

Research


Children's Workforce
Development Council



‘Somebody should have asked me...’ Young
people in care and information-sharing practice

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Mari Eggins

The Children's Workforce Development Council (CWDC)'s Practitioner-Led Research projects are small scale research projects carried out by practitioners who deliver and receive services in the children's workforce. These reports are based in a range of settings across the workforce and can be used to support local workforce development.

The reports were completed between September 2009 and February 2010 and apply a wide range of research methodologies. They are not intended to be longitudinal research reports but they provide a snapshot of the views and opinions of the groups consulted as part of the studies. As these projects were time limited, the evidence base can be used to inform planning but should not be generalised across the wider population.

These reports reflect the views of the practitioners that undertook the research. The views and opinions of the authors should not be taken as representative of CWDC.

A new UK Government took office on 11 May. As a result the content in this report may not reflect current Government policy.

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Abstract

'Somebody should have asked me...' Young people in care and information-sharing practice.

Information sharing is an essential element of integrated working, because otherwise children and young people's stories have to be told over and over again and their support needs can go unmet. Traditionally, young people in the care of the Local Authority may be very used to professionals discussing their needs at Social Care meetings including 'Reviews' of their care plans and other gatherings of the practitioners working with them. What this project seeks to explore is how young people themselves are engaged in consenting to that process.

This research was undertaken between October 2009 and February 2010 by a foster carer who also manages a youth work project in the voluntary sector working with young people in and leaving care. She was helped by three social work degree students and between them they held, and then evaluated, 13 one to one interviews and two group sessions involving seven young people in or leaving care and 12 children's practitioners. Of these, eight worked directly with young people in the care system and four worked with young people in other parts of the integrated children's workforce.

Through the course of the research it became clear that young people at the most acute end of children's practice were not as involved in consenting to the sharing of information about them as their counterparts who accessed universal services. The complexity of safeguarding procedures and the role of the Local Authority as the 'corporate parent' were examined to see how these issues impacted on the rights of young people to consent to information being shared about them once they were competent to give that consent. The need for every child and young person to have a 'good parent' prepared to nurture, support and at times help make decisions with and for them was acknowledged. However it was also found that children's workforce practitioners, particularly those within the Care system, needed to actively engage young people in this process as they grew in maturity.

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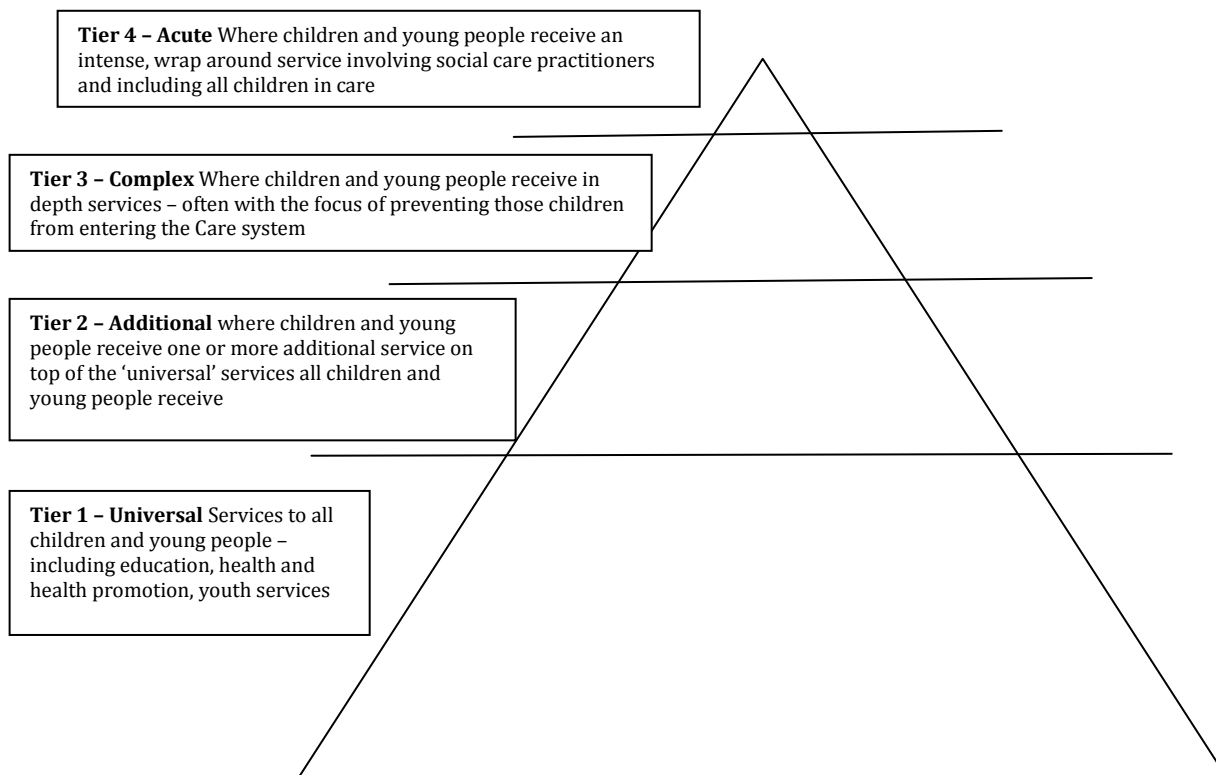
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Introduction

I am fortunate enough to have two apparently diverse roles within the children's workforce, with twenty years practice experience as a youth worker and a youth work manager and ten years' experience as a foster carer. Outside the fostering home these themes come together, as I work with a number of amazing and resilient young people in care in Cornwall using youth work strategies to enable them to do things for themselves and others. Young people from the organisation, Carefree¹, have contributed to, and driven, the project.

Nationally and locally, the Every Child Matters agenda has given a Children's Service Framework which, although locally interpreted in every authority, posits a rough progression. This progression is from universal services, with personal care and support being a private family concern, through to acute wrap-around services for the children and young people in most need, including children in the care of the Local Authority. In Cornwall this framework, sometimes displayed as a curve but more commonly as a triangular tier, looks something like this:

Figure 1 – Children's Service Framework in Cornwall



This research project is about information sharing and how young people's consent to that information sharing is obtained and maintained, focussing on services to young people in care. Information sharing is a current focus after the failings in professional communication between discrete, and inappropriately separated, services to children identified by the Laming report into

¹ This 4 month project works with local schools, young people and other practitioners to pull together knowledge, resources and understanding in order that a cohesive strategy for supporting young people in care who are struggling with school.

the death of Victoria Climbié (2003). Barker (2007), in relation to information sharing and children's databases, notes the tension between 'the rights of the State and the rights of parents'. With the Fraser guidelines (1986) suggesting a gradual devolving of consent from parents to young people themselves, based on the idea of 'competence' rather than linear age, the tension then becomes between the State and young people themselves. For young people in Local Authority Care, this may be less straightforward because the 'State' is also their (corporate) parent.

Methodology

Three first year social work degree students at Cornwall College worked with me on this research as part of their community development project. The four of us conducted a range of recorded interviews with practitioners and transcribed them.

Ethics approval was obtained from Cornwall Council at the outset of this project. Practitioners were asked to take part if their role was significantly influential in this area; that is, if they were actively involved in using protocols (implicit or explicit) for information sharing about young people. Young people were involved on the basis that they chose to take part and that they were involved in Carefree's work already. The latter ensured that an accurate assessment of their ability to engage, and access support for any personal issues that arose, could be made. Although all the young people had this positive existing relationship, all but one were interviewed by the students on placement who did not know the young people, rather than the Carefree manager. This was so that their responses were not influenced by what they may have imagined that the researcher wanted to hear. However, the Carefree manager remained in the building in case any young person wanted support from a familiar practitioner.

In every case interviewees filled in consent forms, gave their consent freely and had the parameters of the project clearly explained to them. The whole project followed the British Psychological Society's (2009) code of ethics and conduct.

The respondents were originally chosen through professional contact, but at the analysis stage it also became clear that they fitted into two 'categories' of the children's workforce in Cornwall. We interviewed eight people who worked directly with children and young people in care, and these people we defined as working in acute or 'Tier four' services (see Figure 1). We spoke to six social workers with who shared between them:

- current or very recent face to face social work experience
- leaving care experience
- experience of social work practice management
- experience in managing Children in Care reviews

Towards the end of the research we recognised the significance of individual foster carer practice on this area and so we decided to interview two foster carers.

The other group of practitioners represented services to children and young people in the universal, additional and preventative (or one, two and three) tiers. We met with two health promotion officers from the EFFO programme (this programme name was chosen by young people and does not stand for anything). The health promotion officers' role is to quality assure young people's services in Cornwall against a range of quality standards including whether they are able to offer young people, including those under 16, a confidential service. We also spoke to a manager

of the Connexions service. Finally, we interviewed a social work practitioner who has gone on to develop the Common Assessment Framework in Cornwall; promoting 'Team around the Child' structures to support children and young people who have additional or complex needs which cannot be met by universal services alone.

Each group was asked more or less the same questions, although they were expanded on or amended subject to the role of the individual. The overall question was:

"How do you obtain and maintain consent to share information about the children and young people you work with?"

with the subsidiary questions:

"At what point would you get the young person's consent to share information?"

"What influences how you share information with other practitioners?"

"Tell me about how your decision is affected by whether the young person is voluntarily accommodated or on a care order?"

Seven young people in or leaving care aged between 16 and 22 were interviewed. The average age was 18. Young people were selected from those familiar with working in groups with Carefree and/or with Voice for Us, a close partner organisation promoting the voice of children and young people in care and currently developing Cornwall's Children in Care Council².

We chose one to one and group interviews as the main research method. This was because for practitioners, information sharing and confidentiality involves individuals making personal, reflective judgements about practice. We wanted to assess the impact these decisions have on children and young people. Personal stories were a significant way of gathering that information.

As a research team we were also frustrated by the limited research we were able to find in literature or electronically. This may be indicative of a wider issue, which perhaps this research project has underlined. It could be that young people in care are treated 'differently' to young people in the mainstream, and that insufficient attention thus far has been paid to the conflicts that being 'corporately parented' by a local authority can imply for a young person growing up in care.

As a research team it was interesting to note how hard it was to be absolutely sure of meaning from a transcription of a taped interview. For example, we had a long debate about whether one young person was using irony in their response in one of the group sessions. The work of Mehrabian (1981) explores how emotional meaning and attitude is hard to identify through words alone, and without hearing the words expressed and seeing the young person's body language, our interpretation was based on memory.

Our original plan was to have one or two groups of between three and five young people in each. However, circumstances meant we worked with one group of four, one group of two and one young

² For more information on Cornwall's Children in Care Council visit:
<http://www.cornwallcypc.org.uk/index.cfm?articleid=49182>

person who was interviewed on their own, at their request, because they were unable to attend the focus group events. We asked them, broadly:

‘How do you feel about information being shared about you?’

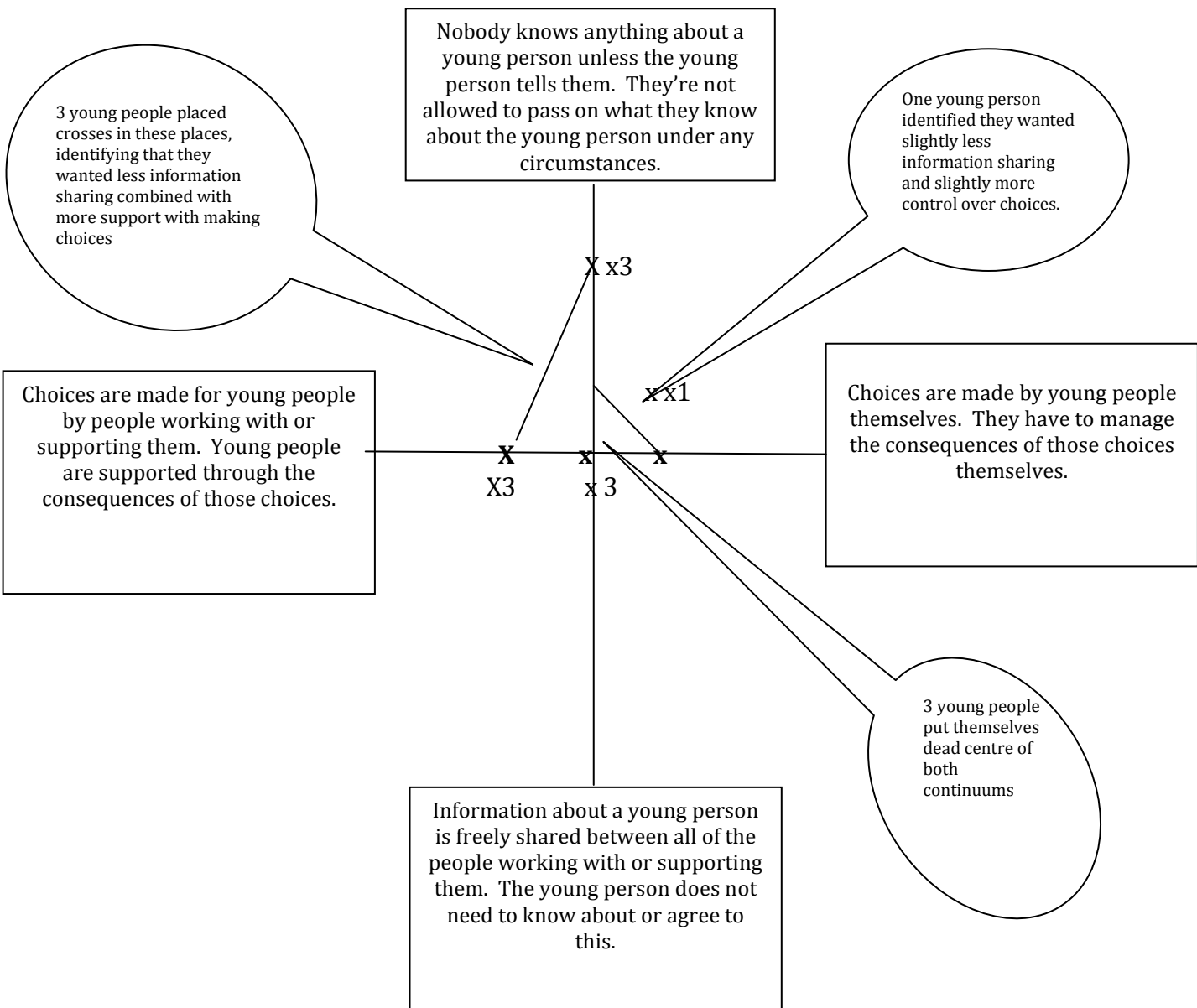
and

‘What rules do you think workers should stick to when sharing information about you?’.

As well as interviewing the young people, the young people in groups were asked within the discussion to ‘place’ themselves on a continuum graph. They were asked to place a dot on each of two continuums, one relating to information sharing and one to decision making, identifying how much control they wanted over this process and how much support from practitioners around them. These are the results;

Figure 2: Young people’s continuum exercise

This exercise was undertaken immediately preceding each of the focus groups and with the individual young person after their interview.



The debate around this exercise stimulated further in depth discussion, analysed below. From the outset, although there was a range of response, young people identified that they needed a balance of support and empowerment. Nobody placed themselves at any of the extremes of independence/protection.

Emergent themes and analysis

General good practice, Cornwall's practice

There was considerable consensus between the three groups – young people, practitioners at tier four working with children and young people in care, and practitioners at tiers one to three – about principles of good practice. All three groups recognised that safeguarding issues overrode a young person's right to keep information about them confidential. One social worker explicitly commented that a Section 47 proceeding pre-empted the need for consent from individuals to information share, comparing this to the CAF process which did require consent. All three groups recognised that asking a young person for their consent to share information was good practice. All three groups recognised that competency to make decisions, including ability to consent to information being shared about you, developed with age and maturity and was a gradual process. Almost everyone interviewed made some reference to the importance of good communication, openness, the participation of young people in the services they received and the importance of responding to young people as individuals. In both practitioner groups reference was made to the socially educational and therapeutic impact of being actively involved in the process of information sharing about a young person. The practitioner at tier two-three; whose work focused on the Common Assessment Framework and Team around the Child approaches; commented that research and practice observation both showed that

“...how you engage with a young person, a parent, a carer at the early stages in any form of intervention indicates the outcomes, and if you engage well and get consent in a balanced and informed way you are able then to work with alongside young people and parents and carers rather than in a process that's 'done to'.”

Category 'C' responses (Cornwall's own practice observations) showed that actual practice was sometimes more challenged. Four of the six social workers interviewed made reference to the lack of a clear policy on information-sharing about young people in care. This was borne out by all three groups of young people, where the majority of individuals had not experienced being asked for their consent to share information about them. Young people made reference to inappropriate information being shared, fear of gossip or collusion (particularly between social worker and foster carer, to the exclusion of the young person) and bullying if information sharing led to other children, for example in school, knowing that someone was in care. Practitioners at tiers one to three had less concerns about practice in Cornwall and were generally very clear about the policies they needed to adhere to, based on Fraser guidelines.

Being in care; *does it make a difference?*

The clarity for the tier 1 2 and 3 practitioners above was not shared by the practitioners at tier four. Five of the eight tier four practitioners made reference to the issue being 'difficult' 'tricky' or something that was not yet 'got right'. Seven out of eight tier four practitioners felt that issues of consent to information-share became 'more complex' between themselves and young people

because of their role not just as professional supporter but as a representative of the 'Corporate Parent'.

At this point in the research it was becoming clear to me, and the students who helped in this project, that the groups of adult workers we had interviewed were differing so significantly in terms of policy and procedure because, in part, of a major and significant difference in their relationship with the young people they worked with. The officers of the EEFO project were quality assuring services to young people that in the main those young people could access if they wished to, and decline if they did not – youth centres, support groups or Information Advice and Guidance provision, for example. Connexions is a service that supports young people across all the 'tiers' of Children's Service provision, but focuses on universal and additional needs in its work within education, employment and training. The CAF process is a preventative strategy working to prevent children and young people entering tier four. It is a service which cannot be imposed either on families or on young people a practitioner deems to be 'competent' (that is, to manage the consequences of their own decision without recourse to a parent) against their will.

What the research was beginning to show to us was that, significantly, young people within the care system have considerably less opportunity to 'choose' or 'decline' the care service. Simplistically, this can be defined as the difference between an 'essential' and an 'elective' service.

Good parent/bad parent

Going on to analyse the data categorised as 'B', or 'Being in care', we find that whilst respondents from tiers one to three had little to say on this subject, a large proportion of the responses given by young people in and leaving care, and care system practitioners, related specifically to this issue of 'parenting'.

In our analysis of the data, we found that it was very easy to divide young people's responses which related specifically to the care system into examples of 'good parenting' and 'bad parenting'. Interestingly, there were points where young people clearly identify that they need practitioners around them to share information about them as a good parent would. Examples included sharing to promote safety. One young person made the point that:

"...in incidents of self harming or something when you get a young person in your house who is likely to self harm quite badly it would be helpful to know about it because if they then go upstairs and you know self harm then it could be very dangerous. "

Respondents in two of the three young people's groups made reference to the idea of a 'good parent' sharing information on your behalf rather than putting the responsibility on to the young person. One young person said:

"those sort of things should be mandatory sort of 'sit down we've got to talk about this, these are your foster carers, I know you don't know them very well but this is information they have to know about you so do you want to be there when I tell them'."

This was echoed by some of the practitioners with children in care, for example, a social worker described how at times she took the lead in discussing how information was shared rather than trying to obtain a young person's consent. Her example is a young person who tells her she is not getting enough to eat in her placement, and the social worker identifies her probable approach to this would be to tell the young person:

"I have to do something about this, can we decide how we are going to manage it, what's going to be the best way that you feel comfortable, it needs to be addressed..."

Both the example from the young person relating to self harm, and the example from the social worker relating to sufficient nutrition have elements of safeguarding in them and this underlines the argument that perhaps 'parenting' is *of itself* a safeguarding issue that means that information needs to be shared, even without consent.

However, young people were very clear about the negative impact of not involving them, and the majority had had experiences where they simply did not feel involved in the information sharing process at all. One young person said:

"I think it's good that they did eventually tell my foster carers there'd been issues ... it just might have been helpful to all sit down and have a discussion about everything they wished to disclose."

Poor communication practice was related to 'bad parenting'. The dangers of the 'wrong' information being given to the 'wrong' people was mentioned by at least one person in all respondent groups, and young people related this to 'gossip' and 'judgements'; making decisions based on historic and inaccurate information and bullying at school because information had been shared in such a way that peers knew that a young person was in care.

We asked all practitioners whether a young person's being in care on a voluntary or care order made any difference to them in terms of gaining consent from the (competent) young person. None of the tier one, two and three practitioners felt that it did, but five of the tier four practitioners did, and four of them made reference to their perceived responsibility to get consent to information-share from the parent rather than the young person. For all of these practitioners, the issue of involving parents, as enshrined by the Children Act 1989, was significant and there seemed to be a confusion about whether it was good practice to obtain and maintain a (competent) *young person's* consent to share information about them or to continue to get that consent, and by implication pass information to the birth family without the consent of the young person.

Trading?

One theme that consistently arose across *all* groups interviewed was the concept of consent being 'traded' for services. One young person related this to youth work; she was discussing a scenario where a young person did not want a 'peer mentor' to share the information about them that they were afraid of water, and she identified that this meant that the young person would need not to take part in an activity day that involved water sports. In the same way, the CAF/Team around the Child process relies on consent and cannot go ahead without it:

"the CAF is built on consent, so we can't take or initiate a CAF or support a person or ... parent ... if they haven't given their consent"

The ability to 'trade' consent for services, to agree to information sharing as a condition of being able to access the support offered, is arguably more complex when a young person enters the care system. A social worker at tier four discussed how far we are able to allow young people to make their own decisions to accept or decline a service. They identified that:

"there are some situations in life where you will have to have a professional involved"

The example developed was whether a young person under 16 could decline 'care' if they did not wish to 'trade' that service for the right of others to share information about them. The social workers' reflection was summarised in her interview when she identified that British society would not give young people the option to live on the streets adding, "and quite rightly so I think".

Honest communication

"I think young people are a lot smarter than people give them credit for to be honest so ... explain everything in a way that is appropriate to their age and ability" (from a young person's transcript)

The difficulties of being able to 'trade' when declining a service meant losing the roof over your head and food in your belly was recognised by several young people. One young person who had

left care some years ago came up with a description of how skilled practitioners could manage that process without leaving the young person feeling as though they had no power or choice.

“this guy actually stopped and said right, what do you want? How can I help you? ... Basically I used to brainstorm and he used to be able to figure out what I actually wanted. Social workers were normally ‘yes you’re going to move there and if you don’t do that we aren’t going to help you’.”

Other young people reflected the importance of skilled social workers, foster carers and other tier four practitioners having excellent and assertive communication skills. A foster carer made reference to the difficulty of offering a young person a secure place in a family and yet still needing to share essential information about them:

“that’s always a potential area for conflict, that conversation, because you try and create an atmosphere where that child feels like part of your family and is part of your family...but then you say there are other people out there....social workers and others... that you need to share [information with]”

This recognition of the difficulty of exchanges about information-sharing was a consistent theme both for tier four practitioners and young people in and leaving care. One young person recognised that when they were younger they would have resisted the sharing of information that they now recognised was necessary:

“(sometimes) you’ve gotta discuss it behind the young person’s back... For me, I had ..self harming issues...and an eating disorder and if you came up and tried to discuss it I would have told you where to go. But I was at risk...”

However, other young people were less sympathetic to practitioners who did not involve young people in knowing what was discussed about them. One young person related the story of having a tummy bug but not feeling it was significant enough to explain to her new carers or social worker. A month later at a review she read a report which said that her carers, social worker and parent had all agreed that she had an eating disorder.

“nobody asked me, like, nobody came up and said to me is there something you need to tell us, how are you feeling are you OK, nothing, it was just ‘ [X is] exhibiting symptoms of an eating disorder, she was caught throwing up’. I think that was bit ridiculous really, it all got blown out of proportion because of the fact that I wasn’t involved in it.”

Conclusion

This project began partly as a response to young people’s concerns about how much power and autonomy they were allowed to have in a ‘corporate’ care system and partly because my experiences as a youth worker who became a foster carer had given me a perspective on integrated work and information sharing that I wanted to explore.

I had a rather more simplistic view when I started this research than I have now. I expected to discover that the Fraser guidelines were not adequately implemented in social care, and that it would be simple to ‘put this right’. In the course of the research I have learnt, partly from the young

people who responded, that the recognition of my tier four colleagues that 'it's complicated' is well founded. Fraser specifically relates to a young person's right to sexual health advice, extrapolated to other consensual advice and services, without recourse to their parent if they are deemed 'competent' to manage the advice or service, and they do not wish their parent to be involved. In the case of young people in care, any 'service' or 'advice' from a foster carer, social worker or indeed other local authority practitioner is from one part of their corporate parent. One would expect a Connexions worker to respect a young person's wish that their choice of a college place was not automatically shared with a parent, unless they clearly did not hold the competence to manage that information themselves. However, two parents may very easily in the course of a family discussion share what they knew of their offspring's plans. Young people in care have not two but many individuals representing the 'Corporate Parent'. Young people themselves have acknowledged in the course of this project that they need those representatives of 'the parent' to know about them in order to keep them safe, and enable them to gradually gain the skills of keeping *themselves* safe. 'Good' (corporate) parenting also means multi-agency, integrated work so that young people at tier four of the Children's Framework are able to make full and positive use of universal and additional services as and when they need them.

Integrated working is based on consent and legally, the consent is the gift of a competent young person (DCSF 2008). The assumption that information about a competent young person can be shared automatically with their birth parent against their will therefore needs further exploration; the general good practice of involving a parent in a child's life even if that child is in care may be balanced against what Fraser himself summarises as:

"Parental right [yielding] to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

Overall, honest and clear communication has been identified by young people as an essential part of being their 'corporate parent'; involving them in the decisions made about them and discussing how information should be shared. The local authority indisputably has a 'parenting function' toward young people in its care; young people have made it clear that a 'good' parent consults, involves and delegates responsibility as it becomes possible, where a 'bad' parent 'talks about and not to'.

Whilst the results have limits because of the small sample size, what has been shown is a snapshot of some of the issues experienced by young people in and leaving care in Cornwall around their consent to share information about them.

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Appendix One

The following are tables which collate the points made in the interviews. The tables group responses from 1) young people, 2) practitioners at tier 4 (acute services) and 3) practitioners at tiers 1 and 2, moving into 3 (universal, additional and complex tiers).

They are all grouped according to conceptual theme. Theme A is for All young people – or, themes and issues that relate to overarching principles of work with children and young people in 21st century Britain. B is for Being in care – the themes that young people and practitioners identify as particularly relating to the experience of young people living in the care system. C is for Cornish perspective – when young people or practitioners make reference to local experience, practice or suggestions for improvement.

We have grouped the responses into a series of overarching principles that represent what young people and the professionals who worked with them are saying.

A for All YP – Overarching principles – young people		
REFERENCE	out of 3 groups	NOTES/ COMMENTS
Recognition that safeguarding dispenses with consent	3	
Being asked for one's consent is essential	3	
Explanations should be made in an age appropriate way	3	
Young people should be supported/enabled to learn to take their own risks	3	
Young people need important information shared about them	3	
Prefer to be present when information is shared	2	
Competency to take responsibility for yourself develops gradually	2	
Positive and successful work with young people depends on engagement and positive communication	2	
Young people should always know and be involved in what's being said about them	2	
No-one should know anything a young person doesn't want them to know	1	
Young people are smarter than people give them credit for (and can manage the process of information being shared about them)	1	
Need to be direct and clear with young people	1	
'Contract' approach – young people 'trade' agreement to information share in order to get services	2	But in foster care this can be a problem
Each young person must be treated as an individual	1	'it takes... care and paying attention'
Information does need to be shared, but young people should know about it	1	

A for All YP – Overarching principles – Tier 4 practitioners; Social Workers, Foster Carers			
REFERENCE	sw's (out of 6)	fc's (out of 2)	NOTES/COMMENTS
Concept of competency	5	2	
Importance of clear explanations/good communication/participation of young people	4	1	Comments made about wanting to increase young people in care's participation in the systems that affect them
Safeguarding means you have to share information (with or without consent)	4	2	One social worker commented that a Section 47 proceeding pre-empted the need for consent from individuals to information share, comparing this to the CAF process which did require consent
Specific mention of Fraser or Gillick rulings	3	1	
Use of reflective practice to make a 'judgement' about whether sharing information is in a young person's best interest and/or whether they would want it shared, if asked	3	2	
'Contract' approach – young people 'trade' agreement to information sharing if they want to gain a service from Social Care	2		
The risks of sharing 'wrong', anecdotal or value-laden information	1	1	
Being involved in the information sharing process can be socially educational/therapeutic for the young person	1	1	
Less information sharing now (presumably since Data Protection Act 1998)	1		
Young people refusing to allow information sharing can be a block to good practice	1		
Young people need to be given the tools to take responsibility for themselves	1		
Giving or declining consent to share information may be fuelled by a young person feeling anti-authoritarian	1		
It's important to help young people gain the skills to share their <u>own</u> information	1		

A for All YP – overarching principles – Tier 1,2, 3 practitioners				
REFERENCE	EEFO service	Connexions manager	CAF/TAC development officer	NOTES/COMMENTS
Recognition that information sharing can be valuable	✓	✓	✓	
Personal information young people share with services is confidential unless there are safeguarding issues	✓	✓	✓	
Consent should always be maintained to share information	✓	✓	✓	Connexions process as an example of practice
Asking for a service is evidence of a young person's competence to consent to it		✓		
Young people should be part of seeing their assessments, their involvement in the information sharing process can be socially educational/therapeutic			✓	It was suggested CAF distance travelled tool was shared with Social Care teams
Young people should understand the consequences of refusing consent to a service/information sharing			✓	
Confidentiality and information sharing are complementary, not contradictory			✓	
Young people's right to a service depends on their consent to work within its guidelines – including information sharing			✓	May be significant that it's very hard not to 'consent' to a care service if it means a roof over ones head, food, safety
Active engagement of young people and families from the outset ensures success			✓	

B for Being in Care – young people		
REFERENCE	Young people (out of 3 groups)	NOTES/ COMMENTS
Appropriate information sharing may be essential for safety eg in foster home	3	
Carers need to know essential stuff to keep young people/others safe	3	
Young people need support to learn to make decisions	3	
Reviews felt like 'talking about' not 'talking to' young people	2	
Young people in care are more at risk of developing a negative reputation/'old' and negative information can be inappropriately repeated long after it ceases to be relevant	2	
Assumptions/poor judgements being made because of not involving young people in the process	2	Dangers of making choices on young people's behalf
Value of 'parental' approach 'We need to share this...'	2	
Need for foster carers to be trained as advocates for young people	1	

B for Being in Care – Tier 4 practitioners (Social Workers, Foster Carers)			
REFERENCE	sw's (out of 6)	fc's (out of 2)	NOTES/COMMENTS
Issues of consent are more complex for children and young people in care because the local authority has a 'parenting' as well as 'professional' function	5	2	Both carers alluded to the idea that they and/or the young people they lived with were under more scrutiny than non-care-experienced young people
Being on a Care Order or Voluntarily Accommodated makes a difference in asking a young person for consent to share information about them	4	1	One foster carer said that she would obtain consent from a social worker if a child was on a section 20 order but felt she could make her own judgement if they were on a Care Order.
Consent (to share information) should be	4		

gained from a parent (as opposed to a competent young person)			
References made to holding parental responsibility and therefore consenting to share information on young person's behalf	3		
Assumption made that someone else has already obtained consent	2		
Parental approach used – for example telling young people 'we must share this' rather than giving the responsibility to them	2	2	A foster carer identified that having a conversation with a young person about sharing information about them was a challenging and skilful activity
Assumption that information will be automatically shared with other professionals	1		
Review process means that information inevitably shared with parents	1		
There's a big difference between social work and youth work in terms of the ability to 'hold' confidentiality	1		
Young people in care are given responsibility (for decision making) too young	1	1	Links made to a young person not being sufficiently protected/nurtured
Young people may resent discussions about them behind their back	1		
In the review process, social work reports may be about a young person but should be written with them	1		
Confidentiality protocols/not sharing information with parents may undermine family life	1		

B for Being in Care - Tier 1,2, 3 practitioners				
REFERENCE	EEFO service	Connexions manager	CAF/TAC development officer	NOTES/COMMENTS
Does being in care, and whether that is 'accommodated' or via a Care order, make a difference to the need to get young people's consent to share information?	no	no	no	
CAF process replicated within Social Care's Reviews and Core Groups – but			✓	

these may be more formal				
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C for Cornwall's local practice – young people		
REFERENCE	Young people (out of 3 groups)	NOTES/ COMMENTS
Experience of consent to share information not being obtained/maintained	3	
Danger of sharing information inappropriately/gossip	3	
No experience of being asked for consent to share information	3	Not everyone in the bigger groups had this experience but at least one member of each group did
Detrimental experience of collusion/inappropriate sharing of information between social worker and foster carer	1	
Inappropriate information sharing can lead to bullying	1	Specifically relating to the perceived stigma of being in care
Young people related positive experiences of being asked to give consent to sharing information	1	
Young people related negative experiences of information shared without their consent	1	

C for Cornwall's local practice – Tier 4 practitioners (social workers, foster carers)			
REFERENCE	sw's (out of 6)	fc's (out of 2)	NOTES/COMMENTS
There is no clear policy about gaining and maintaining young people's consent to share information about them	4		

The concept that the subject is 'difficult', 'complex', 'tricky' and/or that it 'needs to be got right'	4	1	A Reviewing Manager and a Social Work Manager both stated their intention to try to make changes to the system after partaking in the survey
16 is the 'gateway' to being able to consent (to information sharing) rather than 'competence'	1		This definition was not shared by other practitioners

C for Cornwall's local practice - Tier 1,2,3 practitioners				
REFERENCE	EEFO service	Connexions manager	CAF/TAC development officer	NOTES/COMMENTS
CAF process could be accredited by EEFO	✓			
Information may either be not shared enough or shared too much/inappropriately – need to work to clear guidelines			✓	
Need for clearer publicity about the values of information sharing			✓	

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