Evaluation of Information Sharing Practice in the North East mixed economy of service provision for ex-services personnel

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Executive Summary

Introduction

Information sharing and by turn the governance and management of information are now a fundamental part of the business requirements of all public sector organisations. The research was designed to gather a balanced perspective from the views of key stakeholders and observations of the role and processes of information sharing with and between a range of organisations and service users in the day to day co-ordination of services for ex-services personnel in the North East of England. Over 100 organisations were involved in the research process and the research team would like to acknowledge the efforts of those contributing to the survey, interviews and workshops and particularly colleagues at Finchale college for their engagement in the work.

The structure of the report is as follows:

- Executive Summary (including summary and next steps)
- Contents
- Research Process
- Findings
- Recommendations
- Appendices

Scope and Need

Ex-services personnel and their families/dependents as users of services clearly have a wide range of needs and a significant minority have complex needs and at varying and unpredictable points of their lives. The current concentration of resources for transition appears to be quite reasonably on those service leavers with clearly identified needs and appears to work well both nationally and locally. The cohorts in this group are at the point of moving from the armed forces into civilian life (a ‘vertical’ transition) and are therefore relatively easy to identify and to work with. Mechanisms for supporting movements through post-service life where a variety problems may arise (what we have called ‘horizontal transitions’) are less well catered for as the problems can often be more long term, complex and ambiguous requiring greater co-ordination (and information sharing) between a greater number of organisations (both providers and commissioners) who may be less well known to each other. If this is challenging for organisations in the system then it is likely to be even more so for the individuals involved. Our observations of information governance in practice and respondent’s reports of organisational behaviour revealed an environment where individuals and organisations can be reluctant to share beyond basic information. In these cases, respondents reported relying on the service user as their primary source of information. At the level of the bigger picture what we have called the joining up of the joining up, information sharing between the responding organisation and other parts of the network (and by the scale and scope the implication is each other) remains a key challenge for organisations working in this area. The ability for organisations/service providers to identify each other and to share information between service providers seems to be the rate limiting step for improvements in information sharing and by implication service co-ordination.
Barriers and Drivers

One of the more or less unique challenges in the area of information sharing around ex-services is the sheer breadth of potential information sharing activity from the Facebook group of regimental bodies right across to more familiar territory of the integration of health and social care. This is in turn reflected in the range of provider organisations (large and small, national and local) both specialist and general who are making offers of services to ex-service personnel and their families. From the policy review where there was reported activity the emphasis was on practices of sequential information sharing as a one way, one off activity, with some evidence of information sharing as an activity to join up a particular set of services around a particular set of needs. Interestingly, little attention was given to the reciprocal or conversational information sharing required by the sorts of complex service provision particularly for the sorts of horizontal transitions we identify above.

The policy framing of information and particular characteristics of the context had significant implications for the providers operating in the ‘market’ which particularly came to light in the survey findings and interviews. Concerns were expressed in both the survey and interviews about the ways and means of identifying ex-services personnel and the way in which individuals are identified is an issue which needs careful consideration in the context of issues of consent, identity and transition. Finally co-ordination and awareness/understanding of the provider network – for commissioners, providers and by implication the clients knowing who did what, where, with what focus and with what capacity. And by knowing this what needs were being met and which needed to be met.

Good Practice

Both the policy review and survey sought to identify cases throughout the UK and North East of ascribed good, by which we mean ‘effective’, practice. However, they are difficult to substantiate: the claims of effective practice are often uncorroborated (and even not possible to corroborate), they are limited in terms of the beneficiaries and circumstances in which they are effective, are rarely directly transferable, and relate to a narrow range of information sharing context (involving mainly sequential information sharing practice and/or the development of pooled information facilities). Nevertheless, drawing on our research and our knowledge of transitional needs in other contexts (e.g. from children to adult mental health services; from prison back into society), it has been instructive for identifying the technical, organisational and political barriers and drivers for the different sort of sharing we identified in the policy literature: sequential, pooled and reciprocal information sharing.

All of the contexts identified as ‘good practice’ involved identified agents at different stages of the transitional pathway for ex-services personnel and their families moving from the armed forces into civilian life (the initial ‘vertical transition’) and through their later life where problems might occur (a series of ‘horizontal transitions’). However, as we discovered through this work the identities and identification of ex-services personnel meant that what might work for one case may well not work for another. Further work could be commissioned to develop this framework in an assessment of what information sharing works, for whom, in what circumstances.
Recommendations

In terms of recommendations the key is to harness the significant resources (financial, social and community capital) available across the landscape together with the overwhelming goodwill and optimism across the national, regional, and local systems as a whole. This can only be achieved by creating an environment in which the job of service co-ordination (either by ex-services personnel and/or their families themselves or by their intermediaries – formal and informal) can move beyond the relatively narrow confines of service clusters/configurations or local relationship horizons to support a broader ‘joining-up of the joining-up’ process. Improving access to local intelligence and relationship building for all parties in the network including the ex-service personnel themselves is key to the reliable and personalised configuration of provision to support and enhance vertical and horizontal transitions at the point and place of need.

From our research it would seem unlikely that a single point of access or support could provide an integrated solution to the complex needs of individual ex-services personnel and their families and the web of potential relationships between providers particularly in the context of ‘horizontal’ transitions between parts of the landscape. It is important then to create a landscape where offers of support from providers (both specific and general) can be made to the right ex-services personnel and their families (and those directly supporting them) in the right place at the appropriate moment.

For Local Authorities and public sector partners:

- Review existing policies for information sharing and to ensure that existing organisational systems including record systems, consent polices and information sharing guidance for staff and volunteers is consistent and up to date in light of changes in policy and practice: for instance Department of Health response to Caldicott 2 (health and social care) and the Government response to Ashcroft;
- Undertake detailed work to map the pathways for ex-service personnel particularly examining the sorts of ‘horizontal transitions’ that tend to occur once the individual has been through the initial period of ‘vertical transition’ from the armed forces (with information sharing between organisations and between organisations and the individual as a key part of the process);
- Review and update the provision of service directories for ex-service personnel to move towards a shared service directory and environment to improve joining-up and service co-ordination.
- Disseminate the recommendations of the report through the appropriate organisational channels including Armed Forces Forums;

For providers and support networks in the North East (local and national bodies):

- Review existing policies for information sharing and to ensure that existing organisational systems including record systems, consent polices and information sharing guidance for staff and volunteers is consistent and up to date in light of changes in policy and practice: for instance Department of Health response to Caldicott 2 (health and social care);
• Review and update organisational service directories for ex-service personnel;
• To commission joint training and briefing sessions for the provider sector;

For National Forces Charities:

• Review existing policies for information sharing and to ensure that existing organisational systems including record systems, consent polices and information sharing guidance for staff and volunteers is consistent and up to date in light of changes in policy and practice: for instance Department of Health response to Caldicott 2 (health and social care) and the Government response to Ashcroft.

For the Forces in Mind Trust (FiMT):

• To carry out a range of national dissemination processes to encourage local Armed Forces Forums and other appropriate networks (e.g. equivalent to Finchale College in other regions) to apply the tools created in this Information Sharing project (questionnaire, workshop design) to reflect on information sharing practices in other localities and regions;
• To explore commissioning further work on the idea of the “rules of engagement” for transition including identification as a live issue (in relation to the Armed Forces Covenant) which needs careful consideration in the context of issues of consent, identity and transition.
Introduction

Local authorities (LAs) have been designated ‘place-shapers’ and strategic leaders of an increasingly complex policy landscape. A core element in the delivery of this agenda is the appropriate and innovative use of information at both strategic and operational levels within and between sectors and organisations (NHS and local authorities).

Information sharing and by turn the governance and management of information are now a fundamental part of the business requirements of all public sector organisations. Recent years have seen increasing scrutiny by the government, the public, the media and independent agencies. These include the Cabinet Office, Information Commissioners Office (ICO), the Audit Commission, the Health and Social Care Information Centre and various lobby/protest groups, all concerned with the use of data and information in a variety of general and specific contexts. Members of the research team were involved in previous work which benchmarked the situation of Information Governance in NE local government and Fire and Rescue Services during 2007/8 and 2009/10 (See Wilson et al. 2010 and Richter and Wilson 2013).

The context of the information sharing research is that it follows a report by the North East Joint Health Overview and Scrutiny Committee on the health needs of ex-service personnel. A number of recommendations were made in the report, including the need for better sharing of information between the various public sector and voluntary bodies that support the ex-service personnel. This was suggested to be essential to help plan for and deliver more effective support for this cohort and their families. The development of better information sharing and associated working practices between the armed forces, public sector service agencies and the voluntary and community sector will lead to both a better use of increasingly limited public sector funds and, more importantly, more effective and targeted support for ex-services personnel and their families.

The work carried out as part of the scrutiny report identified that while some information existed there were major gaps and inconsistencies between the systems of the different bodies and varying practices in how information was used. Discussions between the different sectors represented in the partnership sponsoring this project also re-affirmed the need for better and earlier sharing of information, by asserting that it will lead to more efficient and effective help for those in the ex-service personnel when they need it most. Because of the nature of the original scrutiny work no contact was made with the client service users.

Building on the commitment and partnership working initiated by the Joint Health Overview and Scrutiny Committee Report, and the subsequent signing of the North East Armed Forces Community Charter, the partnership commissioned an additional research project via the Institute of Local Governance. ANEC were tasked to respond to the Joint Health and Scrutiny committee suggestion on the improvement and development of information sharing policy and practice for ex-service personnel within the North East Region. Knowledge about the current policies and practices around information sharing is a key underpinning component in the efficient delivery of services and customer insight of the range of providers both statutory and non-statutory, national and local authorities (LA) and the North East is key to the effective delivery of this agenda. The identified aim was to examine the current systems and practices of the organisations providing advice, guidance and support to the ex-service
personnel and their families. The research team were asked to focus on three research areas:

- Scope out the needs and information sharing requirements for the veterans, their carers and families and the organisations working with them;
- Examining the barriers/drivers for information sharing and structures and processes to highlight and assess the levels and types of approaches within the key contexts and case studies and identify priorities, gaps and opportunities;
- Identify examples of existing and potential good practice, including opportunities for building capacity.

In considering information sharing as a concept, organisations and partnerships are faced with the challenge of measuring the forms it takes and its effects in order to make judgements about service planning and performance. Evidence from the literature (including our own work in this area Wilson et al. 2011 and Richter and Wilson 2013) suggests resources for information management are often scarce and positive attitudes to information sharing do not always reflect behaviour.

The current project provided an opportunity to explore the role that providers can play in information sharing to understand how information can be used to improve the co-ordination of services for veterans and their families. It also allowed an opportunity to critically explore how to improve the relationship between provider communities, local government and other partner agencies.
Research Process

The final design of the research which emerged through discussion with the Association of North East Councils (ANEC), comprised of:

- a desk review of the ex-services personnel policy literature with a focus on information sharing;
- a web-based survey of service providers who offer services to individuals who had served in the armed forces and to their families;
- exploratory interviews with key stakeholders;
- workshops (one with service providers and a second one with commissioners and/or representatives of organisations in service co-ordination roles).

The research engaged over one hundred respondents working in the North East of England including forty one anonymous respondents to the survey and over fifty organisations including interviews conducted with a range of provider organisations primarily working with a national remit. The scale and scope of the work mean that issues raised by the research are indicative, not summative, and highlight perceptions from different organisations in different parts of the information sharing landscape. The relationship between the research questions and the elements of the data collection is presented in Table 1 below:

<table>
<thead>
<tr>
<th>Research Aim</th>
<th>Research Process Element</th>
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<tr>
<td>Scope of the needs and information sharing requirements for the veterans</td>
<td>• Desk Review</td>
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<td>their carers and families and the organisations working with them</td>
<td>• Survey</td>
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<td>Examination of the barriers/drivers for information sharing and structures</td>
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<td>and processes to highlight and assess the levels and types of approaches</td>
<td>• Survey</td>
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<td>within the key contexts and case studies and identify priorities gaps and</td>
<td>• Interviews</td>
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<td>opportunities</td>
<td>• Workshops</td>
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<td>Identification of examples of existing and potential good practice including</td>
<td>• Desk Review</td>
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<tr>
<td>opportunities for building capacity</td>
<td>• Survey</td>
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Table 1: Relationship between Research Aim and Research Tools

The search for documents and reports on the policy and practice of the transition of military personnel into civilian life both in the North East and more generally identified 40 documents and a similar number of related websites. The documents were then examined for contributions to the three principal research objects set out in paragraph 1 above. Some of these documents were excluded at this stage as immaterial to the research objects.

Those that informed this report are listed with annotations in Appendix A. Relevant websites consulted are also listed in Appendix A.
The survey was carried out during late Spring 2014, in order to create a snapshot survey of information sharing attitudes and reported behaviour in the provider sector (the questionnaire tool can be seen in Appendix B – provided as a separate document). The survey sample used the *Directory of Support for Veterans in the North East of England*, hosted by Finchale College, and announcements via provider networks as the means of recruiting respondents to complete an online questionnaire. The main aims of the survey were to understand patterns of and organisational support for information sharing in the NE provider sector. The self-report, online survey was pilot tested and designed to explore service provider views and practices related to information sharing. The survey collected quantitative and qualitative information on a range of topics including service profile, information and referral pathways, information governance and staff training, perceived barriers and examples of best practice.

Our interviews were conducted with a range of provider organisations working with a national remit. The aims of the interviews were to develop deeper understandings of the barriers and drivers to information sharing in the wider network from key stakeholders and to explore emerging ideas. A small number of interviews/discussions were conducted with key informants who were primarily out of the scope of the survey design and North East sampling frame (e.g. organisations with a significant national remit with North East based activities). These interviews comprised of asking respondents to talk about their position in the landscape and their relationships with other parts of the wider network. Where practical, respondents were asked to draw a picture of their view of the information sharing relationships that their organisation had with ex-services personnel and other organisations.

The workshop activities engaged over 50 organisations and fulfilled a range of aims including validating findings of the survey to gain feedback from the provider community on their veracity. Secondly, they aimed to explore the challenges of information sharing from a wider set of service provider perspectives. Finally, they sought to begin the process of looking to the future regarding what can be done to improve service co-ordination for ex-service personnel and their support networks.
Findings
The main aim of this section is to report the findings from the research activities. These are presented below in broadly chronological order and include:

- Review of the policy literature;
- Survey findings;
- Interviews;
- Workshop findings.

Review of the policy literature
One of the key inputs into the information sharing work was a review of the policy literature to understand the drivers for information sharing around transitions from the armed forces. The review had three main intentions. Firstly, the review aimed to scope out the needs and information sharing requirements for ex-services personnel, their carers and families and the organisations working with them. Secondly, it attempted to examine the barriers and drivers for information sharing structures and processes to assess the types of approaches within the key contexts and case studies and identify priorities, gaps and opportunities. The final aim was to identify examples of existing and potential good practice, including opportunities for building capacity.

The review identified a strong commitment to identifying and providing for the needs of those in transition. This included information provision particularly on employment, housing, training and education, health and social care, and supporting skills such as financial management. The review found extended transition pathways with many stages and agents involved, including families and friends, and along which the responsibility for coordination of transition shifted from service providers to those in transition. The analysis also identified sustained advocacy from across the board for more information sharing to support integrated service provision for those in transition. However the review found relatively little attention to operationalising functional information sharing for different purposes and circumstances with some recognition although, not systematic, attention to the technical, organisational and political barriers and drivers for different modes of information sharing. Most of the documents make reference to the deserved priority awarded to the care of ex-military personnel. Some (e.g. Talbot Rice 2009) note that until recently this priority has fluctuated but that the increase in combat deployments since 2000 and the very visible campaign for Ghurka residency rights in the UK turned the spotlight onto these issues. The new Armed Forces Covenant of 2011 focused the attention of the policy and practice community on meeting the needs of these personnel including during their transition into civilian life.

The documents do not always agree on the core terms. The Forces in Mind Trust avoids using the term veteran in its report in part because not all those who have left the service regard themselves as such. However, we here use the Trust’s definition of veteran or ex-service personnel as “anyone who has served for at least a day in HM Armed Forces, whether as a Regular or a Reservist” (2013:11).

There is agreement that early service leavers provide particular transitional challenges. These are defined by the Ministry of Defence as “Service Leavers who are discharged (a)
compulsorily or (b) at their own request from the trained strength or untrained strength, having completed less than 4 years’ service” (Forces in Mind Trust 2013: 16).

We also rely on the Forces in Mind Trust definition of transition as “the period of reintegration into civilian life from the Armed Forces … it is taken to start with the point in service at which Service personnel start their resettlement process and then continues … for three years from discharge” (Forces in Mind Trust 2013: 16). Resettlement describes the “formal processes and procedures by which transition is managed, and the formal support provided to Service leavers during transition. It starts with the activation of the Resettlement process and continues until the end of Resettlement provision (i.e. for those with CTP [Career Transition Partnership] support, until two years after discharge date, earlier for others)” (2013: 16). For the Trust, “A good transition is one that enables ex-Service personnel to be sufficiently resilient to adapt successfully to civilian life, both now and in the future. This resilience includes financial, psychological, and emotional resilience, and encompasses the ex-Service person and their immediate families” (2013:13).

What are the needs and information sharing requirements for the veterans, their carers and families and the organisations working with them?

For the Ministry of Defence (hereafter MOD), “Support should be provided to all service personnel to assist in their transition from service to civilian life. Provision should include training, education, appropriate healthcare referral and job-seeking preparation and assistance. It should also include information and guidance on housing and financial management and the support that is available from both Government departments and the voluntary sector. The level of support will be dependent upon individual circumstances” (MOD 2011: 8).

Individual circumstances are central to the meeting of needs. Some documents (e.g. House of Commons Committee of Public Accounts 2008) express a view that in general transitions are made satisfactorily. Most personnel may indeed be largely self-sufficient and need only modest support. Others, especially early service leavers (who get only minimum resettlement support) can be very dependent, with transition adding to their vulnerabilities including for social exclusion, e.g.:

- Thomas et al (2013) estimated that 14% of service leavers (more from the early leavers) could be classified as vulnerable;
- Macdonald (2014) reported that the particular vulnerabilities of ex-military personnel increase their risks of entering the criminal justice system;
- Iverson et al (2005) found that 44% of the vulnerable leavers had a psychiatric diagnosis; and
- Lewis et al (2013) reported government statistics that in 2008 only 9% of military recruits had passed GCSE English at grades A*-C compared with 61% nationally.

Such military personnel thus present the greatest needs, including for making effective use of information, for the transitional services.

The predominant focus of these documents is on the needs themselves. These relate principally to functional support and “clear, accurate and timely” information (Ashcroft
2014:173) about employment, housing, training and education, health and social care, and supporting skills such as financial management. The Ashcroft Review (2014: 176) recommended specifically:

- A Personal Development Plan;
- A Veteran’s Card with an assistance telephone number and website address;
- A single contact centre for Service Leavers and veterans, created through a partnership between the Veterans’ Welfare Service (VWS) and major charities;
- An improved VWS website with areas for those needing support and for professionals and practitioners;
- An app for veterans to access a comprehensive portal for information.

Ashcroft also noted (2014: 176) the need also for ex-service personnel to make sure that they have provided relevant agencies with their resettlement address. In the North East, the Joint Health Overview and Scrutiny Committee argued that this would “enable local authorities, and other organisations, to better plan to address need and co-ordinate relevant support for the ex-service community in each part of the region” (JHOSCNELA 2013: 3-4).

The documents also provide insights into the transition pathway and the way needs are raised and met along it. Herman and Yarwood (2014) report that even those who make effective transitions experience feelings of loss and separation. This suggests conceptualising transitions as a process rather than an event in order to understand how individuals negotiate their identities in changing circumstances. Such a longitudinal perspective recognises the many stages of the transition pathway starting with original recruitment, continuing through various points of service including the decision to leave the service, and then the return to and resettlement into civilian life (Forces in Mind Trust 2013: 14 and subsequent chapters). Each stage brings its own information needs to add to those common to the pathway as a whole.

From the documents we also identify the very large number and wide range of agents involved in the transition pathway. These fall into three sets with different roles and needs:

(a) Those in transition and their families;
(b) Military, public, private and third sector service providers;
(c) Friends, supporters and advocates of those in transition.

Although the documents are not specific, we can see that these agents are involved in different combinations at the different stages of transition. While those in transition are still in service the military hosts are not only the core providers but act as the coordinators of the whole process of meeting their needs. After leaving the service, however, those in transition may join multiple sub pathways (the University of Chester Centre for Veteran Wellbeing website refers to at least five - employment, apprenticeship, further education, higher education and business start-up) and face a more complex pattern of multiple service providers. At this and subsequent stages the responsibility for coordination shifts increasingly to the ex-military personnel themselves who often find the complexity of these service combinations incomprehensible (Forces in Mind Trust 2013: 80). It is possible to imply from the documents that it is at these stages that the friends, supporters and advocates are most significant and effective (Weissman et al 2005).

While the documents provide these insights into the states and agents of the transition pathway, they do not address explicitly the implications of the complexity of the pathway
for information sharing itself.
The documents frequently claim the desirability for service providers to join-up more effectively along this transition pathway (“Join the dots between support pathways” is guiding principle 9 of the Forces in Mind Trust, 2013: 80). Many of the recommendations specify more collaborative arrangements such as forums and networks to meet more effectively the needs of both those in transition and those providing services (Gateshead Council 2014: 1). The documents tend not, however, to address how these more collaborative arrangements might be established and governed especially in an increasingly mixed economy of service provision for clients.

The majority of documents call for better communication and sharing of information and more joined up work. In the North East, for example, the Joint Health Oversight and Scrutiny Committee recommended that “Formal information sharing protocols and arrangements are established between the armed forces and local authorities across the NE region. This will enable local authorities to properly assess and plan to meet the needs of the ex-service community as a specific group” (JHOSCNELA 2011: 5). Yet, as a whole this literature of policy related documents does not systematically address information sharing itself, including what it entails and requires to be effective for whom and in what circumstances.

The emphasis on joint working, however, implies modes of information sharing found in other forms of interdependent working. Drawing on these organisational literatures about interdependency (especially Thompson 1967, 2003), we identify three types that we call sequential, pooled and reciprocal information sharing. One of the key things that emerged from the review was the identification of three patterns or forms of information sharing which are discussed (but not always clearly) in the policy literature. These are illustrated in Figure 1 (Patterns of Information Sharing in the Policy literature) below:

- Sequential (from one organisation or practitioner, regarding the subject of the information, to another along a transition pathway);
- Pooled (by organisations or practitioners for collective purposes about the subject of the information);
- Reciprocal (sharing based in organisational exchanges or practitioner conversations including those with the subject of the information).
Patterns of Personal Information Sharing

Sequential Information Sharing passes information unilaterally from one stage or agent to another in sequence along a pathway. It recognises that for X to be effective Y needs to contribute information. What is contributed is determined by the stages at which the agents and users relate. This is the mode most commonly described in the documents (e.g. MOD 2014). It arises, for example, in recommendations in the form of ‘at stage X those in transition need information about Y’. It is also implied in discussions about the needs for service providers to pass on information about those in transition to service providers at the next stage (e.g. medical records from military to NHS primary care).

Pooled Information Sharing comprises information deposits to shared facilities. This entails contributions from parties to support a collective purpose. For those in transition and their service providers, this is the mode characteristic of web-based directories provided by, for example, the Confederation of British Service Charities and by Veterans Scotland. It is also the mode championed by those arguing for collaborative arrangements that extend information warehouses for those in transition and their supporters to access through specifically designed portals (e.g. Ashcroft 2014).

Reciprocal Information Sharing entails information exchange in dynamic and mutual relations. This type of sharing is predicated on the information outputs of one being the contingent information inputs of another in a continuing chain of engagements. It is characteristic of those involved in collaborative multi-agency service provision, between
those in transition with each other, and between service providers and those in transition along the whole of the transitional pathway. This mode of reciprocal exchange is implied by many of the discussions of joint working or integrated provision but neither its practices nor its requirements are explicated in the documents. Reciprocal information sharing is the most complex and most demanding to establish and sustain.

What are the barriers/drivers for information sharing and structures and processes?

The documents reviewed clearly recognised that there are barriers and drivers to meeting the information needs of those in transition. Yet, while they provide illustrations of these barriers and drivers, the documents tend not to specify them systematically or provide strategies for meeting them. The aim here was to highlight and assess the levels and types of approaches within the key contexts and case studies and identify priorities, gaps and opportunities.

However, there are transitions elsewhere in the population, e.g. from local authority childcare homes to autonomous living, and from prison to community life, and there are other demands for integrated service provision such as in health and social care. We recognise in the military transition documents similar types of barriers and drivers to information sharing that we describe as technical, organisational and political challenges to information sharing.

The technical include what the documents describe as the legalities of information sharing (including consent and data protection), the qualities of validity, reliability and timeliness of data, the fitness of purpose of hardware and software systems and processes by which data are translated into information for decisions, and the functionality of communication facilities. Most reports focus on aspects of personal access to data and the protection of that data in use:

- The legal basis for information sharing (CEIS 2014, DFCS 2008: Section 2, Information Commissioner’s Office undated, including section C2 on Exemptions from the Data Protection Act);
- Basis of data confidentiality and how to preserve it while sustaining a functional regime of sharing (CEIS 2014; DH2013; Information Commissioner’s Office undated);
- Anonymisation of data (CEIS 2014); DH2013);
- Risk assessment in information sharing (CEIS 2014).

Some identify other technical challenges:

- Record transfers and the connectivity between military and civilian public service computer systems (Lewis et al, 2013: 31);
- Training (as in a template provided the Centre for Excellence for Information Sharing, CEIS: 2014).

Running throughout all these issues is a more fundamental challenge to identify what the information requirements are, where and how the information is held, and who needs to share it.

The organisational dimension comprises the structural, processual and behavioural challenges presented by information sharing. These include the effectiveness as well as comprehensibility of the allocations of function and authority, the processes by and through which decisions are made that affect those in transition, and the dispositions of service providers and those in transition to engage effectively. For the Forces in Mind Trust, “Good
transition support is about Tailoring, Timing and Take-up” (203:72). Perhaps these neatly summarise the organisational challenges of information sharing. They certainly include:

- Governance issues, the identification of stakeholders and the development of protocols and processes for information sharing (see toolkit developed by the Centre of Excellence for Information Sharing CEIS 2014);
- Co ordinative challenges such as those recognised in the recommendations of the Joint Health Oversight and Scrutiny Committee of ‘broker ing’ assistance by local authorities, ‘better co ordination of work across the region’, ‘sharing examples of best practice’, ‘ensuring that the Transition Protocol is understood and that specific individuals are mandated appropriately to take on these roles’, and ‘developing’ with other organisations a ‘formal process’ for referring vulnerable service leavers into specific services (JHOSCNELA 2011: e.g. R24, R27-29); the extensive scale and scope of the organisations involved in effecting these recommendations are reported in JHOSCNELA (2013);
- Behaviours and attitudes (among leavers) that could apply problematically to info- sharing (Forces in Mind Trust 2013: 33-7) and might explain the variable take up of and access to transition support identified by the House of Commons Committee of Public Accounts (2008).

The political challenges include the tendency for the policy making community to focus on policy statements of information sharing rather than policy practices, the challenges presented by differentiated interests in effecting common policies and practices and the way such interests of those providing services may conflict including in an increasingly mixed economy where commercial interests have to be accommodated with service interests. The issues are partly how needs are prioritised by the policy community (MOD2011) and commissioners (JHOSCNELA 2011: 10; Lewis et al. 2013) to ensure that ex-military personnel are not disadvantaged on return to civilian life by their service in the military. But they are also more specific provisions such as the risk for leavers in sensitive areas such as in Northern Ireland (Ashcroft 2014: 102). Implicit throughout is the inherent dilemma between the force to share and the force to protect information (Windsor 2014) and the challenge to engage and sustain the political will to put into effect whatever is required.

**What examples of existing and potential good practice are available?**

There is a substantial set of government documents providing information sharing guidance and prescriptions (e.g. DCSF-DCLG 2008, DH 2013, Information Commissioner’s Office undated, NHS 2014). Notable is set of ‘golden rules’ for information sharing and a decision tree to help practitioners with sharing decisions (DCSF-DCLG 2008). If the emphasis in these guides (and the cases of good practice that are provided, e.g. DCSF-DCLG 2009), is on service user consent and confidentiality, there is some recognition of the needs of effective service provision notably in the revised Caldicott principles for use in health and social care that include ‘The duty to share information can be as important as the duty to protect patient confidentiality’ (DH 2013; Principle 7). Although these guides do not refer specifically to military personnel in transition to civilian life the principles may be translated to their circumstances.

Cases cited as good practice in providing information to leavers about services include:

- Public Health Warwickshire’s booklets for veterans, families and health professionals with information specific to the county on services and entitlements (Ashcroft 2014:
158). Warwickshire received £20,000 from the MOD’s Community Covenant Fund to develop these booklets.

Gateshead Council’s efforts to join up its work with Job Centre Plus and Gateshead College to tackle youth unemployment and The Best of Blaydon - a three week personal development programme followed by intensive 1 to 1 job search support from Council staff that involves 18 – 24 JSA claimants referred by Job Centre Plus with the Army Reserve Work Programme for NEETS. “As part of this work Council staff have shared information with clients on the Army Reserve Work Programme for NEETS” (Gateshead Council 2014:4).

Cases cited as good practice of information sharing by providers to integrate services include:

- Gateshead’s ‘Health and Well-being Services Plan on a Page’ for GPs developed by the local authority, the Clinical Commissioning Group and Armed Forces Network. The plan, which provides GP’s with contact details and referral routes for veteran specific health and well-being services, has now been placed on the Gateshead Information Network (GIN) portal that is used by GP’s (Gateshead Council 2014:5).

- Work by Tees Valley Job Centre Plus and Armed Forces Champions across the rest of the region to develop a “consistent approach in supporting the training and employment needs of the ex-service community” (JHOSCNELA 2011:8).

The cited cases share a strong commitment by those providing services to make a difference to client lives. Such commitment could drive the development of rules of engagement for transition. The idea of rules of engagement for information sharing in transition support emerges in the Forces in Mind Trust Report where Ray Lock, its Chief Executive speculates on a good transition:

“We were tidying out the garage last week and I came across my last service kit bag, stuffed full of mouldy boots, socks and other stash I thought I might need when I left, but never did. I came across a tattered credit card-size piece of cardboard. I thought at first it must have been an old Card Alpha, the rules of engagement we used to carry everywhere; but I read it and realized that it was an idiot’s guide to transition with the grand title ‘Guiding Principles for a Good Transition’. It’s been a while since I first got that; but funny old thing, they worked for me, and for everyone else involved in transition. Rules of engagement for transition – maybe that was the key to a good transition.” (2013: 3).
Provider Survey findings

The survey distribution list was initially drawn from two existing resources – the Directory of Support for Veterans in the North East of England (2013) and Life Force North East (2013). It was then adapted to reflect any recent changes to provision as identified by members of the steering group and project team. A link to the survey was sent via personalised email invitation to 92 targeted contacts from 58 organisations, with a request to forward it on to any other interested parties. A reminder email was sent one week later. The survey link was also featured in VONNE’s (Voluntary Organisations Network North East) May 2014 e-newsletter.

Prior to the questionnaire’s administration, an earlier draft had been cognitively pre-tested with a small expert group (including ex-service personnel, providers, commissioners, members of the project team and steering group). Respondents completed the questionnaire and gave feedback on aspects including length, content, language and visual impact. Following this a number of revisions were made.

A total of 49 responses were received, of which 41 were complete enough to facilitate analysis. The following overview describes findings related to the 41 complete responses, alongside insights from discussions with providers (n=4 to date) and observation of one local authority Armed Forces Forum.

Profile of survey respondents

- Survey respondents were employed by a range of public and third sector providers. The most common were veteran-specific (34%) and non-veteran specific (24%) third sector organisations. Other organisations represented in the data include local authorities, statutory healthcare, prison and probation services, and the MoD. Figure 1 overleaf provides an overview of organisations represented by survey respondents.

- As visualised in Figure 2 overleaf, respondents reported a diverse range of service foci; the most common of which were employment/training (59%), mental health (44%), and general ex-services support (44%). Others included housing/homelessness, physical health, drugs and alcohol, criminal justice, finances/debt management and family support.

- Around half (51%) of respondents provided generalist services (i.e. not specific to the ex-service community), while 37% were specific to ex-service personnel and their families/dependents and 11% were specific to ex-service personnel only.

- Just over a quarter of respondents (27%) were employed in a service that operates nationally, with the same proportion employed in a regionally operating service. Of the more locality-specific services, areas most represented by survey respondents were the regional centres of Gateshead, Newcastle, Sunderland, North and South Tyneside (17-22% of respondents served each). The least represented localities were those in the south of the region including Darlington, Hartlepool, Middlesbrough and Redcar and Cleveland (2% each), which may support later qualitative comments which refer to a comparative lack of provision in these geographical areas (see Section 7).

- Survey respondents held a wide range of roles including chief executives, chairmen, area/regional managers, Armed Forces leads, ex-services programme managers,
veteran support workers, employment consultants, a community engagement lead, a practice manager and a customer services director.

![Figure 2. Employing sector of survey respondents](image)

As can be seen in Figures 2 (above) and 3 (below), survey respondents were drawn from a range of sectors with a diverse scope of service.

![Figure 3: Service focus of survey respondents](image)

The client journey: Identification, referrals and onward destinations

How ex-service personnel are identified or received into the service

Respondents reported receiving ex-services referrals through a range of sources, represented visually in Figure 4 below. The most common was self-referral by the ex-service person or a family member, which formed a referral source for over three quarters (78%) of respondents and was identified as the primary referral source by 42%.

As can be seen in Figure 4, other common referral sources included internal referrals from elsewhere within the respondent’s organisation, and external referrals from charity/not-for-
profit agencies, the armed forces, local authorities, housing providers, primary healthcare and prison/probation services.

Almost half (42%) of respondents reported that 75% or more of their referrals came from one specific source type (most commonly self-referral). Individual responses varied widely from organisation to organisation in terms of most common referral sources and the proportion of referrals received through each.

![Graph showing referral sources](image)

**Figure 4: Referral sources identified by survey respondents**

Referrals were received via a range of communication methods, of which telephone referrals were the most common - forming the primary referral communication for around half (51%) of respondents.

**Supplementary/additional support**

When asked whether ex-service personnel or their families tended to receive any supplementary or additional support from other providers whilst using the respondent’s service, two thirds (67%) reported that this was ‘often’ the case. When asked for further details about supplementary support, the most common additional services used by ex-services clients were reported to be housing services, mental health care and general ex-services support – each reported by 78% of respondents.

**Onward referral/discharge destinations**

Respondents reported a wide range of onward referral/discharge destinations. As can be seen in Figure 5 below, these include primary and secondary healthcare, charity/not-for-profit organisations, local authorities, housing providers, family support services and movement into employment/training. The most common onward destinations, and proportion of clients who accessed each, varied widely between respondents.
Obtaining, storing and sharing information

Information available upon initial contact
Survey respondents were asked to think about what information would usually be available to them upon initial contact with the ex-service person, in the context of their most common referral source.

The most commonly available data was reported to be basic information (e.g. full name, address), reported by 87% of respondents to be generally available upon initial contact. This was followed by self-reported details provided by the ex-service person or family member (62%) and military service number (44%).

Other, more detailed forms of information seemed to be much rarer, including medical history/records (10%), electronic detailed case notes (13%) and paper detailed case notes (5%).

How information is stored
All respondents with one exception (a locality-specific third sector organisation) reported that they held some form of data recording system in which data about ex-services clients and/or their families was stored. The most common storage systems were electronic, whether in the form of an internally developed system (such as an Excel spreadsheet) or an externally supplied or otherwise purposefully developed database (such as Inform, EMIS, Rio, Petra or the military JPA and DII systems). These were reported by 54% and 49% of respondents, respectively.

Structured paper records such as referral forms were also common, reported by 44%, with smaller numbers storing unstructured paper records such as narrative notes (21%).
**Additional information requests**

During the 18 months prior to completing the survey, 77% of respondents reported that they had needed to request additional information about an ex-services client or family member/s from another source, with around a quarter (26%) reporting that such a situation occurred ‘often’.

Twenty seven respondents provided additional details about the context and outcome of such requests. Their purpose ranged from assessing eligibility to support and assisting funding applications to validating information provided by the ex-service person, seeking medical advice and finding out information about changes to a client’s medication. For the small number of respondents who described the outcomes, these were predominantly reported to have been successful – including liaisons with child protection, the NHS, Royal British Legion, MoD, DWP and the Glasgow army records office.

One isolated case of more negative outcomes was described by a regional third sector participant, who expressed a perception that information from the MoD and national ex-services charities can be difficult to access due to a perceived ‘unwillingness to share or data protection’. This perception will be explored further in sections below.

**What information is shared with onward destinations?**

Survey respondents were asked to think about what information would usually be shared with onward agencies, in the context of their most common onward destination for ex-services clients or their families. Figure 7 below illustrates the range of responses to this item.

![Figure 6. Level of information shared with onward referral destinations](image)

As can be seen in Figure 6 above, 55% of respondents reported sharing basic information (such as a client’s full name and address) with their most common onward referral destination. Other types of shared information included self-reported details provided by the ex-service person or a family member/friend (30%), military service number (18%) and medical history/records (13%). Much smaller numbers shared detailed case notes, whether
electronic (8%) or paper (5%). 8% of respondents (n=3) reported that they provided ‘no or limited information’ (e.g. first name only) to the onward service.

**Existing protocols and arrangements related to information governance**

- All respondents reported that organisational-level protocols were in place related to information security/data protection and information governance. In addition, 92% identified that organisation-level protocols related to information quality and information sharing also existed.

- Just over half of respondents (56%) reported that organisation-level protocols existed specific to information issues for the ex-service community. A quarter identified that they existed at a service-level, while 19% reported that they did not exist and 8% were unsure.

- For information issues specific to ex-services families this figure was lower, with 41% of respondents identifying specific protocols at an organisation-level. 35% reported that such protocols did not exist and 12% were unsure.

- Additional qualitative details highlighted a high prevalence of formal, written protocols. The importance of written consent from the ex-service person in order to share information was also emphasised; a theme which will be considered further below.

Figure 7 below illustrates the range of responses when survey participants were asked to rate confidence in their service’s current arrangements around information sharing related to ex-service personnel and their families. As can be seen in Figure 7, self-rated confidence levels in respondents’ service-level information sharing arrangements were overall fairly high, however confidence was greater for ex-service personnel than for their families.

![Graph showing confidence levels](image)

**Figure 7. Self-rated confidence in service-level information sharing arrangements related to ex-service personnel and their families**
**Staff training**

- 89% of respondents reported that frontline workers in their service were provided with training related to information management, sharing and/or governance. 68% reported that service managers also received such training.
- 11% of respondents identified that workers within their service did *not* receive any training related to information management, sharing and/or governance.

**Perceived information challenges, barriers and best practice**

Twenty-seven survey respondents identified one or more information sharing challenges/barriers facing ex-services support services in the North East. The issues raised here are indicative, not summative, and illustrate individual perceptions from different organisations in different parts of the information sharing landscape. We have provisionally grouped key issues under the following five themes (in approximate order of prevalence):

- Identification of the ex-services community (and information sharing by the MoD);
- Co-ordination and awareness/understanding of the provider network;
- Protectionism and the sharing of information in a competitive funding environment;
- Understanding of Data Protection and informed consent;
- Individual organisational barriers and definitions of ‘legitimacy’.

**Identification of the ex-services personnel and information sharing by the Government**

The most commonly cited barrier was reported to be the lack of effective identification of the location, profile and support needs of ex-services personnel as they move back into the civilian community. This barrier was perceived to originate in a lack of information sharing by the MoD about those leaving the Armed Forces.

While this was described by one respondent as an ‘unacceptable unwillingness’ to share information, further discussion with stakeholders highlighted that the MoD faced a number of barriers to the effective sharing of information with civilian organisations; suggesting it to be more commonly a ‘can’t share’ rather than a ‘won’t share’ issue. These barriers included the current set-up of data storage systems within the MoD, perceived to hinder the effective tracking of individual service personnel through the system, and the lack of definitive data provided by service leavers on their transition out of the armed forces (for example, related to the geographic area in which the service leaver expects to settle).

The lack of effective identification of ex-services personnel within the civilian community was considered to have far-reaching consequences; leading to difficulties evidencing need and thus impacting on providers’ ability to secure funding. The subsequent lack of understanding of the client group was also suggested to result in poor awareness of service priorities, potentially leading to duplication by different providers and the ‘wrong services’ being funded, due to a lack of understanding of what types of support should be prioritised.

For the ex-services personnel themselves, this was suggested to potentially lead to entire groups of veterans being overlooked and falling through the gaps of support provision. One third sector provider described the termination of a support programme for Early Service Leavers (ESLs) in the south of the region, and accompanying dearth of information required to evidence its continued need. In addition a national, non-veteran specific charity reported
that they had funding available to spend in the region, but that it was proving difficult to
evidence sufficient demand in order for it to be channeled into provision for the ex-services
community.

Strong feelings on the topic can be seen in the following comments from a range of
respondents:

‘Understanding how many service leavers, reservists, veterans and their
families live in each area is key to producing a detailed service based on
demand... Without accurate and uniform recording of the customer group
we are second-guessing what services could be needed and this can lead to
duplication or in some cases funding for a service that isn’t needed.’ (R24,
public sector employment/training body);

‘The Armed Forces Covenant was done back to front. It should have
identified how big and what the problem was and then funded it
appropriately to verified organisations... Not a free-for-all for the funding
and failure [to deliver] by too many participants.’ (R40, third sector
veterans’ organisation)

‘Little known about the cohort locally.’ (R28, local authority)

‘Lack of information/difficulty in identifying and targeting veterans.’ (R25, prison
services)

‘MoD not releasing numbers leaving forces and settling into which region.
Always difficult to evidence the need.’ (R13, housing provider)

‘I don’t feel there is an agreed exchange of information (information
governance) between the MOD and the local council (for example)’ (R29,
local authority)

Co-ordination and awareness/understanding of the existing provider network

A second barrier described by respondents related to difficulties co-ordinating the large
number of providers present in the region, and a lack of clarity around the role and remit of
each organisation. This was suggested to create confusion and in some cases could lead to
duplication of services, with survey respondents calling for more ‘joined up’ (R15) services
based on improved awareness of individual providers.

‘The lack of knowledge of all the various organisations that are working with
veterans and the services they provide.’ (R36, third sector veterans’
organisation)

‘Relies on individuals and their knowledge base of where to go within
different organisations... Better coordination of service provision for
veterans is needed.’ (R31, local authority)

‘Understanding between services of what they can do and offer.’ (R38, local
authority)

Visibility and awareness of existing provision was seen to be a particular problem for the
third sector, and for more recently established organisations who described navigating the
system and building relationships as a major challenge. In addition, one previously well-
established provider reported that they had ‘fallen out from the inside’ when the national
charity lost a regional contract to a competing organisation, and with it their regional presence.

‘Being new in the North East... there seems to be a large number of associated veterans’ services deliverers but a robust network of referrals/info sharing does not seem to exist, or we have not yet found it... the Veterans Network NE seems to be key but I still need to develop relationships with all its members.’ (R41, third sector veterans’ organisation)

Despite these highlighted problems, it is important to note that a number of examples of effective practice were identified in relation to the co-ordination of regional veterans' services in the North East; some of which could potentially form a prototype for emerging networks elsewhere in the UK. These included the highly praised North East Veterans Network and their directory of support services (both hosted by Finchale College in Durham), the NHS Veterans’ Wellbeing, Assessment and Liaison Service (VWALS), and the various Armed Forces Forums held within the region (including the Gateshead, Newcastle and Tees Valley local authority forums and the Sunderland Armed Forces Network). In addition, access pages developed by some local authorities to host locality-specific support information for veterans on their individual websites were also raised as an example of effective practice in this area.

**Protectionism and the sharing of information in a competitive funding environment**

An unwillingness, on the part of some organisations, to share information or work collaboratively was raised by a number of third sector survey respondents, and was also present in accompanying discussions with providers. This was suggested to be an inevitable consequence of the competitive funding environment, and the subsequent desire by some organisations to ‘hold on to’ clients or valuable information in order to secure future funding. As can be seen in the following examples, some organisations were also suggested to be ‘hiding behind’ the Data Protection Act and confidentiality agreements in order to protect their own interests:

‘Too many agencies and organisations more concerned about their ego and position than the very people they are supposedly helping.’ (R40, third sector veteran-specific organisation)

‘Organisations protecting their clients so they hold on to them and don’t lose them to another organisation.’ (R36, third sector veteran-specific organisation)

‘The competitive nature of acquiring funding leads to a reluctance to work together... or worse services are designed to follow funding rather than meet individual need.’ (R14, third sector veteran-specific organisation)

‘Our services are overlooked because they are seen as a threat, whereas in the majority of cases we would complement the support being given.’ (R36, third sector veteran-specific organisation)

‘The main challenges surround the age old issue of organisations hiding behind the Data Protection Act/ confidentiality clauses...’ (R21, third sector veteran-specific organisation)
Data protection, governance and informed consent

As already described in the section above, the large majority of respondents reported that their particular service had formal mechanisms in place to obtain informed, written consent in order to allow them to share information with other’s involved in support. However, it was suggested that some newer and smaller organisations might not routinely follow such procedures, thus preventing the sharing of information for client benefit further down the line. In part this was reported to be due to a lack of understanding and/or training in the area for some providers, particularly around safeguarding and assessing capacity to consent.

‘If consent is given by the individual then information at a relevant level can be shared with other partners if this is part of the client’s support, but many organisations do not address this or set up their services with other partners in mind.’ (R21, third sector veterans’ organisation)

‘Some organisations do not have sufficient knowledge around information sharing, particularly in relation to safeguarding… some non-statutory organisations have not understood why we could not (even when explained that we did not have the client’s consent to share medical history) why we were not sharing it with them...’ (R18, healthcare –NHS)

Interestingly, one survey respondent who rated that they were ‘very confident’ in their organisation’s information sharing practices related to both ex-services personnel and their families, provided the following information:

‘We have strict confidentiality protocols under BACP codes of practice... Our service is confidential and we will not disclose any details to other organisations under BACP guidelines.’ (R32, third sector local organisation - non-veteran specific).

One statutory healthcare respondent described an effective practice example as a potential resolution to some of these issues, whereby non-statutory delivery organisations were invited to access local authority training related to safeguarding and data protection. This was suggested to help ensure that all providers within the locality were working to the same governance standards and levels of understanding.

A less commonly raised but related issue was described by one respondent around inconsistencies in the extent of information that different providers are willing to share, depending on their individual ethos of what is necessary information (and can be shared) versus what is useful information (which would help a future support provider but is not passed on because it is not considered necessary), and how definitions of the two can vary between providers.

Individual organisational barriers and definitions of ‘legitimacy’

Finally, a small number of specific individual barriers were reported that appeared to vary from organisation to organisation. One respondent referred to the local authority’s ‘size and complexity’ as a key barrier, while another described issues with feedback from community mental health teams (CMHTs). One smaller, third sector organisation described their locality-specific approach as a barrier in an area of provision served predominantly by national or regional providers:
‘We are a locally based organisation and veteran services tend to be much more region or UK-wide so we do not get to build a relationship with them.’
(R4, general advice charity)

Issues around trust, legitimacy and which organisations are considered to be accepted or ‘verified’ providers were also visible in both the survey data and accompanying discussions, with some concerns raised by more well-established organisations about unqualified staff elsewhere who may be providing ‘poorly thought out interventions’ to the ex-service community (R16, third sector veteran-specific organisation). This issue will be explored further in the sections below.

Qualitative findings: The consequences for professional practice and client experience

Survey respondents were asked to describe the perceived consequences of any identified barriers or challenges for professional practice and client experience. Reported consequences of the challenges already outlined included the following:

- Inability to evidence need and secure funding for new or existing services, or create appropriately targeted services, by not being able to identify the ex-service community – and the ‘lost opportunities’ this creates (R17, probation services);
- Requirement to make complex support decisions based on limited information, sometimes resulting in an over-reliance on self-reported disclosure from the service leaver themselves - which can sometimes lead to them not accessing the most appropriate form of support;
- Delays in processing applications and providing support (although this was reported to be less of an issue in emergency or urgent care services);
- Frustration, loss of confidence and/or potential disengagement on the part of the ex-service person, when faced with having to repeat details of their situation to a number of different organisations;
- The potential for inappropriate referrals and/or duplication of support;
- Loss of staff time and resources when having to repeat assessments/duplicate information already held by other providers.

Specific service needs related to information sharing

Seven respondents identified individual areas of specific service need in relation to information sharing for the ex-service community. Of the remaining 33 respondents, 22 answered that they did not have any specific needs, and 11 skipped the question.

Identified areas of specific need for the seven respondents who completed the question were:

- More freedom to exchange information and a ‘more positive attitude from some national and local agencies to work with others for the wellbeing of the client’ (R40, third sector veteran-specific);
- Increased resources to and provision in more rural areas, where ex-service personnel can be understandably reluctant to travel to the main regional centres in order to access support (R4, third sector non-veteran specific)
• Training for staff responsible for the sharing of information in issues facing military ex-service personnel and their families (R29, local authority);
• More effective internal systems (R28, local authority);
• The development of a robust disclosure protocol for reservists. At the time of the survey this was described to be in the planning stages for the respondent’s organisation (R18, statutory healthcare).

Cited examples of good practice
Examples of good practice have been highlighted in relevant earlier sections, and are also summarised below. The final survey question asked respondents, ‘Are you aware of any examples of good practice in relation to information sharing within veterans’ support services in the North East or elsewhere?’ 21 respondents answered this question, of whom six (29%) responded that they were not aware of any examples of best practice. The remaining 15 respondents identified the following examples (in no particular order):

• Sunderland CCG;
• Gateshead Council;
• Jobcentres in the south of the region (Durham and Tees) for their role in identifying ex-service personnel by asking all clients if they have served in the armed forces;
• Veterans’ Employment Skills Project (VESP) – Northumbria probation;
• VWALS (Veterans’ Wellbeing, Assessment and Liaison Service) - NTW and TEWV NHS Trusts;
• The North East Veterans Network, and their Directory of Support for Veterans in the North East of England, both hosted by Finchale College;
• Probation services;
• Local authority Armed Forces Forums (including Newcastle, Gateshead and Tees Valley);
• The Sunderland Armed Forces Network;
• Gateshead’s veteran support worker;
• Gateshead Veterans Housing sub-group;
• Access pages developed on some local authority websites, detailing locality-specific resources;
• Stockton local authority’s training for frontline customer services staff in the local authority and wider organisations;
• Protocols developed between Yorkshire and Humber NHS Trust and Catterick Garrison, which are hoped to be replicated in the North East;
• Two emerging services were also mentioned – The Tyneside Armed Forces Outreach Service which will be in place June 2014, and regional allocations officers.
Interviews

The aims of the interviews were to develop deeper understandings of the barriers and drivers to information sharing in the wider network from key stakeholders and to explore emerging ideas. A small number of interviews/discussions were conducted with key informants who were primarily out of the scope of the survey design and North East sampling frame (e.g. organisations with a significant national remit with North East based activities). These interviews comprised of asking respondents to talk about their position in the landscape and their relationships with other parts of the wider network. Where practical, respondents were asked to draw a picture of their view of the information sharing relationships that their organisation had with ex-services personnel/clients and other organisations. Two inter-related issues emerged through the interviews. Firstly the scope, scale and geographical spread of relationships from a national perspective were often challenging when seeking to share information with local providers (and vice-versa). Secondly, the extent to and mechanisms by which, it is possible and desirable to provide an ability for those working with ex-services personnel to routinely identify them as ex-services personnel.

“There are a lot of service charities and many have a lack of up to date knowledge and resources around pensions and benefits/welfare. The quality of advice to veterans really depends who you talk to really.” (Interview 6)

“We (national provider) do loads of presentations and within three months they say (other organisations charities/local authorities) who are you again?!” (Interview 6)

“Public Health England have been looking around the available figures on veterans in the region, primarily using ONS data broken down by local authority. It can be difficult to break data down into localities as most MoD data is UK-wide. Some data on deaths and suicide broken down by local authority will be potentially available.” (Interview 5)

“We have a pilot project between us (national provider of welfare advice) and three local authorities in Scotland to embed better information sharing. Funding has support an embedded Veterans Support officer who is working with the local authority to help identify the best ways of working with veterans and improve/speed up processes. One step that has been implemented is in the Local Government CRM system question ‘Have you served?’ which leads to veterans being flagged on the system for follow-up and veterans identified by us referred directly to the participating councils...our pilot has had some problems of setting up Data Protection and Information Sharing processes” (Interview 6)

“They (the service leavers) are often unsure, they often put their parents’ address – but then when they do leave they often become a transient workforce. This isn’t visible in the data collected because when service leavers are simply asked where they intend to settle only around 25% of service leavers we work with provide an accurate forwarding address.” (Interview 3)
That’s (destination information) something we can’t tell them (local authorities). Not won’t, can’t because of our contract with MoD and the Official Secrets Act.’ (Interview 3)

“For lots of these sorts of reasons plotting migration can’t really work. There is no way to predict where people will end up as they often don’t know themselves” (Interview 3)

For others working in local provider contexts there were issues about working with funders and commissioners and the sorts of information sharing channel/mechanisms that were available. One participant reported that who an organisation chooses to refer to can depend somewhat on whom they hold formal data sharing protocols with; presumably choosing these providers over others where relationships are less well-established. For some respondents the nature of the relationships with, and between, the internal parts of the MoD in particular meant that sharing information about individual clients was either disallowed or subject to particular systems or channels of consent (e.g. the Official Secrets Act and or personnel confidentiality). Discussions with NHS also revealed that the NHS systems were being put in place to allow sharing between MoD health records and NHS records (including a NHS code for recording whether patients are ‘veterans’).

It was not clear how these ‘national’ systems meshed with local approaches to identifying ex-services personnel, their rights of consent/confidentiality and professional codes of conduct, which are by nature diverse. However, the importance of individual relationships and consent built up over time to effective information sharing was also raised in the accompanying discussions with public and third sector providers working at national and local levels:

“Information flows quite well around the system... A lot of it depends on the relationships you’ve built with individual providers and with individual people” (Interview 4)

“Offender Management Services hold personal records, including whether someone has disclosed serving in the Forces. The discharge process currently works well in terms of passing on information to relevant organisations with the person’s consent, however the process is in a state of change so will look different in the future.” (Interview 5)

“It all depends on what the service leaver chooses to tell us, and often as people are leaving the Forces they are unsure themselves of where they go and their plans can change as opportunities come to light. They might not decide to settle at the original home address which is often their parents’ address.” (Interview 3)

“The vast majority of veterans entering the system have substance or alcohol misuse issues, so often the Drug and Alcohol teams within the prisons will be their main point of regular contact while serving their sentence.” (Interview 5)

For local authorities and local NHS providers in particular, the principle that they should know how many ‘veterans’ are residing in ‘our area’ seems to be axiomatic. The comments above provide useful insight into why such the information that they think they need is both problematic and also subject to a range of specific organisational barriers. Ultimately as one interviewee put it:
'It’s very much a case of, some people play well with each other and others don’t. Not just the organisation itself but also the subject or service focus.”
(Interview 2)

On the positive note there was clear evidence that information sharing was going on and one of the widespread facilitators of was the reported use of the Military Service number in local contexts as a means of identifying legitimate beneficiaries of service. From the perspective of the individual being identified this was a way of ex-services personnel being able to manage their identity. Being identifiable, as ‘having served’, is not always perceived, by the individual, to be to their advantage and may and, in fact, be disruptive to their transition. Notwithstanding the obvious potential security and personal risks of being widely identified as ‘having served’, as one of our interviewees observed, it is embedded in the changes of identity which are part and parcel of the transition process:

“After about 6 months many of our clients have moved on and no longer think of themselves in that way.” (Interview 3)

Treatment then of ex-services personnel as a homogenous ‘community’ who wish to be identifiable and identified as having served without their consent is problematic. Many of the ones potentially most in need are perhaps sometimes most unlikely to engage:

“Veterans are classed as one of the ‘hidden homeless’ groups – they are often not counted in official statistics because they aren’t visible to homelessness support services for instance one homeless veteran was discovered after living for months in a tunnel that he’d dug under a local park.” (Interview 4)

“When you ask a service leaver where they are planning to go, they often give a number of potential places, some of which may be thousands of miles apart it could be Yorkshire or Dubai.” (Interview 3)

“People disappear off the radar – and can be having good times or bad times. I know a service leaver who is riding a motorbike around South America. I am the only one who knows. We also know of a Brigadier who lives under a bridge in London” (Interview 1)

Collectively, people who have at some time in their lives served in the armed forces are at best a set of communities and even this term implies a set of identities and relationships which for many them is unlikely to represent their primary sense of identity. From the interviews we found the complexities of the sharing of information about those who have served. It is clear to many of those working in the provision of services that any information sharing needs to be carefully managed and sensitive to the wider set of circumstances ex-services personnel experience during their immediate transition from the armed forces.
Workshops with key stakeholders

The research team also ran two workshops during the project. The first sought to engage with representatives of the wider provider sector via the North East Veterans Network and the second with the service co-ordinator/commissioning sector. Our activities engaged over 50 organisations including range of commissioning and provider organisations working with a national, regional and local remit. The workshops fulfilled a range of aims including validating findings of the survey to gain feedback from the provider community on their veracity. Secondly, they aimed to explore the challenges of information sharing from a wider set of service provider perspectives. Finally, they sought to begin the process of looking to the future regarding what can be done to improve service co-ordination for ex-service personnel and their support networks.

The first workshop was organised in collaboration with the North East Veterans Network. The workshop comprised a presentation based on the survey results, incorporating elements of the interviews. Feedback from the presentations and observations of the network meeting demonstrated that initial indicative findings were consistent with wider group of provider attitudes and experiences and reinforced the research team’s emerging view that there was a need to join-up local relationships with national initiatives. The workshop also provided the opportunity to explore emerging ideas around some of the ‘disconnects’ between parts of the environment providing help and support for the ex-service personnel. Our first task in the workshop was to ask the participants to “draw a picture of their organisations and their information sharing relationships around ex-service community/veterans.”

As anticipated, the task produced a range of ‘spider diagrams’ of organisations with links to the sorts of information sharing relationships. Closer analysis of the images allowed us to identify four types of picture.

- View from ‘local’ VCS service provider (e.g. housing).
- View from local authority armed forces forums.
- Views from regional/pan-regional perspective (e.g. Regimental structures, NHS, Probation).
- Views from national perspectives (e.g. Service charities and MoD).

Four points of access or nodes in the networks of organisations working in the area of ex-services personnel support and provision were identified (see Figure 8 National Node Views and Figure 9 Local Node View below).

- These are: national agencies with specific roles/relations directly commissioned/funded by national departments (e.g. Careers Transition Partnership (CTP), Veteran Welfare Service (VWS); National Health Service (NHS), Prison and Probation Services);
- national service charities/networks with a range of scales and scopes;
- local authorities and their local provider networks; and
- specialist providers offering locality based specialist or general services for the ex-service personnel (e.g. housing associations).
**Figure 8 National Nodes Views: Public Services Agencies with Regional/Local offers and National Forces Charities**

**Figure 9 Local Node View: Local Authority Armed Forces Forum—Co-ordination of local information, services and offers**
The view of the horizon from each node meant that there was relatively limited awareness/understanding of the wider provider landscape. The lack of mechanisms to join up leads to potential gaps in co-ordination and information sharing between the service points of access around particular needs which make up the network of support outlined above. One of the side-effects of this were individual organisational barriers and issues of ‘legitimacy’ of particular providers in the ex-services personnel provider networks and limited co-ordination between parts of the wider landscape. This indicates potential room for improvement to support horizontal transition between current service configurations/clusters as well as vertical transitions from the armed services.

The second task asked participants to augment a diagram of the landscape of service co-ordination and provision which had been produced in advance by the research team drawing on the outcomes of the research to that point. The aim was an attempt to show how the various parts of the overall system could be seen in relation to each other (see the Figure 10 Service provider landscape below).

![Figure 10: Service Provider Landscape](image)

Broadly the diagram was seen to represent the landscape. Organisations of various kinds were able to locate their position in relation to the various service configurations/clusters and draw lines of interaction (or ideal interaction) of their organisation between the different parts.

Analysis of the augmented Figure 10 pictures showed strong structures for vertical transitions in the system (particularly where issues were identified on discharge or service leavers appeared relatively capable) albeit with some evidence of a relative lack of information sharing between service configurations and clusters (e.g. Employability support and Health and Welfare). Comments from organisations involved in the workshop often
referred to the struggle to make their offer to the right ex-service personnel through the right brokers at the right time. This is represented in Figure 11 below.

![Diagram](image)

**Figure 11: Service provider landscape: Improving Vertical and Horizontal Transitions**

The second workshop included primarily those working in organisations with a service coordination or commissioning role. The research team took the opportunity to lay out our findings at this point to validate our current thinking and test some initial ideas about future ways forward. Generally the feedback was positive in terms of the findings’ representation of the complexity, with a range of discussion elicited around the mechanisms to improve joining-up of the various parts of landscape.
Conclusions and Recommendations

The research engaged over one hundred respondents working in the North East of England including forty one anonymous respondents to the survey and over fifty organisations including interviews conducted with a range of provider organisations primarily working with a national remit. In the immediate next section we bring the findings from the various strands of the work together around the original research themes.

Scope and Need

Like all care and welfare services the scope and need is potentially never ending. The challenge in such contexts is to make judgements on how to improve particularly in terms of efficiency and effectiveness. Our analysis of patterns of information sharing around ex-services personnel raised some notable points of interest. Firstly from the survey, there was a widespread level of ‘self-referral’ evident in the system. From the survey nearly 80% of the responding organisations reported that they began working with ex-service personnel in this way. There are two ways of considering this finding. Firstly in the positive way in which ex-service personnel can personally enter a wide number of doors to receive help and support tailored to their own perceived requirements. This reflects many of the encounters, observations and discussions that took place as part of the research, where organisations were highly motivated to help ex-service personnel.

Perhaps less positive is that this an indicator of a requirement for more co-ordination (including referral) between commissioners and providers across the different points of access in order to deliver more consistent and personalised care and support to those in need. This is supported in the interviews and workshops where reports were that significant effort went into helping ex-service personnel find their way to the right sort of help. This is reinforced in part by the wide range of onward destinations reported by those completing the survey and by some of the comments in the interviews about the reported difficulties faced by those providing services. Users of the services clearly have a wide range of needs and a significant minority have complex needs and at varying and unpredictable points of their lives. The current concentration of resources for transition appears to be quite reasonably on those service leavers with clearly identified needs and appears to work well both nationally and locally. The cohorts in this group are at the point of ‘vertical’ transition from the armed forces and are therefore relatively easy to identify and to work with. Mechanisms for what we have called ‘horizontal transitions’ are less well catered for as the problems can often be more long term, complex and ambiguous requiring greater co-ordination (and information sharing) between a greater number of organisations (both providers and commissioners). If this is challenging for organisations in the system then it is likely to be even more so for the individuals involved.

In terms of organisational support for information sharing, the survey reported a focused, structured approach to managing information within organisations operating in the sector. Overall the survey reported confidence in respondent organisations’ abilities to carry out their responsibilities in terms of Data/Information Sharing (and interpretations of Data Protection in this context). In some of the comments from the provider perspective (primarily smaller third sector organisations), a lack of sharing was sometimes perceived (correctly or incorrectly) as a lack of co-operation from the MoD and NHS in particular.
Evidence from other parts of the research clearly shows that there are differences in emphasis in the way information is conceived of and therefore valued in other organizational contexts, e.g. police, health service and third sector agencies. These differences in emphasis may offer some explanation about the challenges organisations appear to face when seeking to access and in sharing data/information.

At the level of the bigger picture what we have called the joining up of the joining up, information sharing between the responding organisation and other parts of the network (and by the scale and scope the implication is each other) remains a key challenge for organisations working in this area. Our observations of information governance in practice and respondent’s reports of organisational behaviour revealed an environment where individuals and organisations can be reluctant to share beyond basic information. In these cases, respondents reported relying on the service user as their primary source of information. The ability for organisations/service providers to identify each other and to share information between service providers seems to be the rate limiting step for improvements in information sharing and by implication service co-ordination.

**Barriers and Drivers**

One unique challenge in the area of information sharing around ex- services personnel is the sheer breadth of potential information sharing activity from Facebook group of regimental bodies right across to more familiar territory of the integration of health and social care. This is in turn reflected in the range of provider organisations (large and small, national and local) both specialist and general who are making offers of services to ex-service personnel and their families. The policy review identified the usual challenges and problems in the information sharing in the public service domain including legal and technical issues when sharing information (for instance see FAME 2007 and CEIS 2013). From the policy review where there was reported activity the emphasis was on practices of sequential information sharing as a one way, one off activity, with some evidence of information sharing as an activity to join up a particular set of services around a particular set of needs. Interestingly, little attention was given to the reciprocal or conversational information sharing required by the sorts of complex service provision particularly for the sorts of horizontal transitions we identify above.

The policy framing of information and particular characteristics of the context had significant implications for the providers operating in the ‘market’ which particularly came to light in the survey findings and interviews. On the positive side it meant that both commissioning and provider organisations were highly motivated to support ex-service personnel and that significant resources were potentially available to support services (if they could be identified). However, on the other hand there were concerns about protectionism both of information and also of relationships in an increasingly competitive funding environment. Concerns were expressed in both the survey and interviews about the ways and means of identifying ex-services personnel and the way in which individuals are identified is an issue which needs careful consideration in the context of issues of consent, identity and transition. Finally co-ordination and awareness/understanding of the provider network – for commissioners, providers and by implication the clients knowing who did what, where, with what focus and with what capacity. And by knowing this what needs were being met and which needed to be met.
Good Practice

Both the policy review and survey sought to identify cases throughout the UK of ascribed good, by which we mean ‘effective’, practice. However, they are difficult to substantiate: the claims of effective practice are often uncorroborated (and even not possible to corroborate), they are limited in terms of the beneficiaries and circumstances in which they are effective, are rarely directly transferable, and relate to a narrow range of information sharing (mainly sequential practice and the development of pooled facilities).

This was reflected in the case studies of effective practice which were cited in the policy literature and reported in the survey. These are characterised by demonstration of strong commitment by commissioners and service providers to make a difference to clients’ lives, including through the provision of information. The case studies were however limited to a narrow range of modes and circumstances of information sharing, with the emphasis on one off sequential information sharing and some development of pooled information sharing arrangements. Overall there was little evidence of effective reciprocal or conversational information sharing arrangements although the idea of developing some form of “rules of engagement” for transition was raised in a number of policy documents. Thus they tend to pay more attention to the general thrust of their recommendations rather than the practical implications of making them work. In turn the policy community to which these contributions are made may not give as much weight to the coldness of evidence about practice as it does to the warmth of satisfying the interests of a deserving lobby.

Nevertheless, drawing on our research and our knowledge of transitional needs in other communities, it has been possible to set out a framework for identifying the technical, organisational and political barriers and drivers for sequential, pooled and reciprocal information sharing involving different agents at different stages of the transitional pathway for ex-services personnel and their families moving from the armed forces into civilian life (the initial vertical transition) and through their later life where problems might occur (a series of ‘horizontal transitions’). Further work could be commissioned to test this framework in an assessment of what information sharing works for whom in what circumstances.

Recommendations

In terms of recommendations the key is to harness the significant resources available across the landscape together with the overwhelming goodwill and optimism across the national, regional and local systems as a whole. This can only be achieved by creating an environment in which the job of service co-ordination (either by ex-services personnel and/or their families themselves or by their intermediaries – formal and informal) can move beyond the relatively narrow confines of service clusters/configurations or local relationship horizons to support a broader ‘joining-up of the joining-up’ process. Improving access to local intelligence and relationship building for all parties in the network including the ex- services personnel themselves is key to the reliable and personalised configuration of provision to support and enhance vertical and horizontal transitions at the point and place of need (as per the Figure 12 below).
From our research it would seem unlikely that a single point of access or support could provide an integrated solution to the complex needs of individual ex-service personnel and their families and the web of potential relationships between providers particularly in the context of ‘horizontal’ transitions between parts of the landscape. Each of the four points of access or nodes has roles to play and responsibilities to divest. It is important then to create an environment where offers from providers (both specific and general) can be made to the right ex-services personnel and their families (and those directly supporting them) in the right place at the appropriate moment. As shown in Figure 12 below this cannot be achieved as a solely top-down national initiative (for instance a single national phone number) even though national provision can be the most likely source of specific detailed expertise in particular areas. Equally important to improving the lives and wellbeing of those ex-services personnel is likely to be contingent on local circumstances and availability of provision.

**Veterans’ Support Service Landscape**

*The purpose of national access points would be to signpost to local brokerage and intermediation*

*Local community networks of service and support also need the means to publish and coordinate with each other (including with national services).*

*Figure 12: Improving service co-ordination between National and Local*
Appendix A – Scope and List of Reviewed policy and practice literature

List of documents and literature relating to the policy and practice of information sharing in services for military personnel in transition to civilian life

Professor Andrew Gray (Academic Services for Public Management) October 2014

A search was conducted for policy and practice related documents and reports on the transition of military personnel into civilian life. These documents were then examined for contributions to the three principal research objects.

THE REVIEW

This review was designed to inform the three principal research objects specified for the project as a whole:

RO1: “Scope out the needs and information sharing requirements for the veterans, their carers and families and the organisations working with them”

RO2: “Examining the barriers/drivers for information sharing and structures and processes to highlight and assess the levels and types of approaches within the key contexts and case studies and identify priorities, gaps and opportunities”

RO3: “Identify examples of existing and potential good practice, including opportunities for building capacity”


For RO1 the review identified:

1. Strong commitment to identifying and providing for the needs of those in transition, including for information particularly on employment, housing, training and education, health and social care, and supporting skills such as financial management;
2. Extended transition pathways with many stages and agents involved, including families and friends, and along which the responsibility for coordination of transition shifted from service providers to those in transition;
3. Sustained advocacy of more information sharing to support integrated service provision for those in transition.

For RO2 the review identified:

1. Little attention to operationalising functional information sharing for different purposes and circumstances;
2. Emphasis on practices of unilateral sequential information sharing, some advocacy of pooled information sharing, but little attention to the reciprocal information sharing required by complex integrated service provision;
3. Some but not systematic attention to the technical, organisational and political barriers and drivers for different modes of information sharing.
For RO3 the review identified:

1. Cited cases of effective practice that showed strong commitments by service providers to make a difference to client lives including through the provision of information;
2. Cited cases limited to a narrow range of modes and circumstances of information sharing; the emphasis was on unilateral sequential information sharing and some development of pooled information sharing arrangements; there was little evidence of effective reciprocal information sharing;
3. The idea of developing “rules of engagement” for transition.

LIST OF RELEVANT POLICY DOCUMENTS AND RELATED LITERATURE CONSULTED

Reports
Ashcroft, Lord, 2014. The Veterans’ Transition Review, Ministry of Defence
http://www.veteranstransition.co.uk/vtrreport.pdf

Contribution mostly to identifying and improving the different service provisions to military personnel in transition. Identifies information needs of leavers but not those of information sharing by providers. Recommendations include meeting information needs of leavers; these have implications for info sharing by providers but they are not addressed.

Centre of Excellence for Information Sharing (CEIS), as at June 2014. Information Sharing Journey Toolkit, Index of Tools, Case Studies, http://informationsharing.co.uk/toolkit/

The toolkit sets up a toolkit structure base on six stages of an ‘information sharing journey’ through which all multi-agency initiatives will pass. There is also an index of tools and some case studies of how local authorities have developed “safe and effective information sharing”.

Department for Children, Schools and Families and Department for Communities and Local Government (DCSF-DCLG) 2008. Information Sharing: Guidance for Practitioners and Managers
http://webarchive.nationalarchives.gov.uk/20100202100434/dcsf.gov.uk/everychildmatters/resources-and-practice/ig00340/

The principal guidance from HMG framed mainly for those working in child protection and with other vulnerable client groups.

Department for Children, Schools and Families and Department for Communities and Local Government (DCSF-DCLG) 2009

Information Sharing Case Examples
http://webarchive.nationalarchives.gov.uk/20100202100434/dcsf.gov.uk/everychildmatters/resources-and-practice/ig00340/

Part of the principal guidance from HMG framed mainly for those working in child protection and with other vulnerable client groups.

Department of Health (DH), 2013. Information - to share or not to share? The information
**Governance Review**

https://www.gov.uk/government/publications/the-information-governance-review

Review by Dame Fiona Caldicott of information confidentiality and sharing in health and social care and the development of a new set of seven Caldicott Principles.


The first substantive attempt to plot the transition process, its weaknesses and their consequent costs


**Report by Council on progress in developing the Network**


http://www.publications.parliament.uk/pa/cm200708/cmselect/cmpubacc/351/351.pdf

A review by the Committee on the success of publicly funded support for transition principally to civilian employment and accommodation. Based on National Audit Office 2007 below.


Guide (with many examples) to the management of personal data and the role of the Information Commissioner; not really about information sharing as such


A summary report of workstreams on physical health, social and economic wellbeing, and mental health.

Joint Health Overview and Scrutiny Committee of North East Local Authorities, 2013. *Implementation of Regional Scrutiny Recommendations – Health*, ANEC

Final monitoring report on implementation of JHOSCNELA 2011; includes data about the ex-military community in the North East and needs for data sharing among local authority services


Although this health needs assessment nowhere uses the term ‘information sharing’ the nature of the needs it identifies clearly demand it (e.g. recommendations in part 8).

*Analysis of ex-military personnel in relation to criminal justice system shows them to suffer particular vulnerabilities and makes information sharing related recommendations for ways of working (pp51-5)*

Ministry of Defence, 2011. *Armed Forces Covenant*  

*The Government’s commitment to ex-military personnel*


*An example of and framework for unilateral sequential information sharing (from service to those in transition) and access to pooled information. Rather abruptly refers to termination rather than transition.*


*Generally positive report about the use of public money to support ‘resettlement’ but does not refer to information sharing as such; basis of House of Commons 2007 above*

National Health Service, 2104. *Meeting Needs and Reducing Distress*  
http://www.reducingdistress.co.uk/reducingdistress/wp-content/uploads/2014/02/Meeting_needs_and_reducing_distress.pdf

*Section 6 is on Communication and Information Sharing*


*Analysis of priority attached to and composition of veterans’ needs.*

Windsor G 2014-June 9. *Striking a balance: Data protection vs Data driven innovation,*  
NESTA Blogs  

*Blog on the tension between protecting data and sharing it to fuel innovation*
Academic publications related to policy and practice


Includes identity challenges facing even those ‘successfully’ transitioned including feelings of loss and separation; suggests reconceptualising post-institutional transitions as a process in order to understand how individuals negotiate their identities in changing spatial circumstances

Lemos G. 2005. ‘The experiences of people who have become homeless after leaving military service’ Housing, Care & Support, 8/3: 4–8

Study records experiences and notes factors that increase the likelihood of homelessness. Concludes help with housing should be complemented by emotional and psychological support services during and after the period of transition from military to civilian life.

Thomas M, Hynes C, Mottershead R and Brettle A. 2013. Systematic review of the literature relating to health, housing, education, employment and the criminal justice system of those leaving the Armed Services Centre for Veteran Wellbeing, University of Chester (internal publication)

Includes data about proportion of those in transition who are ‘vulnerable’.


Amongst ‘vulnerable’ cohort of ex-service personnel, 44% had a psychiatric diagnosis; their ‘help-seeking behaviours’ included accessing mix of GPs, service charities and cognitive behaviour practitioners


Participants who received peer advisors were more likely to follow up with assessments than were controls.


Appendix B – Information Sharing Survey (see separate document)