Research Report 45

Summary

Information sharing aimed at reducing violent crime: A survey of Community Safety Partnerships

Nerissa Steel, Liz Ward and Alana Diamond

This report presents the key findings from a questionnaire study to explore the extent and nature of information sharing arrangements used by Community Safety Partnerships (CSPs) across England and Wales to prevent and reduce violence and other types of crime.

Background

While police recorded crime remains a key source of information about violence and other types of crime for Community Safety Partnerships, it is known that not all crime is reported to the police (Walker *et al.*, 2009) and therefore information sharing between a range of local agencies can help partners develop a more detailed understanding of the nature and extent of violence in their locality. The data shared can be used in various ways including:[1]

- strategically – to inform policy at both a national and local area level;
- operationally – to identify and target resources at high crime neighbourhoods and other locations; or
- at case level – to inform decisions about individual at-risk offenders and victims.

The types of information/data that are shared can be split into two distinct categories: 'personalised information sharing' which involves any information or data that can identify a living person; and 'anonymised information sharing' through which no living individual can be identified. Importantly, the criteria and legal framework for sharing each type of data are very different, with personalised information sharing being subject to far greater regulation.

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1   This list is intended to provide a broad overview of the ways in which shared data may be used, it is not intended to be exhaustive and the categories may not be mutually exclusive.

Contents

Keywords

Information sharing

Data sharing

Community Safety Partnerships

Violence

Home Office

Methodology

A questionnaire was used to investigate arrangements involving both personalised and anonymised data under three themes.

1) Current information sharing arrangements: the extent and nature.
2) The legislative framework: level of understanding and related issues.
3) Effective data sharing: levers and barriers.

Questionnaires were sent to all 340 CSPs in England and Wales. Overall, 52 per cent (178) of CSPs were represented in the responses.[2] This included 61 per cent of CSPs in 'high violent crime' areas.[3] Although the response rate is comparable with other recent survey-based evaluations targeting CSPs, findings from this study should not be considered representative of all CSPs in England and Wales. Notably, there was considerable variation in response rates between regions and the findings rely upon the accuracy and completeness of the respondents' knowledge of arrangements in place within their CSP.[4]

Personalised information sharing arrangements
- The vast majority of CSPs who responded reported having arrangements to share personalised information about individual victims or offenders – e.g. Multi-agency risk assessment conferences (MARAC) and Multi-agency Public Protection Arrangements (MAPPA) – in their CSP. These arrangements were, on average, reported to be working well or very well and the data shared through these arrangements were seen to be being used very effectively.

- CSPs with relatively high rates of violent crime scored higher than other CSPs on a proxy indicator for the overall effectiveness of personalised information sharing arrangements, which suggests,

as would be expected, that the development of personalised information sharing arrangements was more advanced in these areas.

- Part of the questionnaire focused specifically on MARACs, which are multi-agency meetings where representatives share information on high risk victims of domestic violence in order to create action plans for increasing the safety of these victims. The vast majority of partnerships surveyed reported that MARACs or other multi-agency domestic abuse case conferences were in place and that an average of 11 different agencies attended the meetings. For 63 per cent of these CSPs, these included all six of the 'core' agencies whose attendance is identified as being key to ensuring appropriate representation at MARACs – one of the ten principles for an effective MARAC identified by Co-ordinated Action Against Domestic Abuse (CAADA).[5]

Anonymised information sharing arrangements
- CSPs who responded reported sharing anonymised data with a wide range of agencies, both statutory and voluntary including: Local Authority; Fire and Rescue; Police; domestic violence projects; substance misuse; and Health agencies (e.g. Emergency Departments, ambulance services, etc).[6]

- CSPs used anonymised data for a range of purposes. Almost all CSPs who responded (over 97%) reported that anonymised data were used to prepare the CSP's Strategic Assessment, and to look for crime patterns to inform crime reduction. In addition, data were used to inform actions to tackle specific offence types, most commonly anti-social behaviour, burglary, hate crime, and crime in the night-time economy.

- Emergency Department (ED) data sharing is an established model of anonymised information sharing used to tackle violent crime (Warburton & Shepherd, 2006; Maguire & Nettleton 2003). Comparing findings from this report with a previous survey by the National Audit Office (NAO, 2008), the number of CSPs sharing ED data appears to have increased in recent years, perhaps reflecting the promotion of ED data sharing in the period.

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2   One hundred and thirty-eight responses from individual CSPs were received and a further ten responses were completed on behalf of multiple partnerships, representing an additional 40 CSPs.

3   For the purposes of this report, high violent crime areas are the 71 CSPs with the highest volumes of violence against the person offences, which collectively accounted for 50 per cent of all such offences across England & Wales (data from Crime in England & Wales 2008/09).

4   It should not be assumed that the individual(s) completing the questionnaire had access to, or pursued, all relevant information. Further detail on the CSPs that responses/non-responses is included in Annex A.

5   (Police; Independent Domestic Violence Adviser (IDVA); health services; probation; housing; and children and young people's services). It should be noted that no measure of frequency of attendance/level of participation was included in the survey which are also likely to be factors related to achieving appropriate representation.

6   Over 70 per cent of CSPs reported sharing anonymised data with these agencies.

● Two-thirds of CSPs who responded reported that ED data sharing had either been established or was currently being piloted in their area and 'high violent crime' CSPs were more likely than other areas to report ED data sharing. However, for the majority of CSPs who responded, ED data sharing arrangements were relatively new, with more than half reporting that they were still being piloted.

● When asked to rate their experiences of setting up ED data sharing, the majority of CSPs who responded reported that it was difficult or very difficult; less than half reported receiving data monthly or more frequently, and less than half reported receiving all three types of information included in the Department of Health's recommended minimum data set. These findings suggest that, at the time of this survey (late 2009), further development was needed for many CSPs before ED data sharing could become an effective tool for reducing violent crime.

General information about information sharing[7]

● In response to questions around the general process and implementation of data sharing, the majority of CSPs who responded (82%) reported that they had some partnership specific analytical personnel, most commonly funded either solely or in part by the CSP.

● The majority (over 85%) of CSPs who responded were at least quite confident that they had a sound understanding of the legal framework for information sharing and that arrangements within their CSPs met these requirements, with around half reporting to be either confident or very confident. However, almost one in ten (9%) were not confident that there was a sound understanding of the legal framework within their CSP and 14 per cent reported that they were not confident that arrangements within their CSPs fulfilled these requirements.

● Best practice suggests that agencies sharing data should be signed up to an information sharing protocol (ISP), a formal agreement between organisations that sets out the principles and commitments for the collection, storage and disclosure of information. Unexpectedly given the higher level of scrutiny associated with the sharing of personalised data, more CSPs reported having ISPs in place for anonymised information sharing (74% on average) than for personalised information sharing arrangements (46% on average).

● The compatibility and capability of Information Technology (IT) systems to collect and share data were the most frequently cited barriers to information sharing with poor data quality and lack of staff resource also commonly mentioned. Having committed, proactive partners and training, guidance, and the sharing of best practice were considered helpful to implementing effective information sharing.

Conclusion

Although not representative of all CSPs, the findings of this study provide some evidence that, at the time of the survey (late 2009), data sharing was being widely used by CSPs who responded to tackle violence and other crimes and that these arrangements were more developed in areas with higher rates of violent crime. The results indicate that arrangements are working to varying degrees of success, with personalised information sharing arrangements (i.e. MARAC, MAPPA and PPO) perceived to be particularly effective. Other arrangements however, such as anonymised ED data sharing, may require further development in order for them to become widely effective tools for violence and crime reduction.

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7   It should be noted that responses to these questions related to information sharing generally and responses regarding specific arrangements may have differed.

Information sharing aimed at reducing violent crime: A survey of Community Safety Partnerships

Nerissa Steel, Liz Ward and Alana Diamond

1   Introduction

The sharing of information between agencies such as Local Authorities and the police is now widely accepted as being valuable to efforts to reduce crime. The 1998 Crime and Disorder Act, which created Community Safety Partnerships (CSPs),[8] also provided the legal basis for information sharing to support the reduction of crime. More recent legislation, such as the Police and Justice Act 2006 – which placed responsible authorities under a duty to share information – has further embedded the principles of information sharing within local partnerships. The Government has demonstrated a commitment to information sharing for the purposes of crime reduction within the coalition agreement by pledging to "make hospitals share non-confidential information with the police" to enable them to "target stop-and-search in gun and knife crime hot spots" (HM Government, 2010).

This report presents the key findings from a study undertaken to provide an overview of current information sharing arrangements that are used by CSPs to prevent and reduce violence and other types of crime locally.

Background

Information sharing has the potential to enable agencies and partnerships to develop a more detailed understanding of the nature and extent of violence in their locality. Whilst police recorded offences remain a key source of data, it is known that not all crime is reported to the police[9] and therefore using information from a range of other agencies can improve the analysis of crime patterns and identification of hot spots.

The types of information/data[10] that are shared can be split into two distinct categories: 'personalised information sharing' and 'anonymised information sharing'. There are important distinctions between these two types of data. Personalised data include any information that can identify a living person, whereas all identifiable information is removed from anonymised data to protect an individuals' identity. Consequently, the criteria and legal framework for sharing these types of data are very different, with personalised information sharing being subject to far greater regulation (e.g. Data Protection Act 1998).[11]

The data shared through information sharing arrangements can be used in various ways including:[12]

- strategically – to inform policy at both a national and local area level;
- operationally – to identify and target resources at high crime neighbourhoods and other locations; or
- at case level – to inform decisions about individual at-risk offenders and victims.

8   Community Safety Partnerships (CSPs), formerly called Crime & Disorder Reduction Partnerships (CDRPs), were set up to co-ordinate action on crime and disorder at a local level. In 2008/09 there were over 300 CSPs in England and Wales. Responsible Authorities, which have a statutory duty to work in partnership with the CSP, include: district councils, borough councils, unitary authorities or county councils, police forces and authorities, fire and rescue services, Primary Care Trusts in England or Local Health Boards in Wales and the Probation Service.

9   The 2009/10 British Crime Survey (BCS) indicates that the police came to know about 43 per cent of all comparable crime, 42 per cent of all violence against the person, 56 per cent of wounding and 39 per cent of assault with minor or no injury. The most frequently mentioned reason for not reporting incidents of violence was that victims perceived them to be too trivial or the police would not do much about them (Flatley, J. et al.,2010).

10   For the purposes of this report the terms 'data' and 'information' are used interchangably.

11   Detailed definitions can be found on the Information Commissioner's office website http://www.ico.gov.uk/

12   This list is intended to provide a broad overview of the ways in which shared data may be used; the list is not intended to be exhaustive and the categories may not be mutually exclusive.

Home Office

For example, at a strategic level, the findings from analyses of shared anonymised information are used by partnerships to produce their annual Strategic Assessment,[13] which synthesises information gathered from a range of partners on local community safety issues. The Strategic Assessment is used to inform the CSP's plans for crime prevention and reduction. These data are also used operationally to inform intelligence-led and problem- oriented approaches by the police or other agencies to reduce crime and violence.[14] For example, the sharing of anonymised information on the nature, time and location of incidents resulting in admission to Emergency Departments has been found to lead to improved targeting of police enforcement and reductions in violence, especially night-time economy- related assaults (Maguire & Nettleton, 2003; Maguire and Hopkins, 2003; Warburton & Shepherd, 2006).

At case level, personalised information sharing arrangements, many of which have a statutory footing, can be used to focus efforts to tackle violent crime. Detailed information is shared about individuals, which can then be used to inform operational decisions and actions. For example, Multi-agency Public Protection Arrangements (MAPPA), which are the statutory arrangements for managing sexual and violent offenders, promote information sharing between agencies to enable the more effective management and supervision of offenders (Ministry of Justice, 2009).

Whilst it is known that CSPs are sharing information for the purpose of crime reduction – through various arrangements that include those required to fulfil statutory requirements – less is known about the extent and nature of current information sharing arrangements within CSPs.

Research aims

The aim of this study was to provide an overview of current information sharing arrangements in local areas by CSPs across England and Wales, primarily focusing on those that are aimed at reducing violent crime. A questionnaire was used to investigate three themes.

1. Current information sharing arrangements: the extent and nature of both personalised and anonymised arrangements.

2. The legislative framework: level of understanding and related issues.

3. Effective data sharing: levers and barriers encountered by CSPs.

Within these themes, the study focussed on two specific models of information sharing. Firstly, Multi-Agency Risk Assessment Conferences (MARACs), which are multi-agency meetings where personalised information about victims and offenders of domestic violence are shared and representatives create action plans for increasing the safety of high risk victims. Secondly, the ED data sharing model, whereby anonymised data on assaults are collected in EDs and shared with the CSP to inform operational activity. These provide useful examples of two information sharing arrangements, using personalised and anonymised data respectively, that evidence suggests have been successfully used to tackle violent crime (e.g. Warburton & Shepherd, 2006; Robinson & Tregidga, 2005).

2   Method

A census of all 340 CSPs in England and Wales was conducted.

Questionnaire design

The questionnaire focused on information sharing arrangements specifically targeted at reducing violent crime; however, participants were able to provide details about arrangements that addressed other types of crime. A draft of the questionnaire was piloted with a small group of Community Safety Managers.

The final questionnaire comprised two sections. The first section explored specific types of information sharing, including:

- personalised information sharing;
- anonymised information sharing;
- Emergency Department data sharing; and
- Multi-agency Risk Assessment Conferences (MARACs) or other multi-agency domestic violence (DV) case conferences.

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13 For further guidance, see *Developing a Strategic Assessment An effective practice toolkit for Crime and Disorder Reduction Partnerships and Community Safety Partnerships* (2007) Home Office, Crime Reduction Website http://webarchive.nationalarchives.gov. uk/20100413151441/http://www.crimereduction.homeoffice.gov.uk/regions/regions00.htm

14 Research has shown that focusing police efforts at high activity crime places can be effective in preventing crime. See a systematic review of the international literature on targeted and intelligence led policing (Braga, 2007).

The second section focused on experiences of information sharing, including:

- the availability of analysts to use/process the data;
- the effectiveness of information sharing arrangements;
- barriers and levers to successful information sharing; and
- understanding of the legal framework around arrangements and use of information sharing protocols.

Data collection

The questionnaire was administered via email to the chair of each CSP between September and November 2009. It was recommended that the questionnaire should be completed by, or in conjunction with, Community Safety Managers or their equivalent.

In addition, as the focus of the study was on information sharing arrangements aimed at reducing violent crime, efforts were made to individually contact the 75 CSPs with the highest rates of violent crime per population[15] to encourage their participation.

Overall, 178 CSPs (52%) were represented in the responses – 138 responses were received from individual CSPs and a further ten responses were completed on behalf of more than one area, representing an additional 40 CSPs.[16] This response rate is comparable with other recent survey-based evaluations targeting CSPs.[17]

Response rates were higher (61%) amongst those CSPs which, for the purposes of this study, were identified as 'high violent crime' areas.[18] There was also considerable variation in response rates between regions (from 24% to 92% – average 56%) See Annex A for further detail.

15 Calculated using unpublished management information.
16 Where responses were included to represent multiple CSPs, the respondent had confirmed that the shared response accurately reflected the arrangements in place at all those CSPs represented by their response. For further information, see Annex A, Sample section.
17 For example, an online study of CSPs by the Office of Public Management in 2009, commissioned by the Improvement and Development Agency (IDeA) achieved a 41 per cent response rate; a National Audit Office Survey of Heads of Community Safety in England and Wales 2007 achieved a 59 per cent response rate.
18 These are the 71 CSPs with the highest volumes of police recorded 'violence against the person' which, in 2008/09 collectively accounted for 50 per cent of all violence against the person offences across England & Wales (*Crime in England & Wales 2008/09* (2009) Walker, A. *et al.*, Home Office.) – see annex A for further detail.

Data analysis

Analyses including descriptive statistics, cross tabulations and various statistical tests were performed. Where statistically significant associations were found, the relevant figures are presented in the text.[19]

All percentages presented in this report have been calculated using 'valid percentages' which exclude missing or invalid responses. Where percentages do not sum to 100 per cent it is because multiple responses to a question were permitted.

Interpreting the findings

When interpreting the findings in this report, readers should take into account the following.

- The overall response rate reflects just over half of CSPs (with a higher proportion of high violent crime CSPs) and regional variation in responses was observed. In addition, as with all surveys, there is a potential for non-response bias (the bias that results when CSPs who responded differ in meaningful ways from non-respondents). Therefore, findings should not be considered representative of all CSPs in England & Wales.

- These findings represent a snapshot of activity within CSPs at a particular time (late 2009), and therefore may not reflect current or previous practices.

- The questionnaire was administered by the Home Office via Government Offices which may have led to some response bias.[20] To minimise the potential for bias, CSPs were advised that their responses would not be used in any official capacity to monitor the performance of individual CSPs and that they would remain anonymous in any published report.

- The findings rely upon the accuracy and completeness of the respondent's knowledge of arrangements in place within their CSP. It should not be assumed that the individual(s) completing the questionnaire had access to, or pursued, all relevant information.

19 Results are deemed statistically significant where p<0.05; i.e. there is a one in twenty chance or lower of an observed difference being due to chance
20 Owing to the pre-existing, performance management and funding relationship between CSPs and the Home Office/Government Offices.

3   Results

CSPs were asked for details about information sharing arrangements currently in place within their CSP. These were separated into personalised information sharing arrangements and anonymised data sharing arrangements.

Personalised information sharing arrangements

> ### Personalised information sharing: a summary
>
> CSPs were asked about six widely used case level, personalised information sharing arrangements: MARAC; MAPPA; Prolific and other Priority Offender programmes; Safeguarding Children's Boards; Protection of Older Vulnerable Adults (POVA); and Youth Offender Teams (YOTs).
>
> As expected, the majority of CSPs who responded reported that personalised information was shared as part of these arrangements. One hundred and twenty-three CSPs reported that various other personalised information sharing arrangements were in place; the most commonly cited arrangements were aimed at tackling anti-social behaviour.
>
> Case level MARAC, MAPPA and PPO personalised information sharing arrangements were generally perceived to be working well or very well and, on average, the data shared through these arrangements were seen to be being used very effectively.
>
> CSPs with relatively high rates of violent crime scored higher on average than other CSPs on a proxy indicator for the overall effectiveness of personalised information sharing arrangements. This may suggest, as would be expected, that arrangements in these areas were in more advanced stages of development.

Personalised information sharing arrangements

The questionnaire asked about six personalised information sharing arrangements that are widely used to prevent and reduce violent and other crime as listed in Table 1.[21] The majority of these arrangements are supported by specific legislation or national programmes. Therefore it was anticipated that they would be in place in most CSPs (see Annex B for information about these arrangements).

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21 These arrangements were: MARACs or other multi-agency DV case conferences, Multi-agency Public Protection Arrangements, Prolific and other Priority Offender programmes Safeguarding Children's Boards, Protection of Older Vulnerable Adults and Youth Offending Teams - see Appendix B for further detail.

Table 1   Existing personalised information sharing arrangements[a]

	Initiative currently in place in the CSP		Data shared directly with CSP and/or other agencies in the area	
	Number	%	Number	%
MARACs or other multi-agency DV case conferences	168	94%	163	92%
Multi-agency Public Protection Arrangements (MAPPA)	162	91%	152	85 %
Prolific and other Priority Offender (PPO) programmes	172	97%	170	96%
Safeguarding Children's Board	144	81%	128	72%
Protection of Older Vulnerable Adults (POVA)	121	68%	82	46%
Youth Offender Teams (YOTs)	147	83%	110	62%

Base 178.

a Responses to this question were subject to data cleansing and correction as detailed in Annex A, Data analysis section. Note that, where a respondent did not report that an initiative was in place, questionnaire responses cannot identify whether there was no initiative in place or the respondent did not know the initiative was in place.

As expected, the majority of CSPs who responded reported that personalised information was shared as part of these arrangements, either directly with the CSP, or with other agencies in their area (Table 1). Of the six initiatives, participants were least likely to report that Protection of Older Vulnerable Adults was in place. It is not possible to determine the reason for this from responses but, since this scheme was implemented nationally (see Annex B for detail), it may be that the CSPs who responded did not associate wider POVA arrangements with local CSP activities.

Figure 1   *Average (mean) scores (on a scale of one to five, five being highest) for responses on the ease of setting up information sharing arrangements and how well they operate*
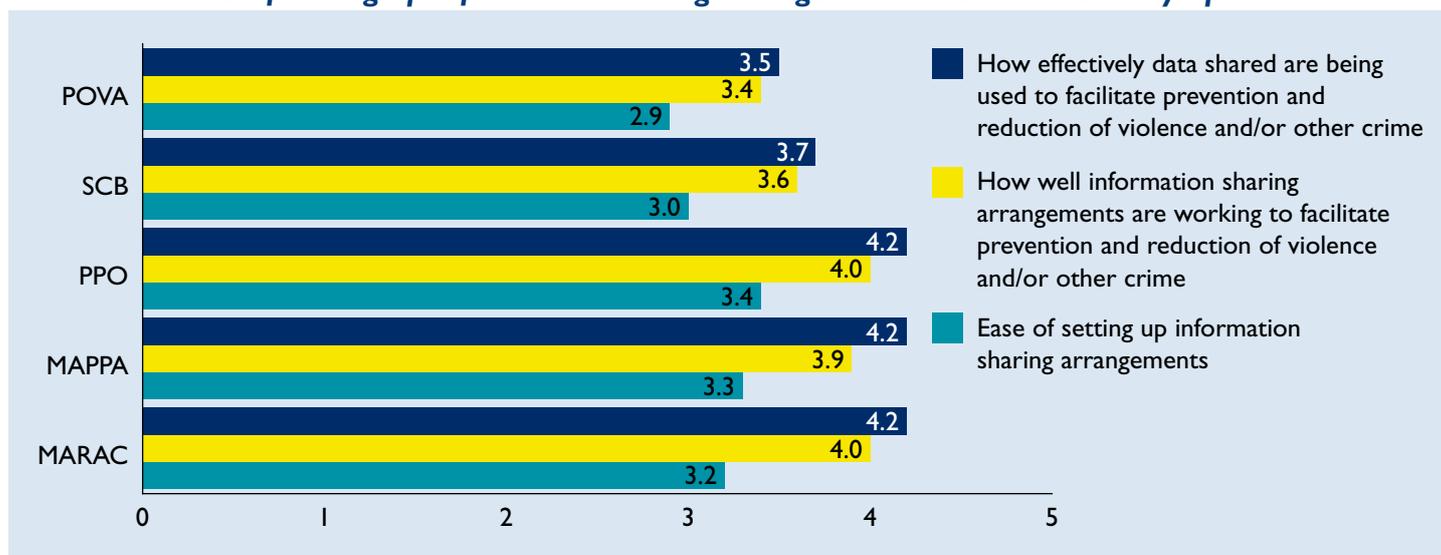
Note: Base figures varied across arrangement type and question see Appendix C, Tables C13–C15 for complete breakdown.

In addition to the six initiatives, seven out of ten (123) CSPs reported other kinds of information sharing arrangements. While these included a wide variety of arrangements, those that sought to tackle anti-social behaviour (ASB) – e.g. ASB case panels – were most frequently mentioned (accounting for 18% of 'other' arrangements). This is encouraging, given that recent research exploring practitioners' approaches to tackling ASB has highlighted the value of personalised information sharing (See Cooper *et al.*, 2009).

Participants were asked to rate on a scale of one to five (five being highest), the ease with which specific information sharing arrangements (i.e. MARAC, MAPPA, PPO, SCB, POVA) were implemented and how well these arrangements were thought to operate.

As shown in Figure 1, across all of the arrangements, ratings were highest for how effectively the shared data were being used to facilitate prevention and reduction of violence and/or other crime, and lowest in relation to the ease with which they had been set up. MARAC, MAPPA and PPO achieved the highest average ratings across all three measures, with over 70 per cent of CSPs who responded reporting that these arrangements were working well or very well[22] (See Appendix C, Table C15 for further details).

A proxy indicator was computed to quantify the overall efficacy of personalised information sharing within CSPs.[23] Comparisons using this measure showed that 'high violent crime' CSPs scored significantly higher than other areas,[24] suggesting that, overall, these CSPs reported having better personalised information sharing.

An example of case level personalised information sharing: MARACs and other multi-agency domestic violence (DV) case conferences

MARACs or other multi-agency DV case conferences: a summary

The vast majority of partnerships surveyed reported that MARACs or other multi-agency DV case conferences were in place and that an average of 11 different agencies attended the meetings. For almost two-thirds (63%) of CSPs, these included all six of the 'core' agencies whose attendance is identified as being a key element of ensuring appropriate representation at MARACs – one of the ten principles for an effective MARAC identified by Co-ordinated Action Against Domestic Abuse (CAADA)

The majority of CSPs who responded reported that MARAC (or equivalent) information sharing arrangements were working well or very well and that the information shared was being used effectively or very effectively.

The first MARAC was established in Cardiff in 2003 and there are currently around 250 MARACs across England and Wales (CAADA, 2010).[25] Assessments of the

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22   Rated either four or five on a scale of one to five, five being highest.

23   The product of the reported number of arrangements combined with the average ratings of their effectiveness (see Annex A for more detail).

24   Statistically significant difference. T test: (t(176)=3.87, p =.000) – see Chapter 2, Data collection section or Annex A for definition of 'high violent crime areas'.

25   See Appendix B for a brief definition of a MARAC.

effectiveness of MARACs have been encouraging and an evaluation of the Cardiff MARAC suggested that enhanced information sharing can enable agencies to assist victims more effectively which can in turn lead to reductions in repeat victimisation (Robinson and Tregidga, 2005).[26] This complements other research findings that highlight the potential value of information sharing between relevant agencies and practitioners in the wider context of addressing domestic violence (see Hague, 2000; Hall & Wright, 2003; Diamond, Charles & Allen, 2004).

In the present study, the majority (94%) of CSPs who responded reported that a MARAC or equivalent multi-agency DV case conference[27] was in place within their CSP. A further nine CSPs reported that there were plans to establish a MARAC in their area within the following six months. Where a MARAC was in place, respondents reported an average of 11 different attending agencies and an average of 13 agencies who either attended or provided personalised information to the meeting.

According to CAADA, one of the ten principles for an effective MARAC is ensuring that there is appropriate representation from the relevant statutory agencies, specialist domestic violence services and voluntary and community organisations. Guidance on this principle suggests that these key agencies include (but are not limited to): the police; an Independent Domestic Violence Adviser;[28] health services; probation; housing; and children and young people's services.[29] As shown in Table 2 the majority of CSPs who responded reported that the MARACs in their CSP were attended by these agencies, with almost two-thirds (63%) reporting representation from all six of these agencies.

Table 2   Agencies attending MARAC or equivalent arrangement

Agency	No. CSPs	%
Police	150	99%
Independent Domestic Violence Adviser	147	97%
Probation	145	95%
Children & Young People's Services	142	93%
Housing	135	89%
Domestic Violence Voluntary Sector	124	82%
Mental Health Services	108	71%
Refuge Provider	106	70%
Adult Social Care	102	67%
Health Visitor/Midwife	99	65%
Drug Teams	96	63%
Alcohol Teams	91	60%
Education	78	51%
Other Specialist DV services	75	49%
CAFCASS	45	30%
Emergency Departments	37	24%
Sexual Violence Services	32	21%
Independent Sexual Violence Adviser (ISVA)	26	17%
Representative of BME Community	26	17%
General Practitioner (GP)	13	9%
Representative of LGBT Community	11	7%

Base 152.
BME: Black and Miniority Ethnic.
LGBT: Lesbian, Gay, Bisexual and Transgender.

Participants were asked to rate their experiences of setting up MARAC information sharing arrangements and how they were perceived to be working to facilitate the prevention of violent crime.[30] Overall, nearly two-thirds of CSPs who responded (61%) found setting up MARAC information sharing arrangements to be moderately easy or easy[31] (mean rating 3.2, most common response three); 71 per cent reported that the information sharing arrangements were working well or very well;[32] and 77 per cent reported that shared information was being used effectively or very effectively[33] (See Annex C, Tables C13-C15).

These findings suggest that the majority of CSPs have a MARAC or equivalent in place and that all six of the key agencies identified by CAADA do attend MARACs in more

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26 This evaluation of the Cardiff MARAC found that 40 per cent of 102 `high-risk' victims referred over a four-month period reported no further DV incidents within a year of intervention. The evaluation did not include a control or comparison group so change cannot be directly attributed to the intervention.

27 Hereafter referred to as MARAC.

28 IDVAs are professional advisors that work alongside high risk victims to assess their level of risk, discuss suitable options and develop safety plans (CAADA, 2010).

29 See CAADA *MARAC Guide 2010 - From Principles to Practice* http://www.caada.org.uk/qualityassurance_accreditation/ MARAC%20_quality_assurance.htm

30 Rated on a scale of one to five, five being highest.

31 Rated three or four on a scale of one to five, five being highest.

32 Rated four or five on a scale of one to five, five being highest.

33 Rated four or five on a scale of one to five, fiver being highest.

than 60 per cent of CSPs. However, it should be noted that, while participants were asked to provide details of the agencies attending the MARAC, they were not asked about the regularity with which agencies and services attend or provide information to the meetings, which are likely to be important contributing factors to the effectiveness of the MARAC. In addition, an individual MARAC may cover more than one CSP area and consequently, while 168 CSPs reported having a MARAC, this may not equate to 168 individual MARACs. Nevertheless, CSPs who responded did, on average, rate the effectiveness of MARACs highly.

Anonymised information sharing arrangements

> **Anonymised information sharing: a summary**
> CSPs who responded reported arrangements to share anonymised data with a wide range of agencies, both statutory and voluntary, including; Local Authority, Fire and Rescue, Police, DV projects, substance misuse and Health agencies (over 70% of CSPs reported sharing anonymised data with these agencies).
>
> CSPs used anonymised data for a range of purposes. Almost all CSPs who responded (over 97%) reported that anonymised data were used to prepare the CSP's Strategic Assessment, and to look for crime patterns to inform crime reduction, including hot spot management and targeted policing and enforcement. In addition, data were used to tackle specific offence types, most commonly anti-social behaviour, burglary, hate crime and crime in the night-time economy.
>
> Health agencies (e.g. EDs, ambulance services) accounted for almost half of the organisations that CSPs reportedly did not currently share information with, but with whom they felt it would be useful to share information.

Participants were asked to identify the agencies in their area which share anonymised data with CSPs to reduce violent and other crime. The results are presented in Table 3.

On average, CSPs who responded reported sharing data with 13 of the 18 agencies listed,[34] and at least 70 per cent reported sharing data with Local Authorities, Fire and Rescue services, the Police, domestic violence projects, substance misuse projects, and health agencies. Participants were least likely to report sharing anonymised data with

environmental agencies, followed by ambulance services. In addition to the 18 agencies listed in the question, 43 CSPs reported sharing anonymised data with 87 other, non-listed agencies, the majority of which were voluntary sector services (57%) such as Victim Support or domestic/sexual violence services.

Table 3   Organisations sharing anonymised data with the CSP

	No. CSPs	%
Local Authority	169	95%
Anti-social behaviour	158	89%
Abandoned vehicles	157	89%
Noise pollution	148	84%
Emergency or council complaint phone lines	129	73%
Used needle collection	113	64%
Fire and Rescue authority	157	89%
The Police/Police authority	153	86%
Domestic Violence projects	151	85%
Drug Action teams	150	85%
Local probation board	140	79%
Local Health Boards or Primary Care Trusts	126	71%
Alcohol Teams	124	70%
Emergency Department informationsharing[a]	119	67%
Local Criminal Justice Boards	104	59%
Registered social landlords	103	58%
Ambulance services	85	48%
Environmental agency	44	25%

Base=177.

a Includes CSPs that note elsewhere that they were either sharing data or piloting data sharing with Emergency Departments.

Participants were also asked to provide details of agencies who were not currently sharing data but with whom they felt anonymised information sharing arrangements could usefully be introduced to facilitate crime prevention and reduction. Of the 172 agencies listed by the 98 CSPs that responded to this question, almost half (47%) were health-related agencies (e.g. ambulance services, EDs and health authorities in general), emphasising the perceived importance of health data in tackling violent crime (See Davison, van Staden, Nicholas & Feist, 2010 for further discussion of the use of data from health-related agencies for the purposes of crime reduction).

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34 Standard deviation [SD] = 4.

As shown in Table 4, anonymised data were reportedly used by CSPs to inform a wide range of activities. Almost all CSPs who responded (over 97%) reported that the data were used to prepare their Strategic Assessment,[35] for hot spot management and to look for crime patterns to inform crime reduction. CSPs also reported that the data were used to target specific crime types, most commonly to inform actions to reduce anti-social behaviour (98% of CSPs).

Table 4   ***Ways in which anonymised data are used by CSPs[a]***

	No. CSPs	%
To inform actions to reduce anti-social behaviour	174	98%
To prepare the Strategic Assessment	173	98%
Hot spot management	173	98%
To look for crime patterns that can inform crime reduction	172	97%
To inform problem-oriented policing policies	167	94%
To inform actions to reduce burglary	167	94%
To inform actions to reduce hate crime	162	92%
To inform actions to reduce night-time economy crime	161	91%
To inform actions to reduce serious violence	159	90%
To inform actions to reduce arson	157	89%
To inform actions to reduce youth violence	154	87%
To inform actions to reduce domestic violence	133	75%
To inform actions to reduce knife-related crime	121	68%
To inform actions to reduce road traffic accidents	112	63%
To inform actions to reduce gang-related crime	100	56%
To inform actions to reduce sexual violence	97	55%
To inform actions to reduce firearm-related crime	92	52%

Base 177.

a   The answer categories to this question were devised to be as complete as possible and it is recognised that not all responses will be mutually exclusive.

Just over half of CSPs reported using shared data to tackle gang-related crime (56%), sexual violence (55%) or firearm-related crime (52%). While these figures appear low compared with other crime types, serious violence tends to be concentrated in a relatively small number of urban areas and so is not a direct concern to many CSPs. For example, *Crime in England and Wales 2008/09* reports that firearm-related offences (excluding air weapons) are geographically concentrated in just three police force areas: London, Greater Manchester and West Midlands.[36] As would be expected, CSPs in these areas were significantly more likely than other areas to report that data were used to inform actions to reduce firearm-related crime.[37]

These results suggest that CSPs have information sharing arrangements in place with a wide range of agencies, both statutory and voluntary, and that the data collected through these arrangements are being used in a number of ways, both strategically and operationally.

An example of operational level, anonymised information sharing: Emergency Department (ED) data sharing

ED data sharing: a summary

The number of CSPs sharing ED data appears to have increased in recent years, perhaps reflecting the promotion of ED data sharing during this time. Two-thirds of CSPs who responded reported that ED data sharing had either been established or was currently being piloted in their area and 'high violent crime' CSPs were more likely than other areas to report ED data sharing.

Of those CSPs that reported either already sharing or piloting arrangements, the majority reported that setting up ED data sharing arrangements was difficult or very difficult; less than half reported receiving data monthly or more frequently, and less than half reported receiving all three types of information included in the NHS's recommended minimum data set. This suggests that, for many CSPs, further development was needed for ED data sharing to become a widely effective tool for reducing violent crime.

CSPs that were piloting ED data sharing reported that these arrangements were working poorly, however most CSPs with established data sharing arrangements reported that they were working at least moderately well, and that the data were at least quite effectively used.

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35 See *Developing a Strategic Assessment An effective practice toolkit for Crime and Disorder Reduction Partnerships and Community Safety Partnerships*, Oct 2007 for further detail on Strategic Assessments. http://webarchive.nationalarchives.gov.uk/20100413151441/ http://www.crimereduction.homeoffice.gov.uk/regions/regions00.htm

36 Sixty per cent of all non-air weapon firearm offences in England and Wales in 2008/09 occurred in these three Police force areas (Homicides, Firearm Offences and Intimate Violence 2008/09, Supplementary Volume 2 to *Crime in England and Wales 2008/09*).

37 Chi Square statistical test was conducted. Difference was statistically significant (x^2 (1, N = 177) = 17.6, p=.000).

Research has shown that a large proportion of violent incidents that result in hospital treatment are not reported to the police, including some very serious injuries (Warburton & Shepherd, 2006; Shepherd, 2001; Shepherd, 2000). Collecting and sharing information about violent assaults – i.e. assault type, location and time – with the police and other agencies involved in tackling violence has been found to inform more targeted and problem orientated operational approaches to tackling alcohol-related violence and disorder (Maguire & Nettleton, 2003; Warburton & Shepherd, 2006). Additionally, this approach can help to identify trends in weapon use and victims of domestic abuse (Hocking, 1989; Shapland & Pearce, 1990).

The first system established for sharing ED data was set up by the Cardiff Violence Prevention Group in 1996. Since then, a range of measures have been put in place to encourage and support information sharing between EDs and CSPs. As already noted, the increased sharing of data between hospitals and the police features in the Coalition Government's commitments to deal with crime, and the operating framework for the NHS in England for 2010–11 states that "PCTs will continue to work as a member of [CSPs] to identify and share information effectively in order to support local action on reducing violent crime".[38] Other efforts have been linked to specific programmes of work, for example Phases, One, Two and Three[39] of the Home Office-led Tackling Knives and Serious Violence Action programme[40] which introduced an Innovation Fund to support EDs in establishing information sharing with the police and CSPs.

What is the extent of ED data sharing?

CSPs were asked about the status and nature of current ED data sharing arrangements, as well as whether they were perceived to be successful. Findings from this research add to previous studies that have explored the impact of ED data sharing (and subsequent preventative/enforcement action) and that have reviewed the processes involved in establishing effective ED data sharing (e.g. Davison *et al.*, 2010; Jacobson & Broadhurst, 2009; and Warburton & Shepherd, 2006).

A similar survey carried out by the National Audit Office (NAO) in 2007[41] found that just ten of the 196 responding partnerships in England and Wales regularly used ED data, with a further 35 reporting they had started to use the data in the previous 12 months (NAO, 2008). In the present study, about two-thirds (68%) of CSPs reported that ED data sharing arrangements were in place in their area; of these, over half (56%) were still being piloted (see Figure 2). Although the two sets of findings are not directly comparable, results from the present study suggest that progress has been made in the two years since the NAO study, with an increasing number of partnerships now beginning to share ED data. As would be expected, 'high violent crime' CSPs were significantly more likely to have ED information sharing arrangements in place.[42]

Figure 2   Status of ED data sharing arrangements

Pie chart:
- Data Sharing in place 30%
- Currently piloting data sharing with ED 38%
- No data sharing in place/no ED within CSP 27%
- Unknown 5%
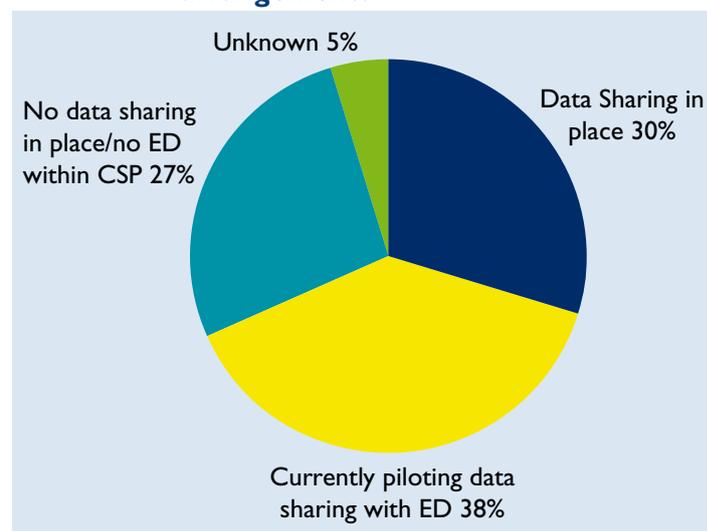
Of those CSPs where ED data sharing was in place, arrangements had been in place for six months or less for around a third (38 of 107 CSPs who responded), six to twelve months for a quarter of CSPs who responded, and 12 months or more for 31 per cent of CSPs who responded. This suggests that, at the time of the survey, ED data sharing was a relatively new arrangement for the majority of areas.

What types of data are shared, with whom, and how are the data used?

While the majority of CSPs sharing ED data reported that they shared anonymised data (88%, 105 of 119), 15 CSPs reported sharing personalised data. Overall, data were most

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38 Para 4.16 of '*The operating framework for the NHS in England for 2010-11*' available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_110159.pdf

39 Phase One of the Tackling Knives Action Programme (TKAP) started in June 2008 and ran until March 2009, and aimed to reduce knife-related crime among teenagers in ten police force areas in England and Wales. Phase Two was launched in April 2009 and ran for 12 months until March 2010; it aimed to tackle all serious violence among young people aged 13 to 24 years in 16 police force areas (including the ten original forces) in England and Wales.

40 Previously known as the Tackling Knives Action Programme.

41 NAO survey of Heads of Community Safety, data collected between 27 July and 24 August 2007; 59 per cent response rate.

42 Statistically significant difference ($x^2(1, N = 174) = 8.2$, p = .004).

often shared between EDs and CSPs or police (81%). Of the 24 CSPs that reported sharing with other agencies, the most commonly cited were drug and alcohol action teams (DAAT) or as part of county-wide data sharing arrangements.

The three most frequently cited types of data provided by EDs were incident type, whether the incident was alcohol related, and incident location (See Table 5). For the data to be effectively used, the Department of Health's (DoH's) guidance on ED data sharing suggests a minimum data set[43] that includes assault type, time, and location of incidents. Although the majority of CSPs which were receiving data from EDs report collecting some of this information, only around half reported collecting all three.[44]

Table 5   Types of anonymised information provided by EDs

Types of data provided by EDs:	No. CSPs	%
Incident type	94	87%
Whether the incident was alcohol related	80	74%
Location of incident	76	70%
Knife/sharp instrument used in assault	69	64%
Time of incident	67	62%
Details about licensed/other premises where appropriate	63	58%
Other weapons used in assault	60	56%
Firearm used in assault	59	55%
Whether the incident involved domestic abuse	46	43%
Whether the incident was reported to the police	43	40%
Whether the incident was drug (non-alcohol) related)	40	37%
Relationship between victim and offender	35	32%
No. of assailants	26	24%
Whether the incident was gang-related	8	7%

Base 108.

Less than half (44%) of CSPs reported that information was provided by EDs at least monthly and a similar proportion (42%) reported receiving information quarterly or less frequently. When asked how frequently the data were used – i.e. reports using the data were circulated to CSP partners – half of CSPs who responded (52%) reported 'quarterly or less than quarterly'. For 18 partnerships, of which 15 were still piloting ED data sharing, data were reportedly not being used at all.

Overall, 15 CSPs – 13 per cent of those reporting ED data sharing – reported that they shared data on the type, time and location of assaults at a frequency of at least once a month. These findings suggest that, although ED data sharing was in place or being piloted in the majority of CSPs, at the time of this survey only a minority of these were collecting and sharing the data in a manner likely to inform timely operational decisions and enforcement to tackle violence and other crimes.

Analysis of the data was most often carried out by a partnership analyst[45] (64% of CSPs who responded) and the most common uses of data were to link with police recorded crime to provide a fuller picture of violence, to identify problematic premises, and to identify problematic locations or hot spots for violent crime (77%, 68% and 70% of CSPs who responded respectively).[46]

Experiences of setting up ED data sharing arrangements and how they work in practice
Participants were asked to rate their experiences of setting up ED information sharing arrangements and how effective these were at preventing and reducing violent crime.[47] The majority (84%) of CSPs reported that setting up ED data sharing arrangements was either difficult or very difficult.[48] Over half (56%) of CSPs who responded in areas where data sharing arrangements were in place reported that the arrangements were working poorly,[49] and around half (51%) reported that the data that were shared were either not well used or not used at all.[50] Similar findings were reported by Davison *et al.*, 2010, who carried out a process evaluation of data sharing between emergency departments and CSPs in the South

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43 Department of Health guidance created for the Serious Youth Violence Data sharing initiative. Minimum data set is based on the data collected by receptionists in the Emergency Departments of the University of Wales Hospital Trust and Addenbrookes, Cambridge available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_114062.pdf It should be noted that this guidance was published on the DoH website in March 2010 although the datasets on which it was based were available prior to this.

44 Although note that the survey used the terminology 'incident type' as opposed to 'assault type' which may have affected the interpretation of meaning for some participants.

45 The term 'Partnership Analyst' is used here to refer to an individual who is appropriately trained to analyse data, and whose post involves work on behalf of the CSP.

46 See Annex C, Tables C3 & C7.

47 See Annex C, Tables C13-C15 for detailed findings.

48 Score one or two on a scale of one to five (five being highest) ; data includes responses from 18 areas who did not have ED data sharing in place at the time of the survey.

49 Score one or two on a scale of one to five (five being highest).

50 Score one or two on a scale of one to five (five being highest).

East and reported that, whilst there was a common emphasis within areas on the potential of ED data sharing, in practice the process is complex.

Further analysis revealed that responses varied by the status of information sharing arrangements (i.e. whether they were established or still being piloted). Figure 3 details separately the average responses for CSPs that were piloting data sharing arrangements and those with established arrangements. On average, CSPs with established data sharing arrangements scored around one scale point higher on all three measures than CSPs still piloting ED data sharing.

The results suggest that, while the number of CSPs with ED data sharing arrangements in place has increased in recent years, these arrangements remain relatively new, with more than half reportedly still being piloted.

As would be expected, CSPs that were still piloting ED data sharing generally reported less effective arrangements than those with established arrangements. While CSPs with established arrangements reported that they were difficult to establish, data sharing was now reported to be working at least moderately well, and the data at least quite effectively used. However, less than half of all CSPs who responded reported receiving data monthly or more frequently and less than half reported receiving the three types of information included in the Department of Health-recommended minimum data set. These findings suggest that, at the time of this survey, further development was needed for many CSPs before ED data sharing could become an effective tool for reducing violent crime.

General information about information sharing

Summary: General information about information sharing

The majority of CSPs who responded (82%) reported that they had some partnership specific analytical personnel, most commonly funded either solely or in part by the CSP.

The compatibility and capability of IT systems to collect and share data were cited most frequently as barriers to information sharing. In contrast, insufficient funding, the absence of a clear data sharing strategy, and the lack of a co-ordinator were not considered barriers to information sharing.

Having committed pro-active partners and training, guidance, and the sharing of best practice were considered helpful to implementing effective information sharing.

Most CSPs who responded were at least quite confident that their existing information sharing arrangements met the requirements of the legal framework; however, 14 per cent were not confident of this.

Best practice suggests that agencies sharing data should be signed up to an information sharing protocol. CSPs were found to have ISPs in place but they were more commonly reported for anonymised rather than personalised information sharing arrangements.

Figure 3   *Average (mean) scores (one to five, five being highest) on the ease with which ED data sharing arrangements were set up, how effective they are, and how well they are working*
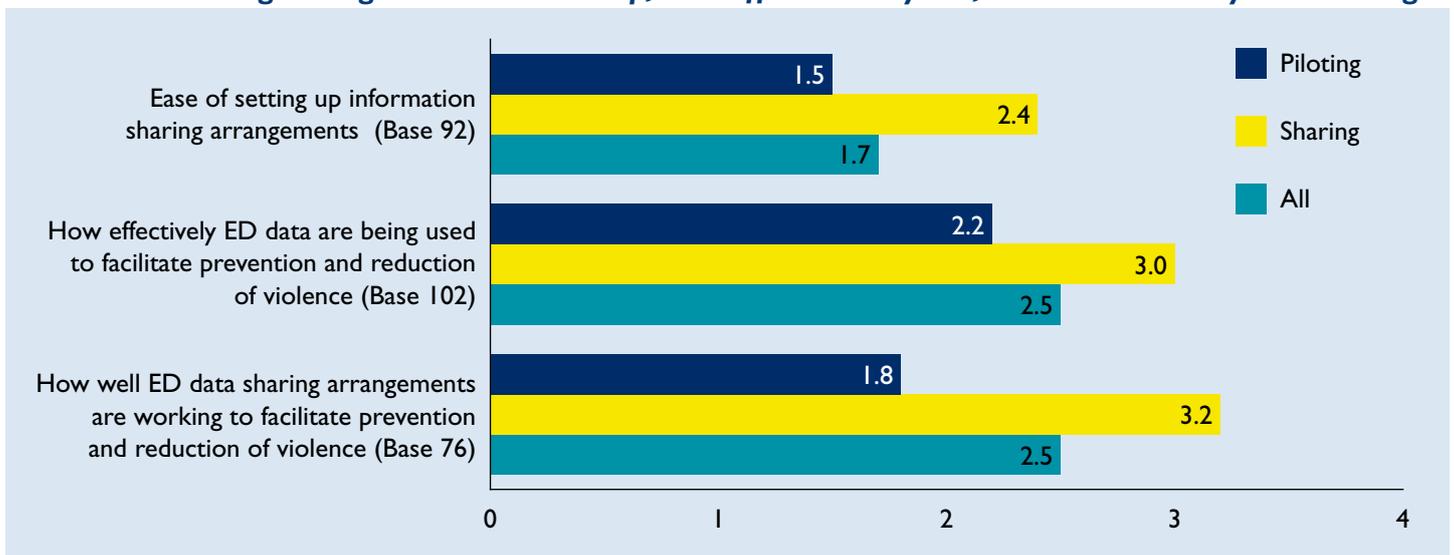
This section explores general issues around the process and implementation of data sharing (for both anonymised and personalised arrangements).[51]

Understanding the legal framework for information sharing[52]

Participants were asked whether they felt confident that, within their CSP, they had a sound understanding of the legal framework around information sharing, and whether they felt confident that current information sharing arrangements within the CSP fulfilled the legal requirements of information sharing. The results are presented in Figures 4 and 5.

The majority (over 85%) of CSPs who responded were at least quite confident that there was a sound understanding of the legal framework for information sharing within their CSP and that current arrangements met these requirements, with around half reporting to be either confident or very confident.[53] However, almost one in ten (9%) were not confident[54] that there was a sound understanding of the legal framework within their CSP and a greater percentage (14%) reported that they were either[55] not confident or not at all confident that arrangements within their CSPs fulfilled these requirements. There was a significant association between scores, suggesting that CSPs who were more confident in their understanding of the legal framework were more likely to feel confident that they were fulfilling their legal obligations.[56]

Figure 4   CSPs who responded confidence that, within their CSP, there is a sound understanding of the legal framework around data sharing and protection
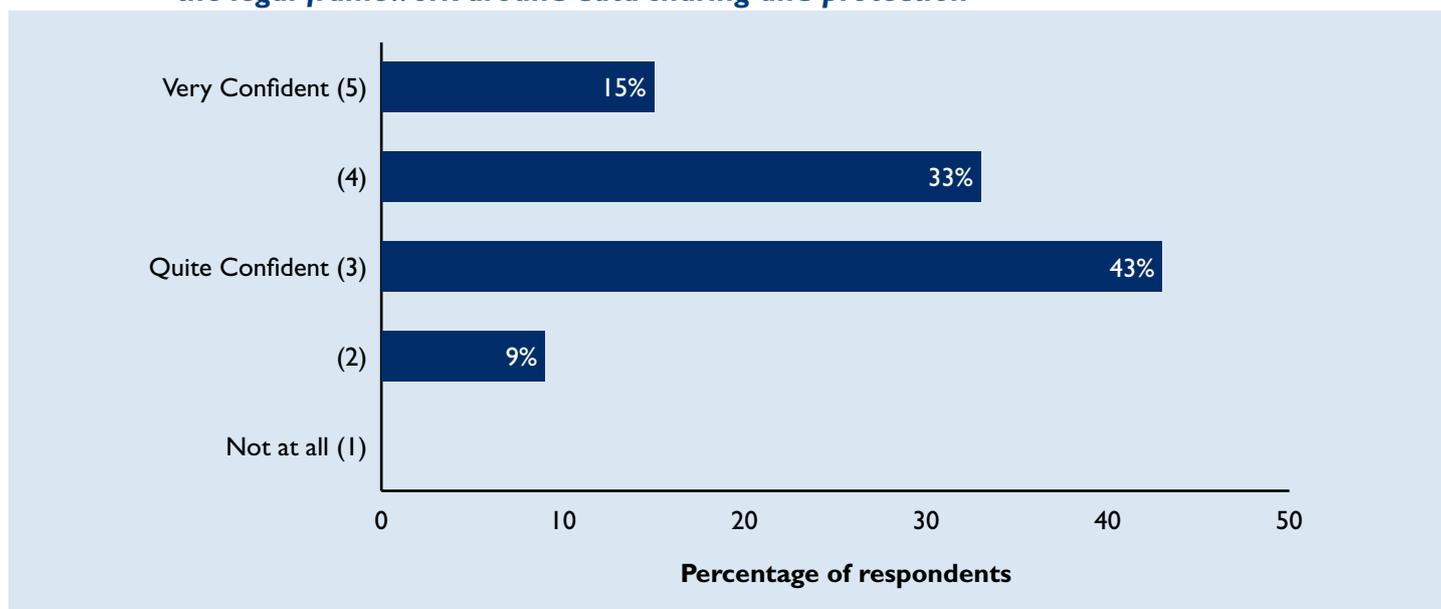
Base 175.

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51 Aside from the questions on ISPs which were asked in relation to specific arrangements, the questions did not differentiate between personal and anonymised information sharing arrangements.

52 CSPs who responded were asked about the level of understanding within their CSP as opposed to their own individual level of understanding.

53 Score of four or five on a scale of one to five (five being highest).

54 Score of two on a scale of one to five (five being highest).

55 Score of one or two on a scale of one to five (five being highest).

56 Correlation coefficient r (173) = .65, p = .000, shows a statistically significant positive association.

Figure 5   Confidence that existing information sharing arrangements fulfil requirements of the legal framework around data sharing and data protection
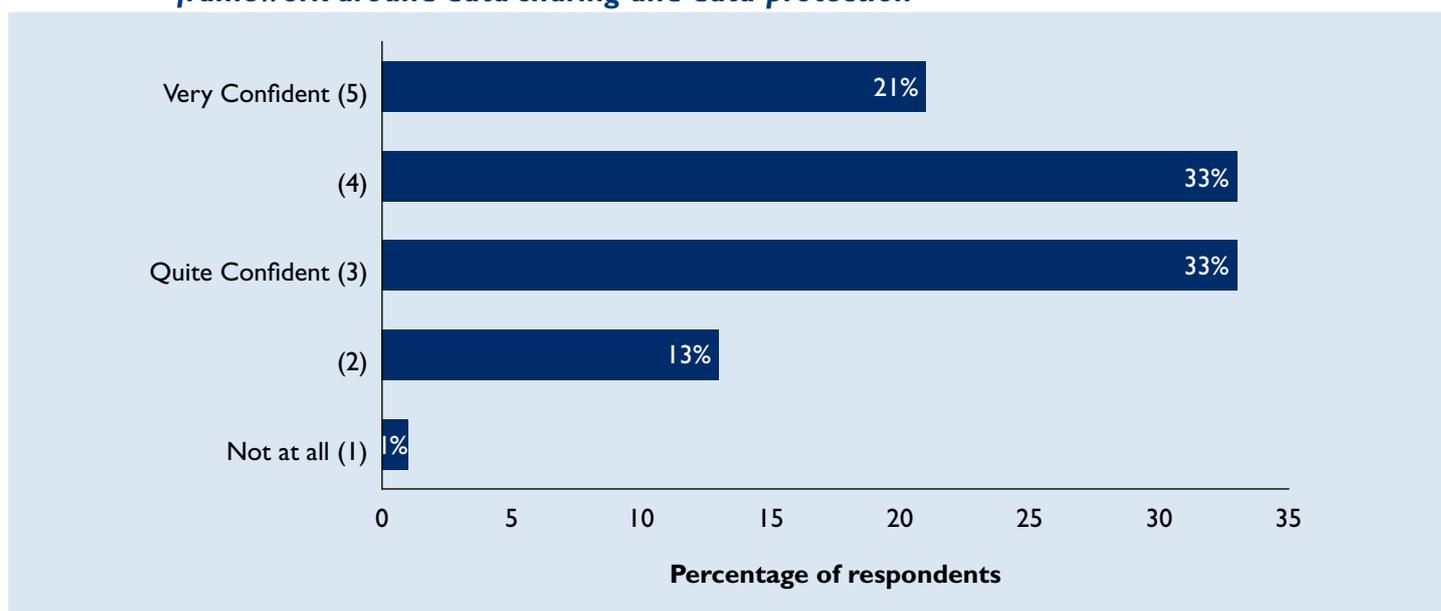
Base 174.

Are formal information sharing protocols in place for information sharing arrangements?

An information sharing protocol is a formal agreement between organisations that explains the reason for data sharing and sets out the principles and commitments organisations will adopt when they collect, store and disclose information. ISPs can facilitate secure information sharing, assist agencies in ensuring they are compliant with relevant legislation, and help to promote trust both between partners and with the public (Chainey, 2010; Douglas et al., 2004; and Radburn, 2000). Arrangements may have separate protocols or fall under a joint protocol, but best practice suggests that where information sharing arrangements have been set up, all agencies involved should be signed up to an ISP.[57]

As previously noted, personalised information sharing arrangements are subject to greater regulation than anonymised data sharing and a key function of ISPs is to outline the legal basis for disclosing information and clarify obligations regarding data security. In the present study, while, on average, 74 per cent of CSPs reported that formal ISPs were in place for anonymised data sharing arrangements, an average of 46 per cent of CSPs reported that ISPs were in place for personalised information sharing arrangements. Moreover, almost half (48%) of the personalised information sharing arrangements that were reported apparently had no formal ISP in place. This finding is surprising, and, whilst the survey does not address

this issue directly, it raises questions about CSP's use of, or perhaps awareness of, information sharing protocols. Notably, CSPs that reported having a formal ISP in place also reported higher ratings for how well they perceived certain personalised information sharing arrangements to be working (MAPPA, MARAC, SCB and POVA).[58]

Barriers and levers of information sharing

From a list of potential issues, participants were asked to identify those that they considered to be major barriers, those that were minor barriers, and those that were not a barrier at all. Responses are summarised in Figure 6.

Overall, poor data quality and the compatibility of IT systems were most frequently identified as being barriers to information sharing. Poor data quality was mostly seen as being a minor barrier, whereas the compatibility and capability of IT systems to both collect and share data were most frequently cited as being major barriers to information sharing with poor data quality and lack of staff resource also commonly mentioned. In contrast, not having an information sharing strategy, funding, and lacking a co-ordinator were most frequently cited as *not* being a barrier to information sharing.

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57 See http://webarchive.nationalarchives.gov.uk/20100413151441/
     http://www.crimereduction.homeoffice.gov.uk/infosharing00.htm

58 This difference was statistically significant (p<0.05 in each of the four non-parametric comparisons).

Figure 6   Barriers to information sharing

Legend: ■ A major barrier ■ A minor barrier ■ Not a barrier

Barrier	A major barrier	A minor barrier	Not a barrier
Capability of IT to share data (Base 164)	48%	27%	26%
Compatibility of IT systems (Base 167)	46%	38%	17%
Capability of IT systems to collate data (Base 164)	35%	34%	31%
Lack of personnel to collect data (Base 164)	34%	43%	23%
Denial of access to data (Base 144)	33%	38%	30%
Capability of IT systems to analyse data (Base 162)	30%	36%	34%
Poor Quality of Data (Base 165)	30%	56%	15%
Lack of personnel to analyse data (Base 164)	29%	45%	26%
Lack of clarity about legal framework (Base 169)	25%	50%	25%
Lack of awareness (Base 169)	20%	54%	25%
Funding (Base 167)	16%	35%	49%
Lack of co-ordinator (Base 160)	12%	42%	46%
Unable to map data (Base 163)	12%	51%	37%
Lack of co-ordination (Base 163)	8%	58%	34%
Lack of interest (Base 167)	8%	63%	29%
Lack of an Information Sharing Strategy (Base 148)		39%	61%

Percentage

CSPs were also asked to list the top three barriers they faced in establishing information sharing arrangements.[59] Ninety-eight CSPs responded to this question, detailing a wide range of barriers. Coded responses most commonly fell into the following three themes:

- a lack of buy-in or cultural resistance;
- a lack of understanding of the need for or benefits of data sharing and the relevant legislation to support this; and
- concerns around the legalities of data sharing and data protection.[60]

When asked to list three things that had helped to facilitate information sharing, 101 CSPs provided responses and most commonly reported levers reflected in the following themes:

- committed proactive partners and good partnership relationships;
- training, guidance and sharing of best practice; and
- joint goals and/or shared resources.

It should be noted that these responses related to information sharing generally and it is likely that barriers and levers differ between information sharing arrangements. (A full breakdown of emergent themes can be found at Annex C, Tables C19 & C20).

59 This was a free-text response.
60 This may include other partners concerns as well as those of CSPs who responded.

Participants were asked to rate how useful (on a scale of one to five, five being the most useful) they thought a range of types of assistance would be to help them to improve information sharing in their CSP. Additional funding was seen as most useful (mean rating: 4.2; most frequent response: five), although the majority of partnerships (80%) previously reported that it was neither a major barrier nor a minor barrier to successful data sharing.

Training for information managers, analysts and other relevant CSP personnel on how to facilitate information sharing was also seen as relatively useful (average rating: 3.9; most frequent response: five), which is consistent with the earlier finding that training, guidance and sharing of best practice were considered levers for successful information sharing.[61]

Less than three per cent of CSPs reported that no further guidance was needed. The most preferred types of further guidance were web-based information (76%) and workshops (63%).[62]

Do partnerships have access to analyst resource?

The majority (82%) of CSPs who responded reported having some partnership specific analytical personnel. Most commonly, analysts were funded either solely or in part by the CSP (69%), although Local Authority and Police funding were also frequently cited (39% and 22% respectively). Analysts were typically located in Local Authority, Police and/or CSP offices (91% of responses; See Annex C, Tables C9–C11 for detailed results).

When specifically asked about analytical support for completing the CSP's annual Strategic Assessment, most CSPs who responded (91%) cited contributions from a 'partnership analyst',[63] and more than half (55%) reported contributions from other analysts (e.g. police analysts, DAAT analysts, or non-analyst team members); only three CSPs reported no contributions from specialist analysts[64] (See Annex C, table C12 for detailed results).

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61 See Annex C, Table C17 for complete breakdown of responses.
62 See Annex C, Table C17 for complete breakdown of responses.
63 For the purposes of this evaluation the term 'Partnership Analyst' is used to refer to an individual who is appropriately trained to analyse data, and whose post involves work on behalf of the CSP.
64 No information was collected on relevant training undergone by such personnel; therefore it is possible that non-analyst staff were analytically trained.

4 Conclusions

This study sought to explore the extent and nature of current data sharing in CSPs across England and Wales, with a particular focus on arrangements that aim to prevent and reduce violent crime. Just over half (52%) of all CSPs and almost two-thirds (61%) of those with high levels of violence responded to the survey and the results indicate that these partnerships have formed information sharing arrangements with a wide range of agencies, both statutory and voluntary, involving both personalised and anonymised data.

There are key differences between personalised and anonymised information-sharing arrangements both in the specific objectives of the arrangements and the legal framework that surrounds them. The findings indicate that personalised arrangements that focus on sharing information about individuals at a case level, i.e. MARAC, MAPPA and PPO, were reportedly working well or very well and that data shared through these arrangements were thought to be effectively used. Encouragingly, given their need to address violent crime issues, areas with the highest volumes of crime scored higher on a proxy indicator of effective personal information sharing.

The sharing of anonymised ED data – which research findings suggest can help to reduce night-time economy violence and disorder – was found to be less developed than personalised information sharing arrangements, with over half of CSPs who responded reporting that arrangements were still being piloted. Overall, CSPs sharing or piloting ED data reported finding these arrangements difficult to set up. Moreover, less than half of CSPs where ED data sharing was taking place were sharing all three types of information that comprise the NHS's recommended minimum data set, and the data were not shared frequently. While progress appears to have been made – with more CSPs reporting ED data sharing here than in a survey two years prior to this study (NAO, 2008) – further development is needed for these arrangements to become effective tools to reduce crime.

CSPs reported using anonymised data to prepare their Strategic Assessment, to look for crime patterns, to inform targeted policing and problem orientated approaches to reducing violence, and to target specific crime types such as ASB. These data were shared by a range of agencies, most commonly including; Local Authorities, Fire and Rescue Services, the Police, domestic violence projects, and substance misuse and Health agencies. The majority of CSPs who responded reported that they had some partnership specific analytical personnel to carry out the analysis of these data.

Common barriers to information sharing were the capacity of IT systems to share data, poor data quality, a lack of staff resource, and a lack of buy-in or understanding of the benefits of information sharing amongst partners. Common levers included having committed, proactive partners and the availability of training and guidance, and the sharing of best practice. However, these were generic responses and may differ between different types of data sharing. Less than three per cent of CSPs reported that no further guidance on information sharing was needed and the preferred types of further guidance were web-based information and workshops.[65]

In conclusion, this study sought to explore the extent and nature of information sharing arrangements in CSPs across England and Wales, with a particular focus on arrangements aimed at tackling violent crime. Although not representative of all CSPs, the findings provide some evidence that, at the time of this survey, data sharing was being widely used by the CSPs who responded to tackle violence and other crimes and involved a broad range of agencies, and that arrangements were more developed in areas with higher rates of violent crime. The results indicate that arrangements are working to varying degrees of success, with personalised information sharing arrangements (i.e. MARAC, MAPPA and PPO) perceived to be particularly effective. Other arrangements however, such as anonymised ED data sharing, may require further development in order for them to become widely effective tools for crime reduction.

Annex A   Methods

Questionnaire design

The questionnaire was circulated to a wide range of colleagues within the Home Office and Government Offices for comment and piloted with a small group of Community Safety Managers (4).

A copy of the questionnaire is available on request.

Distributing the questionnaire

Data collection took place between September and November 2009. Questionnaires were sent out on the behalf of the research team by regional Government Office colleagues using their own existing contact lists. This was facilitated by the Home Office Regional Research Directors.

CSPs who responded were requested to provide their responses directly to the Home Office research and analysis team. Whilst responses were not anonymous, guidance was included in the questionnaire to assure CSPs who responded that individuals would not be identified in any published reports, nor would individual CSPs be identified in any published report although CSPs may be grouped into the Home Office 'similar CSP family' or other groups and information relating to the CDRP/CSP family or group may be published.

Sample

One hundred and thirty-eight responses were received from individual CSPs and a further ten questionnaires were completed on behalf of multiple partnerships, representing an additional 40 CSPs. Fifty-two per cent of responses were from CSPs based in unitary authorities and 48 per cent were from CSPs within lower tier authorities. Lower tier authorities were more likely to be included within a shared response (37 of 85 responses from CSPs within lower tier authorities).

Feedback from the CSPs who completed a shared response suggested that the information provided within them was applicable to each individual CSP, although some CSPs may have some additional local arrangements in place which were not reflected in the shared responses. Therefore, in the analyses described in this report, CSPs included in multiple responses were counted individually. Where a CSP was included in a shared response but also submitted an individual response, only the data for the individual response were included.

Geographical spread of responses

Response rates varied considerably between regions across England and Wales (see Table A1).

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65 It should be noted that following the data collection period for this survey, further guidance and practice advice on information sharing for community safety (Chainey 2010) has been published as part of the *National Support Framework – Delivering Safer and Confident Communities*.

Table A1   Regional response rates

	No. CSPs	No. CSPs who responded	% of CSPs that responded
East Midlands	39	24	62%
Eastern	45	27	60%
London	33	19	58%
North East	12	11	92%
North West	39	32	82%
South East	66	16	24%
South West	36	15	42%
Wales	22	13	59%
West Midlands	27	12	44%
Yorks & Humber	21	9	43%
Total	340	178	52%

Although the questionnaire was addressed to the chair person of each CSP, it was recommended that it be completed by, or in conjunction with, Community Safety Managers or equivalent. CSPs who responded were asked to provide information on the roles of the individuals that completed the questionnaire (see Table A2). In two-thirds of responses a Community Safety Manager or equivalent contributed to the response.

Table A2   Roles of individuals contributing to the survey

	No.	%
Community Safety Manager/Officer or equivalent	109	66%
Analyst, Research/Information Manager/Officer or equivalent	61	37%
Partnership Manager/Officer or equivalent	20	12%
Domestic Violence Manager/Officer or equivalent	47	29%
Other	54	33%

Base 165 (multiple responses permitted).

Data analysis

The data were cleansed after collection, and inconsistencies were corrected; for example, if a respondent claimed not to have an initiative (e.g. MARAC) in place but also provided detailed responses about that arrangement in another section of the questionnaire it was assumed that the initiative was in place within the CSP and

responses were corrected to reflect this. Where corrected data are included within the main report this is stated in a footnote.

Analyses included frequencies, cross tabulations and chi square statistical tests and were performed using SPSS 16. Where statistically significant ($p < 0.05$) associations were found the relevant figures are presented in the text.

'High violent crime' areas

A sub-sample of 71 CSPs with the highest volumes of Police recorded 'violence against the person' offences in 2008/09 across England and Wales (*Crime in England & Wales 2008/09*) were identified and labelled as 'high violent crime' areas. 'High violent crime' CSPs collectively accounted for half of all 'violence against the person' offences in 2008/09. Of the 71 areas, 43 (61%) were represented in the sample.[66]

Overall, the 178 areas in the sample accounted for 58 per cent of all Police recorded 'violence against the person' offences recorded in England & Wales in 2008/09.

Measuring the efficacy of information sharing arrangements

A proxy measure was computed to index the efficacy of personalised information sharing arrangements. This was calculated by computing the multiplying the number of personalised information sharing arrangements in place at the CSP, by their average scored response to questions on the efficacy of data sharing[67] under the following arrangements: MARAC, MAPPA, PPO, LSCB and POVA.

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66 Calculated from Crime in England & Wales 2008/09 local statistics table *Crime and Disorder Reduction Partnership areas - Recorded crime for key offences 2007/08 to 2008/09* available at http://www.homeoffice.gov.uk/rds/crimeew0809.html

67 Responses to Questions Q21 or Q23 could have been used since both refer to how well/effective arrangements worked; also, responses to the two questions were highly correlated. Responses to Q23 were used in preference to Q21 because there were fewer missing values.

Annex B   Initiatives involving personalised information sharing arrangements

1) Multi-agency Risk Assessment Conferences or other multi-agency domestic violence case conferences

MARACs were developed to help victims of DV and their families and to identify victims who are most at risk of experiencing violence in the future. In a MARAC, local agencies including Independent Domestic Violence Advisors, Police, Probation, Housing, Social Care and others will meet to discuss the highest risk victims in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally is shared and used to create a risk management plan involving all agencies.[68]

2) Multi-agency Public Protection Arrangements (MAPPA)

MAPPA are the statutory arrangements for managing sexual and violent offenders and were introduced in 2001. They bring together the Police, Probation and Prison Services as well as other relevant agencies including Social Care, Health, Housing and Education Services. MAPPA promotes information sharing between these agencies to enable more effective supervision and better public protection.[69]

3) Prolific and other Priority Offender programmes

The Prolific and other Priority Offender strategy was announced in 2004 with the aim of providing end-to-end management of the most active offenders. The emphasis of the programme is on a multi-agency approach with Police, CPS, Prisons and Probation working together, with Local Criminal Justice Board co-ordination, to effectively catch, convict, monitor and manage these offenders in the community and custody and effectively rehabilitate them.[70]

4) Local Safeguarding Children's Board (LSCB)

Local Safeguarding Children's Boards were established in 2006 as the statutory mechanism for the safeguarding and protection of the welfare of children. The core membership of LSCBs is set out in the Children Act 2004 and includes Local Authorities, Health bodies, the Police and others. As part of the LSCB procedures, and where it is in the best interest of the child, agencies will share information on vulnerable children, for example in case conferences.[71]

5) Protection of Older Vulnerable Adults

The Protection of Vulnerable Adults scheme, as set out in the Care Standards Act 2000, was introduced in England and Wales by the Department of Health in 2004. The POVA scheme for care homes and domiciliary care agencies introduced a list of care workers who have harmed a vulnerable adult or put him/her at risk of harm. The aim of this list is to ensure known abusers do not rejoin the care workforce.[72] Whilst this is a national scheme, local area policies and procedures regarding the protection of vulnerable adults may adopt a multi-agency approach including, for example, case conferences where personalised information is shared.

6) Youth Offender Teams

YOTs include representatives from the Police, Social Services, Health, Education and Housing. Their job is to identify the needs of individual young offenders and identify the problems that make the young person offend, as well as measuring the risk they pose to others, including through information sharing. This enables the YOT to identify suitable programmes to address the needs of the young person, to aid rehabilitation.[73]

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68 Further information on MARACs is available at http://www.caada.org.uk/aboutus/aboutus.html
69 Further information on MAPPA is available at http://noms.justice.gov.uk/protecting-the-public/supervision/mappa/
70 Further information on PPO programmes is available at http://www.crimereduction.homeoffice.gov.uk/ppo/ppominisite01.htm

71 Further information on LSCBs is available at http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/localsafeguardingchildrenboards/lscb/
72 Further information on the POVA scheme is available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093299
73 Further information on YOTs is available at http://www.yjb.gov.uk/en-gb/yjs/YouthOffendingTeams/

Annex C   Results

Where not provided in the main report, a detailed breakdown of responses to individual survey questions is included below.

Table C1   Question: Are EDs in your CSP area sharing anonymised ED data with the CSP directly, or Police services? (Select all that apply.)

	No. CSPs	% CSPs
Data are shared directly with the CDRP	44	41%
Data are shared directly with Police services	13	12%
Data are shared directly with both CDRP and Police services	39	36%
Data are shared with other agencies	33	31%

Base 108.

Table C2 Question: Which types of [ED] data are currently shared? (Select all that apply.)

	No. CSPs	% CSPs
Anonymised or depersonalised data (from which details are removed so that they cannot be used to identify a living person)	78	70%
Aggregated non-personal data (i.e. counts only)	39	35%
Non-personal data (that cannot be used to identify a living person)	36	32%
Personal or sensitive personal data (information that could be used to identify a living individual)	15	13%
Don't know	4	4%

Base 112.

Table C3   Question: Why are anonymised ED data used by CSP partners or other agencies? (Select all that apply.)

	No. CSPs	% CSPs
To link with police recorded crime to provide a fuller picture of violence	85	77%
To identify problematic locations or hot spots within your CDRP/CSP	78	70%
To identify problematic premises (e.g. bars, clubs)	75	68%
To record details surrounding incidents of assault	50	45%

Base 111.

Table C4   Question: How frequently do EDs typically provide anonymised data to the CSP, the Partnership Analysta), or the Police?

	No. CSPs	% CSPs
Data systems are linked to facilitate immediate access	2	2%
Weekly or more	10	9%
Fortnightly	3	3%
Monthly	32	30%
Quarterly	20	19%
Less than quarterly	25	23%
Data not used at present	7	6%
Don't know	9	8%

Base 108.
Note: Excludes CSPs which reported that no ED data sharing arrangements are in place.

Table C5   Question: How frequently are reports, which include anonymised ED data or analyses of these data circulated by the CSP to partners/agencies?

	No. CSPs	% CSPs
Weekly or more	1	1%
Fortnightly	4	4%
Monthly	15	14%
Quarterly	20	19%
Less than quarterly	37	34%
Data not used at present	18	17%
Don't know	13	12%

Base 108.
Note: Excludes CSPs which reported that no ED data sharing arrangements are in place.

Table C6   Question: How long has anonymised ED information sharing been fully active in your CSP area?

	No. CSPs	% CSPs
Less than six months	38	36%
Six months to one year	27	25%
0ne to three years	30	28%
More than three years	2	2%
Don't know	10	9%

Base 107.

Table C7   Question: Does the Partnership Analyst analyse the [ED] data?

	No. CSPs	% CSPs
Yes	70	62%
No	19	17%
There is no partnership analyst working in this CDRP/CSP	22	19%
Don't know	2	2%

Base 113.
Note: Excludes data from 5 CSPs who provided a 'no' response but had previously indicated that no ED data sharing arrangements were in place in their area.

Table C8   Question: How did you develop the [ED data sharing] Information Sharing Protocol (ISP)?

	No. CSPs	% CSPs
Adapted the Home Office ISP	27	25%
Developed in-house	43	39%
Developed from another CSP's protocol	13	12%
Other	39	35%
Don't know	8	7%

Base 110 (multiple responses reported).

Table C9   Question: Does the CSP employ a Partnership Analyst?

	No. CSPs	% CSPs
No	31	18%
Yes – a Partnership Analyst is shared with another CDRP/CSP	55	31%
Yes – there is one part-time Partnership Analyst	9	5%
Yes – there is at least one full-time equivalent Partnership Analyst	80	45%
Don't know	I	1%

Base 176.
The term 'Partnership Analyst' is used here to refer to an individual who is appropriately trained to analyse data on behalf of the CSP (e.g. to produce the Strategic Assessment).

Table C10   Question: How is the Partnership Analyst's post funded? (Select all that apply)

	All	Sole Funder	Joint Funder
Partnership funding	101	60	41
Police funding	32	4	28
Local authority funding	57	28	29
Health authority funding	3	0	3
Other funding	18	9	9

Base 147.
The term 'Partnership Analyst' is used here to refer to an individual who is appropriately trained to analyse data on behalf of the CSP (e.g. to produce the Strategic Assessment).

Table C11   Question: Where are the Partnership Analysts' offices typically located?

	No. CSPs	% CSPs
In CDRP/CSP offices	43	29%
In Police offices	51	35%
In Local Authority offices	59	40%
Elsewhere	17	12%

Base 147.
The term 'Partnership Analyst' is used here to refer to an individual who is appropriately trained to analyse data on behalf of the CSP (e.g. to produce the Strategic Assessment).

Table C12   Question: Who performs the analyses of crime and disorder and substance misuse required by the Strategic Assessments for your CSP (tick all that apply)?

	No. CSPs	% CSPs
Partnership Analyst	139	91%
Police Analyst	72	47%
Other	41	27%
Don't know	0	0%

Base 153.

Table C13 Question: On a scale of one to five (five being very easy), how easy was it to set up the various information sharing arrangements in place in your CSP? (Select for all that apply)

| | Very difficult | | Moderately hard/easy | | | | | | Very easy | |
| | 1 | | 2 | | 3 | | 4 | | 5 | |
	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs
MARAC or other multi-agency DV case conferences (Base 121)	10	8%	22	18%	43	36%	31	26%	15	12%
MAPPA (Base 87)	3	3%	13	15%	37	43%	26	30%	8	9%
PPO (Base 118)	0	0%	15	13%	59	50%	31	26%	13	11%
SCB (Base 72)	5	7%	14	19%	33	46%	15	21%	5	7%
POVA (Base 65)	4	6%	16	25%	30	46%	13	20%	2	3%
ED (Base 92)	50	54%	22	24%	16	17%	4	4%	0	0%

Table C14 Question: On a scale of one to five (five being very well), how well do information sharing arrangements currently work in your CSP to facilitate the prevention and reduction of violent crime and crime reduction in general (select all that apply)

| | Poorly | | Moderately well | | | | | | Very well | |
| | 1 | | 2 | | 3 | | 4 | | 5 | |
	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs
MARAC or other multi-agency DV case conferences (Base 133)	0	0%	8	6%	29	22%	55	41%	41	31%
MAPPA (Base 106)	9	8%	3	3%	17	16%	35	33%	42	40%
PPO (Base 121)	0	0%	3	2%	24	20%	60	50%	34	28%
SCB (Base 80)	3	4%	2	3%	33	41%	26	33%	16	20%
POVA (Base 72)	3	4%	12	17%	23	32%	20	28%	14	19%
ED (Base 76)	21	28%	21	28%	17	22%	11	14%	6	8%

Table C15 Question: On a scale of one to five (five being very effectively) how well do you think the data shared under various information sharing arrangements are actually used to help facilitate violent and other crime reduction (select for all that apply)?

| | Not used | | Quite well used | | | | | | Effectively used | |
| | 1 | | 2 | | 3 | | 4 | | 5 | |
	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs
MARAC or other multi-agency DV case conferences (Base 155)	1	1%	3	2%	31	20%	55	35%	65	42%
MAPPA (Base 127)	0	0%	14	11%	12	9%	37	29%	64	50%
PPO (Base 149)	0	0%	3	2%	23	15%	68	46%	55	37%
SCB (Base 96)	4	4%	5	5%	28	29%	37	39%	22	23%
POVA (Base 85)	4	5%	7	8%	33	39%	24	28%	17	20%
ED (Base 102)	20	20%	37	36%	24	24%	16	16%	5	5%

Table C16 Question: On a scale of one to five (five being very useful), how useful do you think the following assistance would be to help you to improve information sharing in your CSP?

	Not useful		Moderately useful						Very useful	
	1		2		3		4		5	
	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs	No. CSPs	% CSPs
Information about how information sharing can prevent and reduce violence and other crime (Base 170)	20	12%	20	12%	43	25%	25	15%	62	36%
Guidance on the legislative framework for information sharing protocols (Base 173)	8	5%	22	13%	51	29%	30	17%	62	36%
Training for information managers, analysts and other relevant CDRP/CSP personnel on how to facilitate information sharing.(Base 171)	6	4%	20	12%	31	18%	37	22%	77	45%
Practical guidance on producing reports and output to facilitate crime reduction (Base 171)	17	10%	27	16%	52	30%	30	18%	45	26%
Additional funding (Base 168)	9	5%	4	2%	37	22%	18	11%	100	60%

Table C17 Question: If further guidance would be helpful, what is the preferred mode? (Select all that apply)

	No. CSPs	% CSPs
Web-based information	131	76%
Workshops	109	63%
Printed guidance	99	58%
Visits to areas to see examples of best practice	66	38%
No guidance needed	4	2%
Other	3	2%

Base 172.

Table C18 **Question: Please list any agencies who do not currently share information with your CSP, but with whom you think information sharing arrangements would be helpful to facilitating the prevention and reduction of violent crime and crime reduction in general**

Agency type	No. responses	% responses
Health general	42	23%
ED	38	21%
Ambulance	14	8%
Housing (inc. registered social landlords)	18	10%
Drugs	11	6%
Social Services	10	5%
Education	10	5%
Probation	8	4%
Prison	7	4%
Other	27	15%

Base 266 (79 CSPs).

Tables C19 & C20. Question: It would be useful to know about any particular successful strategies or examples of good ideas that helped you in establishing information sharing arrangements, and also to know about potential barriers to the setting up of these arrangements to reduce violent crime

Table C19 **Top three things that helped**

Theme	Examples	No. responses	% responses
Committed, proactive partners & good partnership relationships	'trust', 'good partnership relationships', 'multi-agency commitment', 'willing partners'	56	24%
Training, guidance and sharing of best practice	'training', 'networking with other CSPs' , 'best practice from ISP from other areas', 'national scan of best practice'	46	19%
Joint goals and/or shared resources (e.g. co-location of posts)	'joint tasking', 'co-located team', 'shared analyst post', 'common goals', 'joined up resources'	34	14%
Good leadership, senior level buy-in	'top level support', 'appointing partner champions', 'support from managers', 'drive from the top'	17	7%
Simple and or clear protocols	'clear protocols', 'county/other area wide protocols', 'ISP', 'ISP became simpler'	17	7%
Analytical resource	'analytical resource', 'employment of a partnership analyst', 'good mapping/analytical capabilities', 'having a skilled analyst', 'evidence based analysis'	17	7%
Legal support and regulation	'confident in knowledge of legislation', 'Home Office instruction of duty to share', 'assistance from Council's legal advisor', 'Section 17 responsibilities'	13	6%
Other		36	15%

Base 236 (responses from 101 CSPs).

Table C20 Top three barriers faced

Theme	Examples	No. responses	% responses
Lack of buy-in/cultural resistance	'negativity of some partners', 'certain individuals', 'silo mentality', 'not a priority for certain agencies', 'different organisational cultures' , 'senior management buy-in'	33	15%
Concern of the legalities of data sharing and data protection	'risk averse', 'uncertain whether to share', 'fear of breach of confidentiality', 'some partners worries about legal position', 'fear of Data Protection Act'	31	14%
Lack of understanding of the need for/benefits of data sharing and the relevant legislation to support this	'understanding of need and requirements', 'lack of understanding from partners', 'ignorance of intelligence issues', 'lack of knowledge', 'understanding of need to share info'	31	14%
Lack of secure/compatible IT systems	'lack of secure electronic network facility', 'unsecure emails', 'lack of shared IT facilities for data', 'IT Systems for data exchange support'	26	12%
Finding the 'right' people to get involved	'finding the most appropriate person', 'no SPOC/expert in each agency', 'appropriate contacts in NHS', 'lack of escalation point'	25	11%
Lack of resources	'resources', 'lack of resources', 'time', 'no analyst post', 'lack of ongoing capacity', 'weight of partners other work'	23	11%
Data quality issues	'lack of data quality', 'quality of information', 'data recording practices', 'data too sanitised to analyse'	14	6%
Lack of training	'training', 'staff training and development', 'lack of partnership training'	6	3%
Other		29	13%

Base 218 (responses from 98 CSPs).

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Additional Resources

Framework code of practice for sharing personal information, Information Commissioners Office, Oct 2007
http://www.ico.gov.uk/upload/documents/library/data_protection/detailed_specialist_guides/pinfo-framework.pdf

Home Office Information sharing for community safety – guidance, Mar 2010
http://www.homeoffice.gov.uk/publications/crime/info-sharing-community-safety/

Department of Health – A&E Serious Youth Violence Data Sharing Initiative
http://www.dh.gov.uk/en/Publichealth/SeriousYouthViolenceDataSharingInitiative/index.htm

The Review of Criminality Information by Sir Ian Magee, Jul 2008
http://tna.europarchive.org/20100419081706/http://www.police.homeoffice.gov.uk/publications/operational-policing/
review-criminality-information/roci-full-report2835.pdf?view=Binary