight and Caveney, 1998; Garrett, 1999, 2002). There were major concerns about the accompanying Assessment and Action Records, which are age-graded schedules for the assessment of children's progress:

The format does not encourage good communication between the worker and the child because they are structured in such a directive and interrogative way . . . The crude and alienating numbering and lettering system lends itself primarily to computer input and as such encourages the worker to simply become a collector of data. This is not surprising since they evolved originally as research instruments for academic researchers as opposed to tools for social work. (Calder, 2004: 228)

At the same time, there were calls from the Department of Health for services to 'rebalance', i.e. to provide more support for children in need (optimizing child development and producing measurable outcomes) rather than those requiring protection (Parton, 1997). This aspiration would subsequently spawn the above-mentioned Framework for Assessment. Again, this had laudable aims, among which was to attend to the family's ecology, including factors like social support, poverty and deprivation (Jordan, 2001; Horwath, 2002).

In the late 1990s, senior local authority managers, researchers and civil servants thus began to explore the possibilities for adapting the LAC system for use in assessing outcomes for *all* children referred to local authority services. On this was superimposed a growing emphasis on audit and control of professional practice, which may be traced back to the 'Quality Protects Programme' (Department of Health, 1998), inaugurated in 1998 with a dedicated budget of £375 million for a 3 year term. Of the six priority areas identified, three portentously cohere into a mutually supporting constellation, strongly influencing the general direction of reform since, including the design of the ICS. These were:

enhancing the development and use of management information systems; improving assessment, care planning and record keeping; improving quality assurance systems to enable that services are delivered according to requirements and are meeting local and national objectives. (Department of Health, 1998: section 11.3, pp. 5–6)

The following September saw the publication of the 'Government's Objectives for Social Services' (Department of Health, 1999: 22) which set out a range of policy objectives, associated with quantitative performance targets. Many of these objectives explicitly invoked the Quality Protects Programme as a key delivery mechanism. Objective 7 is notable: 'To ensure that referral and assessment processes discriminate effectively between different types and levels of need and produce a timely service response'. In its sub-objectives, we see the first mention of the timescales which subsequently were embedded in the ICS: 'To complete an initial assessment and put in place case objectives, within a maximum of 7 working days of referral' (sub-objective 7.3).

The first public mention of the Integrated Children's System appears the following year, in 'Learning the Lessons' (Department of Health, 2000). The following quote gives some sense of the mishmash of policy influences presiding over its conception:

The Framework is . . . a key element of the Department of Health's work to support councils in implementing Quality Protects . . . The Assessment Framework is being integrated with the Looking After Children materials to produce an Integrated Children's System. This will provide an assessment planning intervention and reviewing model for all children in need. The evidence-based knowledge that has informed the development of the Framework has been drawn from a wide range of research studies about the needs of children and from the accumulated experience of policy and practice. (Department of Health, 2000: 42)

The reference to the 'evidence-base', whilst certainly fitting the zeitgeist, is worth interrogating. On closer inspection, this is revealed to be somewhat insubstantial, comprising four studies without the hallmark of academic peer review. The first is a literature review making some general conclusions regarding assessment; the second is an interview study of the language used by social workers to describe children's needs (carried out by Department of Health officials, no list of references); the third is a case study of assessment procedures by a team of inspectors; and the final chapter cursorily reviews findings about assessment procedures by the Social Service Inspectorate (Seden et al., 2001).

The policy discourse surrounding ICS has shown itself remarkably durable in terms of its core credo. Fast forwarding to a recent document, we have a good summary of the rationalities which continue to inform its design. Its opening paragraphs proclaim:

The Integrated Children's System (ICS) has been developed in response to findings from inspections, research and inquiries which found that within children's social services there were failures to record, retrieve and understand the significance of information about children. These findings suggested the need for a more systematic approach to work with children in need. The ICS provides a method of practice and a business process which aims to support practitioners and managers in undertaking their key tasks of assessment, planning, intervention and review. (DCSF, 2008: 1)

What may one make of this discourse? At no point is there a carefully worked out, empirically grounded, cause-effect argument for the benefits for ICS, nor indeed a discernable business case. Instead, we have a dogma founded on a belief that, by setting targets, monitoring performance indicators and enforcing rigorous recording, policy objectives set out in the same terms, and embodying the same internal logic, will inevitably be achieved (Garrett, 2009). The evidence base is ritually invoked but rigorous argument, critical analysis and robust research are conspicuous by their absence. In summary, we appear to have a policy discourse amounting to a self-sealing belief system powered by magical thinking.

ICS itself evolved over a number of years, before 'roll-out' on a national basis from early 2007. Adherence to the centrally defined specification has been enforced through phased 'compliance criteria' elaborated in lengthy documents. The detailed design of ICS appears to have been driven by a group of senior academics working closely with a small cadre of civil servants, and resistant to criticism from a very early point. As Calder (2004: 238) notes:

There are many substantial problems associated with the originating LAC and AF [Assessment Framework] systems that do not appear to have been satisfactorily resolved while constructing the ICS. Given that the systems have been issued by the Department of Health and they are supported by senior civil servants and strategically placed senior managers in social services departments and authoritative academics, the opportunity for critical discussion and analysis has been limited.

Something of the history of ICS may be gleaned from the various publications of the academic team involved in its development, e.g. Cleaver et al. (2008). Although there is an espoused emphasis on piloting and

incrementalism, with user involvement sporadically invoked (e.g. Cleaver et al., 2008: 191), in reality, the design has been highly centralized and only weakly connected with frontline, professional practice. A steering group (and an associated advisory group) for the project is described in a consultation document published in 2002. Its composition is revealing: 38 members are listed of whom 23 are civil servants (including the Chair), or directly linked to the civil service. There are three medical experts and four academics. The only 'direct' link with social work practice is via one assistant director of social services and one senior manager. The development of the data and process models is described as being 'undertaken on a collaborative basis between the Department of Health, representatives from Councils with Social Services Responsibilities and a group of academics with *particular expertise*' (Department of Health, 2002: 13, emphasis added). It is not defined who the representatives are, but we may presume that these are not social work practitioners.

Repeated Freedom of Information requests regarding the deliberations of the steering group have been made, but without avail.² We did, however, speak to an individual close to the project in its early days. She commented on the modus operandi of the steering group as follows. After the first couple of meetings, 'it stopped and then, as far as I know, there wasn't any engagement with the operational side'. For her, it was clear that the project's agenda had been ideologically predefined:

there were two models, one very outcome focused, which lots of authorities liked, and the DoH one which is much more process driven . . . The word on the street was that authorities which do not use the DoH one will suffer terribly when they're inspected . . . [they] were basically warned off. You'll fail your inspection if you don't use these ones . . . What you lose is its being part of an inspectorial, regulatory function rather than something that's there to help social workers make good needs assessments and plans to help kids.

Input from social work practitioners has thus been limited and negative feedback from the field has had minimal impact on design; oft-heard in our research are tales of requests to simplify the exemplars, for instance, going routinely ignored. The following quote is typical, from an ICS project manager. The quote is all the more telling as she, and her team were, in all other respects, fervent believers in the ICS.

The main message was that the forms were too complicated. We spent a lot of time making the forms more user friendly. At that stage it wasn't clear that there was to be no negotiation, that the forms couldn't be changed. This caused a lot of disappointment – staff thought they were shaping things. Every time there's a DCSF forum, we keep telling them that the forms aren't user friendly. If they said, well let's set up a task group to look at that, then at least we'd feel listened too. But they don't – they just say it can't be changed . . .

Dissatisfaction with the ICS has been so extreme as to prompt some local authorities to declare independence. The Royal Borough of Kensington and Chelsea, having decided some years earlier to develop an in-house system (KCics), withdrew from the ICS compliance regime in late 2008, losing around £150,000 of funding. The sense of frustration at the repeated failure of attempts at constructive dialogue comes over strongly in the following Council minute,³ recording its decision to withdraw:

{the} Borough's approach differed from the Government's specification in the Council's emphasis on the family unit and an avoidance of a simple tick box approach to assessment. These differences in the interpretation of the ICS specification were communicated to the DfES at the time work was started on the information system . . . Throughout this time the Council has continued to engage with the DCSF, inviting government officials to see demonstrations [of the system] . . . contributing to reviews of the national ICS project and feeding back comments. However over the last 2 years, the DCSF's position has appeared to change. Instead of promoting the aims of the ICS, the government has increasingly emphasised the need . . . to meet detailed and extensive requirements in order to receive grant funding.

The steady shift to a hard-line approach by the DCSF, the intolerance of any dissent, or of local variation or well-intentioned critique, stand out in this minute, which also confirms the crude use of funding to ensure central control. It is noteworthy that several of the software suppliers have been in contact with us to express the same frustrations with the DCSF's approach to system design and many are now taking a proactive role in system redesign following the softening of the strictures which resulted from the Task Force's recommendations.

But these were not the first warning signals from the field. There were unmistakable symptoms of practitioner disquiet in the early pilot studies of the ICS, carried out by key members of the academic team involved in its design. But these adverse reactions were dismissed as 'teething problems' (see Cleaver and Walker, 2004), mainly to be addressed through improved training. The language of the academic team is relentlessly that of implementation not design, and when things go wrong, unreliable IT, inefficient local authorities, or 'confused practitioners' are to blame. Reporting their findings, they note:

although the change from hand-written to electronic recording will increase the time spent using IT, the findings suggest that practitioners' resentment to [*sic*] the change owes much to unresolved problems with IT systems and the unfamiliarity with new systems. (Cleaver et al., 2008: 177)

The scale of the change is routinely invoked. The following quote is particularly revealing, and a little chilling, giving some sense of the infeasible, circular reasoning infusing the worldview of the ICS team, 'oracular reasoning' as Mehan (1999) dubs it. The major premise is made clear: failure to follow basic practice tasks, of recording and assessment in particular, is the root cause of practice failures. Hence, we may presume that any resistance to change reflects recalcitrant practitioners holding on to undisciplined and sloppy working practices, at a stroke both validating the major premise and confirming the need for reform.

Any assessment of the level of change required to implement a new procedure or policy should also consider the amount of change at the level of practice . . . In this context we can note that the Integrated Children's System was developed in response to the findings from research, inspections and inquiry reports that highlighted weakness in practice in a number of key areas, including recording, assessment, planning and review. The recent report into the death of Victoria Climbié stressed the failure of practitioners and managers to carry out basic practice tasks. (Cleaver et al., 2008: 35)

A very thorough evaluation was carried out by an academic team based at the University of York. This *independent* review was highly critical. Though expressed in careful, diplomatic language, its conclusion is stark:

well intentioned national IT projects such as the Integrated Children's System have often been poorly planned and actually create more difficulties for social workers than they solve, as well as diverting attention away from professional approaches to meeting the needs of children and families. We agree. ICS is promising and well-intentioned but has not shown it is fit for purpose. Its problems must be addressed. (Bell, 2008)

A similar conclusion was drawn by the government's 'Lifting the Burdens Task Force: Review of the Department for Children, Schools and Families'⁴ early in 2008. It comments (p. 9) that: '[the] Integrated Children's System (ICS) moves the focus of activity towards compliance with a standardised system . . . and away from using effective professional approaches and analysis related to meeting the needs of the client family and child'. Although the York evaluation concluded in 2006, its publication was delayed for nearly two years. There have been rumours of attempts to suppress its unwelcome conclusions, and it was finally published only under Freedom of Information laws. *The Sunday Times* (6 April 2008) reports:

The study concludes: 'We believe that the ICS has yet to demonstrate the degree to which and how it is fit for purpose.' It was obtained by Terri Dowty, director of Action on Rights for Children, a pressure group. Dowty said: 'It's disgraceful that this report has been suppressed because it smacks of them [DCSF] wanting to save face when what's really important is children's safety.'

The DCSF took no action to review or adapt the ICS. Their response, published in early 2008, dismissed the York findings as follows:

However, the design [of the evaluation] was based upon participating local authorities' commitment to implement the ICS fully within a seven-month period. There were, however, significant delays in the implementation process. By the conclusion of the evaluation the ICS had only been fully implemented in one of the sites. Despite attempts to revise the design and augment the data, it was not possible for all the aims and objectives of the evaluation to be achieved . . . [therefore] the research does not provide a sound basis on which to judge the potential value of the ICS. Instead the study provides an informed assessment of the challenges which need to be overcome if this potential is to be realised. (DCSF, 2008: 2–3)

As another display of 'oracular reasoning', it is a tour de force. Taking up our earlier allusion to Greek tragedy, by denying the evident *peripeteia* (reversal of intended outcome), *anagnorisis* had not yet dawned at this point. As an interviewee quipped, one was reminded of the band on the *Titanic* playing as the ship goes down! Not only are the vicissitudes of the ICS again reinterpreted as implementation challenges, but these same tribulations are invoked to undermine the evaluation itself; an incorrigible but ultimately deluded position. Dismissive of the realities, ICS implementation continued unabated; the *desis* continuing to rise, ultimately culminating in the policy volte-face in the aftermath of the Baby P trial and the initial findings of the Social Work Task Force. As we saw in the introduction, *anagnorisis* seems finally to have set in, though there is still evidence of denial. We are now in a 'healing period' of resolution and catharsis, marked by a series of ICS improvement conferences held over the late summer of 2009 and the setting up of an ICS expert group made up of senior practitioners. The declared aim is to convert the ICS into a tool better aligned with the professional task, a consummation devoutly to be wished.

Design right, the right design

- TIRESIUS All men make mistakes, it is only human.
 But once a wrong is done, a man may turn his back on
 folly, misfortune too,
 if he tries to make amends and stops his bullnecked ways
 . . . pride is a crime
- CREON I know it myself – I'm shaken, torn. It's a dreadful thing
 to yield . . . but resist now?
 Lay my pride bare to the blows of ruin? That's dreadful
 too.⁵

Tragedy in art can remind us that 'there are kinds of change that are deeply unpleasant and undesirable, just as there are forms of permanence and continuity which are to be affirmed and admired' (Eagleton, 2003: xi). In times when change is so positively valenced, any scepticism or dissent inevitably invites facile dismissal as being 'against progress', or defensive of vested professional interests. But transformational government does not guarantee a thing of beauty; as we have

seen, metamorphosis may beget a cockroach. Our position, however, is not to reject technology per se and the possibility of positive change, but to propose an alternative methodology for future development. Lessons to be learned can indeed be learned, amends can be made, and this section moves forwards in more sanguine mode, adumbrating a new agenda for reform in the public services, one built on humility, non-Tayloristic design, and engagement with professional practice. First we reflect briefly on the ill-fated history of the ICS, in terms of the concept of project escalation.

As noted in the introduction, IT projects (or indeed, projects of whatever stamp) are notoriously prone to escalation (Keil, 1995). The ICS has many of the key characteristic features of runaway projects, most notably escalation's primary symptom of immunity to negative feedback; shielded by the carapace of confirmation bias and group-think,⁶ all adverse reactions are reinterpreted or ignored. It is certainly ambitious and long-term (Keil, 1995), aiming at nothing less than the reform of an entire profession. Psychologically, the project seems to have been driven by a cabal of avid reformers, with strong personal attachment to the ICS as their blueprint for change. 'It's X's [a particular civil servant] baby' has been the lament of many critics close to the project. The *hamartia* ('fatal flaw') running through the entire drama is, of course, the totalizing dominance of the inspectorial *Weltanschauung* embodied within this design. This privileges the secondary work of record keeping and adherence to formal procedure over the primary professional task, providing both an incorrigible explanation for failure and a glibly plausible paradigm for reform.

Other factors in Keil's model also played their part. The sense of rivalry, here with a recalcitrant profession, provided further fuel, as did the creation of external expectations (thereby requiring justification) that better recording and bureaucratic discipline provided the royal road for children's safety. The strong alignment with the prevailing managerial paradigm for the public services ('targets and terror', to use the lurid phrase of Bevan and Hood, 2006: 517), provided further insulation from critical challenge, as did the, apparently somewhat lax, governance of the project. Keil offers his framework as a risk-management toolkit for detecting and pre-empting escalation, or at least diagnosing and taking action before it is too late. It is hard not to see the ICS as bearing all the classic hallmarks of an escalating project, and to lament that it was not subject to the sort of critical external review that Keil recommends.

Let us now consider how things might have turned out otherwise. We noted in our opening remarks that ICT is integral to the modernization agenda in public services, hinting at the disconnection between policy hyperbole and the reality of the workplace. Unquestioned faith in the power of standardized procedures enacted by ICT to improve efficiency and effectiveness, and all-importantly to abate errors, seems well-ensconced in the prevailing philosophy of administration. Technology is the new magic (Stivers, 2001). But where is the evidence or the reasoned argument for this fetishization of formality and of the machine? One of us (Wastell, 1999) wrote over 10 years ago of the failure of an attempt to introduce workflow technology to automate the relatively simple processes of a computer help-desk, noting that 'even routine work, which appears on the surface to be mundane and procedural, involves a considerable amount of extemporisation and problem-solving which is rendered invisible in formal process models' (p. 194).

Despite our critique of ICS, we are not arguing for a Luddite abandonment of technology, rather for a radically different approach to design. We believe that new systems and technologies can be developed which assist the users in their daily work and achieve desired organizational goals. This after all is what the ICS promised for many of its original supporters, as a manager closely involved in its early development poignantly commented:

It's like all these things, there's a fantastic idea that is lost in translation . . . it's the most horrendous, bureaucratic thing . . . No wonder we've lost the commitment of front-line practitioners, who were initially extraordinarily enthused in that it could save them hours if it was intuitive around social work practice, but it's become full of tick boxes and cover your back stuff . . . they've lost their way really, ICS is basically doing for them the Ofsted⁷ process, and let's face it, bits of paper don't save children's lives.

A new approach to design will certainly be required though. This is especially important for the design of electronic recording systems. The superiority of electronic methods seems to be something of an article of faith, yet this flies in the face of both everyday experience and indeed the research evidence, which consistently indicates that electronic reading times are longer, and comprehension is impaired, even for the simplest of texts and tasks (Dillon, 2004). How is it that this policy-axiom has never been seriously interrogated by those that take the decisions (rather than those who do the work) especially when the consequences for practice and

for service users are so profound, and indeed irreversible for those authorities that have destroyed their paper archive? The subject of another paper, to be sure; here we simply follow Dillon in urging the case for user-centred design, in particular for designing electronic systems which, to compensate for the medium's deficiencies, 'add value by offering facilities to perform desirable or advantageous activities that are impossible, difficult or time-consuming with paper designs' (2004: 186). Electronic health records have been much-bruited for over two decades, yet Walsh (2004: 1184) has recently noted that 'many attempts to get clinicians to use electronic health records have failed . . . technology should complement and improve clinical care, not impose extra burdens on already overloaded medical staff. He emphasizes the importance of narratives in clinical reasoning, and the need to organize systems around this principle. Similar arguments patently apply in the context of social care.

The principles of effective design praxis are not the carefully guarded secret knowledge of an hermitic priesthood, they are well known (e.g. Wastell et al., 2007). Socio-technical systems design (STSD) embodies much of what we have in mind. Core principles of STSD include: user participation, minimum critical specification and the optimization of local autonomy (Pava, 1983; Mumford, 2003). The general case for user-centred design has been cogently made by Norman (1998), and Munro (2005) develops the argument for the domain of social care. Some design methods explicitly call for ethnographic engagement in order to develop a valid evidence base for design (Hughes et al., 1993; Visocky O'Grady, 2006; Wastell et al., 2007). There is no final guarantee of success, but the deployment of such user-centred approaches certainly offers a better way forward. Following such an approach, the current tribulations of the ICS, the unsafe practices it has paradoxically produced and the frustrations it has aroused in an increasingly mutinous workforce, may well have been avoided. The decision of the above-mentioned London borough to develop an in-house system was motivated by the need to involve practitioners. The soundness of this approach is attested by the confidently made claim (leaving aside the obvious proprietary interest) in the same Council minute (pp. 2–3) which recorded the Borough's divorce from the national project:

The system has been extremely well received by practitioners and many new social work recruits from other London boroughs have commented favourably on KCics in comparison with those systems used elsewhere . . . [which are] difficult to use, time consuming and overly prescriptive.⁸

And what applies to design, applies to policy too. Policy objectives rely on the responsible use of professional judgement by committed staff if they are to achieve their intended aims. As Hubbard et al. (2006: 240) note 'implementation dominates outcome' in the policy world. Reform-as-learning provides an alternative approach in the spirit of design, and has been shown to be efficacious in the educational domain (Hubbard et al., 2006) where top-down methods have failed. Public service agencies are loosely coupled organizations (Weick, 1987); systems such as the current incarnation of ICS, which attempt to over-screw this coupling, inevitably impair performance. Only by loosening the electronic yoke and amplifying discretion will reliability be augmented. As Weick (1987: 124) sagely observed:

[A] system in which both centralization and decentralization occur simultaneously is difficult to design. And this is where culture comes in. Either culture or standard operating procedures can impose order . . . but only culture also adds in latitude for interpretation, improvisation, and unique action.

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Notes

1. 'Transformational Government: Enabled by Technology', Cabinet Office, 2005, p. 3.
2. Various explanations have been given; sickness of staff, loss of documents in the move from the Department of Health.
3. See page 2 of [<http://www.rbkc.gov.uk/howwegovern/keydecisions/Reports/Cabinet%20Member%20-%20Leader/KD02993R.pdf>].
4. <http://www.communities.gov.uk/documents/507390/pdf/682640.pdf> (accessed 21 May 2009).
5. Excerpts (reformatted) from Sophocles, *Antigone*, lines 1132-6 and 1218-21 respectively.
6. For an analysis of IT project dynamics in terms of stress and 'group-think', see Wastell (1999).

7. Ofsted – Office for Standards in Education, the quango now charged with regulating children’s services as a whole.
8. In 2010 Kensington and Chelsea won an e-government award for their bespoke system.

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