Not so secret services

Drug workers have to walk a fine line over what they can tell the authorities and even family members about clients. But now they are under increasing pressure to share confidential information with the external agencies. **Esther Sample** reports.

After fleeing the war in Iraq, Ali became an asylum seeker in the UK and was put in dispersal accommodation in Bradford. With little access to support or healthcare and coping with traumatic memories of conflict, he developed a serious heroin problem. After two years, he gained refugee status and with increased support and access to public funds was referred to a drug treatment service.

At the same time, the Red Cross International Tracing and Messaging Service had been contacted by Ali's parents who were desperate to find their son and thought he could be in the UK. The Red Cross were able to track Ali down to the treatment service through his refugee case worker. When approached, the service said that they couldn't confirm whether he was there or not, but if he was, they would pass the contact details on.

Months passed with no news and more and more tracing requests were submitted to the Red Cross by Ali's parents, who did not know whether he was alive or not. When contacted again the drug worker agreed to pass the message on, explaining that he was there but that this information could go no further. Ali never contacted his parents and the Red Cross could not disclose that they had found him. He did, however, have the contact details if he ever changed his mind.

Drug service confidentiality policies vary depending on client groups and service aims, but managing risk is a core element of all policies across the drug and related support sectors. For workers these policies provide legal protection and security, and can also be a way to establish trust: "Only in these extreme circumstances will I break confidentiality". For service users, having privacy and personal space is often an essential part of recovery.

A key question all drug workers ask themselves about their clients is "do they pose a serious risk to themselves or others?". If the answer is yes then a worker must override confidentiality, and in some cases they are legally obliged to do so. "Disclosing someone's drug use or treatment without permission could really destroy someone's recovery. Disclosure can be a personal disaster for someone who is trying to get help, ultimately it could kill someone," says Lucy, a client of London treatment service Blenheim CDP Rise.

Negative judgement from family or wider society is often a key concern. "I would be very sceptical of my details being shared with external agencies, because I feel like I may be judged and I am not there to defend myself," says Lucy. "I would want to see anything written about me. I think how things are worded can have a big impact."

Another client at the project, Helen, says that "confidentiality is paramount for me. My partner knows I am here but I would not want my information shared

further, letters could go wandering and someone else could know about my drug use that shouldn't". At the simplest level, confidentiality policies can prevent drug workers from sharing information about clients or force them to do so. It is often a fine balance, and if not managed correctly, it can inhibit effective joint working or damage the relationship between drug worker and client.

The new drug strategy's push towards holistic recovery services requires a heightened level of joint working, which inevitably brings information sharing and confidentiality issues to the fore. There is concern in the sector that workers are increasingly being forced to break confidentiality. And the dispersal of data, whether it is between police, probation or social services, can be difficult and distressing for service users and workers. "Drug workers are certainly getting less control over what is confidential," says Sean, a drug worker at Rise.

Drug workers have also expressed concerns over the effect that welfare reforms and payment by results could have on confidentiality. With so much policy change, not least following a change of Government and the abandonment of key proposals in the Welfare Reform Act 2009, it is not surprising to find that there is confusion and anxiety over what information, if any, will need to be shared with JobCentre Plus, and the impact this could have on a client's benefits.

Tensions about information sharing between substance misuse service and social services or police have always existed. In recent years, however, there have been more reports of services feeling under pressure to introduce policies of automatic referral in order to maintain good relations, despite no legal obligation to do so.

Kevin Flemen, a housing and substance misuse consultant, told *Druglink* that drug policies in homeless hostels, developed in conjunction with the police, now often include automatic referrals for any "suspicion of dealing". He says this is "fundamentally dubious" and can be a slippery slope of giving away more and more information.

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Supported housing protocols developed in Newcastle now include blanket referrals to police for any suspicion of drug-related illegal activity. And in Brighton last year, police seeking to clear up scores of unsolved shop-lifting crimes approached supported housing workers to go through shop CCTV tapes to identify any clients they knew. The workers understandably felt compromised.

Flemen says that crime and disorder legislation creates a "willing spirit of cooperation", rather than a legal obligation. But he says it is often used by police as leverage to fish for information. As a result, some organisations break their confidentiality agreements with clients by sharing too much information, either because they think they have to, or just to maintain good relationships.

Drug services are also finding themselves increasingly under pressure to hand over previously confidential information to social services. A young people's drug service manager in the South East

TESTING TRUST

A young people's treatment service manager on how new information sharing policies are weakening the bond of trust between clients and services:

"A 15 year old boy shares with us he is heavily involved in dealing crack, and being exploited by adults to do it, although he doesn't yet recognise the exploitation. To our knowledge he hasn't shared this with other services. He was assessed to show that he was competent to make his own decision about receiving services without parental consent. Our aim would previously have been to work with him to get him to recognise the exploitation and to gain consent to share, while maintaining the relationship. Our new policy says we should share immediately with or without consent. My concern is that this will damage the relationship, not only with us, but with services more generally, and that he will disengage and become harder to reach and more at risk. The ripple effect may also mean that services' reputation for providing confidentiality will be compromised and young people in general will become less likely to share."

FDAP CODE OF PRACTICE: CONFIDENTIALITY

- Personally identifiable information about clients should normally be disclosed to others only with the valid informed consent of the person concerned (or their legal representatives) – and the boundaries and limits of confidentiality should be explained clearly before any service is provided.
- Where a practitioner holds a sincere belief that a client poses a serious risk of harm to themselves or others, or where obliged by law, a practitioner may be required to disclose personally identifiable information without the client's consent. Before breaking confidentiality, however, practitioners should still seek to secure valid consent for disclosure from the person concerned and should consult with their supervisor or a senior colleague where this is not provided – except where the practitioner judges that any delay this might cause would present a significant risk to life or health, or place the practitioner in contravention of the law.
- Information identifying clients must never be published (for example in an article or book) without their written agreement (or that of their legal representatives).
- All reasonable steps should be taken to ensure that any records relating to clients are kept secure from unauthorised access and the requirements of the Data Protection Act should be complied with at all times.

of England said she was surprised when her local authority introduced an 'automatic referral' system for her drug service clients to social services. She says it is a policy that disregards the four parameters traditionally used by the drug service to assess whether they should refer young people to social services: age/maturity; severity of the problem; continuing/increasing risk; and context. She says the new system is already acting as a barrier to young people seeking help, who no longer see the service as confidential (see box on p15).

Since the case of Baby P, social workers have been encouraged to be more open to sharing information. "The key cause of confidentiality tensions between substance misuse services and social services are caused by a lack of training on both sides about the pressures and duties of each other's roles," says Sarah Galvani, an expert on social care and substance misuse from the University of Bedfordshire. "For example, a children's social worker may approach a treatment service to find out the details of a counselling session for a child's parent. This isn't necessarily an appropriate thing to ask as confidentiality is a key part of the therapeutic process. It is appropriate to ask whether a person has attended and if anything has been discussed to suggest the child is at risk – that is, providing the social worker isn't making a decision based on that alone. People can be bad parents with or without drug and alcohol problems."

Galvani says that as well as training, the easiest way to overcome these barriers is for workers to always seek permission from the client to share information and be clear under what circumstances they can go ahead without permission. The Federation of Drug and Alcohol Professionals state that before breaking confidentiality, practitioners should inform the client this is going to happen and whenever possible "seek to secure valid consent for disclosure".

But this does not always happen, as Blenheim client Helen explains. "I am going through a court case with the little one. At a previous service, my drug use got disclosed to social services without my knowledge. They should have spoken to me first. Social services were judging me because at that stage I was still using. They said, "if you want your son back you will have to stop now". I was so angry because I didn't know anything about it, and it is part of my treatment and recovery."

Services sharing information appropriately and working closely together can make service users feel supported and prioritised. But confidentiality policy can often act as an obstructive form of red tape between different drug services.

"It can be so monotonous going from one place to another, having to give your details and life story over and over again because they cannot share the information," says another Blenheim client, Lucy. "Believe me, when you are in early recovery it is so hard to go over your life story. Frustration sets in and before you know it you can relapse."

Another client, Robert, says: "If drug services have better links and so they have a vague idea who is walking through the door, they have got a heads-up. If services have a rapport with each other then they can choose an appropriate key worker. When I moved to this agency it was like my key worker knew me already, which was great."

Although privacy and freedom from stigma and judgement are key concerns for people accessing treatment, between trusted support services, many service users are happy with information sharing. Lucy agrees: "I have had information shared but it has been for my own benefit. I had depression and suicidal thoughts and that has been disclosed. I can accept that though because it is coming from a caring place."

Confidentiality policies need to reflect personal preferences, something that Blenheim has built into their procedures. Drug worker Steven explains that at assessment stage, service users will create their own sections of the policy. For example, allowing drug workers to talk to specific members of a family about attendance and drug test results, but nothing else. Treatment agencies are often particularly careful to follow client wishes on family members, as is shown in the case of Ali and his parents, described at the start of this article.

Sean explains that a typical example of when confidentiality policy can get in the way is when a client goes missing. If that person has not given permission to speak to family members, it can be extremely difficult to track them down. Just as many drug workers can feel uncomfortable sharing information with social services, the criminal justice system and Jobcentre Plus, these agencies were also highlighted as the ones from which it is most difficult to get information on their client's situation or history.

Policies on confidentiality are an essential protection for both drug workers and service users. However, as far as possible, they need to be personalised and consensual. The challenge is not to allow policies to inhibit joint working between support agencies. Where information is shared, both workers and clients need to be fully informed and understand why a breach of confidentiality is necessary.

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