



Roundtable Report

**Finding the balance:
Children's right to
confidentiality in an
age of information sharing**

Friday 30th September 2011, NSPCC/ChildLine Offices, Glasgow.

Alison Wales, ChildLine in Scotland
Louise Hill, Centre for Learning in Child Protection

Key summary

In September 2011, a Roundtable event was organised by ChildLine Scotland and the Centre for Learning in Child Protection at the University of Edinburgh to critically explore children's right to confidentiality and the need to share appropriate information with an explicit aim of safeguarding children.

There is a clear tension in children's right to confidentiality and the increasing policy directives on sharing information amongst professionals to effectively safeguard children (Munro and Parton, 2007). The decision to breach confidentiality will be informed by professional judgement and practice. The sharing of 'appropriate' information will be open to interpretation. Children and young people's key concerns are around confidentiality and their ability to control what is known about them by others. This is a difficult area where there will be divergent and strongly held views informed by professional practice. We welcomed the opportunity to discuss and debate our ideas.

The event involved thirty participants with specific expertise and insights into confidentiality across health, education, social work, children's hearings and third sector organisations. Discussions were informed by presentations that highlighted the key issues from legal, policy and practice perspectives. Children and young people's views were also shared via a presentation. The event used 'Chatham House Rule' to allow space for free discussion without affiliation to specific organisations or individuals. This event was funded by the University of Edinburgh Moray House Seed corn fund.

The key issues raised were:

- Professional confidence and sound professional judgement are the cornerstone of a good child protection system
- Various factors are undermining professional confidence, including a lack of support and a proliferation of complex guidance
- Confidentiality is of fundamental importance to children and young people when accessing support from services or professionals
- 'Confidentiality' and 'information sharing' are not well understood in practice
- Professional guidance and practice differs with regards to children's right to confidentiality; this presents specific challenges with multi-agency working and may lead to unnecessary breaches of confidentiality
- There is an inherent tension in respecting children's right to confidentiality in a process-driven child protection system
- There is a need for societal debate about the child's right to confidentiality and the professional response to child protection.

Main report

The debates surrounding children's right to confidentiality are not new. ChildLine was set up specifically to provide children with a confidential space, after the 1986 child-watch study uncovered the extent of abuse in the UK and the sheer numbers of children who suffered in silence, unable to tell adults or seek help. Yet when ChildLine was established, many professionals queried how a service could operate when children report abuse and statutory authorities were not informed. In our Roundtable event, we were all reminded of these challenges in an opening address.

"In the early days we had many battles to win. Social workers would ask me "how can a child report abuse and you do nothing?" I replied, "When a child chooses to call ChildLine to talk about abuse, we never 'do nothing' – we listen to the child and this is the first step."

ChildLine has not lost sight of what matters. Children choose to contact ChildLine services, they communicate at their own pace and they retain control of what happens in the vast majority of cases. Over the years, physical abuse and sexual abuse have consistently been reported in the top five reasons for why children have contacted ChildLine. In 2009/10, 508,943 children across the UK contacted ChildLine directly asking for help, advice and protection (NSPCC, 2010). These figures alone highlight the importance children and young people themselves place on having access to a confidential support service.

This report is divided into three sections. In the first section, the legal, policy and practice framework in Scotland is outlined. In the second section, the findings from discussions generated in the roundtable event and in three small group discussions with young people are presented. We conclude with a series of action areas identified to develop this work.

1 Context

1.1 Legal framework

There are several legislative frameworks that cover confidentiality and information sharing. Key statutes include the Human Rights Act 1998 which incorporates the European Convention on Human Rights (ECHR) into domestic law and the Data Protection Act 1998. In 1991, the UK Government ratified the United Nations Convention on the Rights of the Child (UNCRC) 1989. The following Articles are particularly pertinent when considering confidentiality and information sharing:

UNCRC Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

UNCRC Article 16

1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence, nor to unlawful attacks on his or her honour and reputation.
2. The child has the right to the protection of the law against such interference or attacks.

Under the Children (Scotland) Act 1995, children's views should be sought taking into account the age and maturity of the child. This Act established discretion for a degree of confidentiality for children participating in the Scottish Children's Hearings System. For example, Section 46 states panel members have the right to clear the room to speak privately with a child at a Hearing. However, this is rarely used and the substance of what the child has said must be disclosed, although Griffiths and Kandel (2006) found panel members displayed a flexible interpretation of what 'substance' may entail.¹

If a child is deemed to have sufficient capacity, they have the same legal rights as an adult; for example, they can consent to medical treatment and instruct a solicitor. Professional codes of conduct and guidance may invoke a legal duty. For example, a duty of confidentiality exists between a doctor and a patient. A breach of confidentiality could lead to a criminal investigation and professional disciplinary action. However, there are statutes that would override a duty of confidentiality; for example, information may be shared without consent if it is: in the public interest, in the best interests of the child or is required by law (GMC, 2007). The UK does not have a mandatory reporting system for children who are abused; however, professional guidance may indicate a duty to share information when a child is 'at risk of significant harm'. Dowty (2008) suggests that professional cultures may imply mandatory reporting.

1.2 Policy

Sharing appropriate information about children who are in need of support, or 'at risk' of harm, is a central component in the Scottish Government's programme, Getting it Right for Every Child (GIRFEC). Professionals across agencies are encouraged to share appropriate information with an explicit aim to safeguard children. The UNCRC highlights the need for a proportionate response when acting to protect a child where action 'must avoid causing the child undue distress or adding unnecessarily to any harm already suffered'. As part of the national child protection reform programme, a consultation with children and young people produced: *Protecting children*

¹ The Children's Hearings (Scotland) Act 2011 is planned to be fully implemented by September 2012 (until then the Scottish Children's Hearing system will continue to operate using the Children's (Scotland) Act 1995).

and young people: *The Charter* (Scottish Executive, 2004). The Charter included key messages of 'respect our privacy' and 'think carefully about how you use information about us'.

The National Child Protection Guidance 2010 clearly states there are limits to confidentiality. In the Guidance, paragraph 93 states: If a child is considered to be at risk of harm, relevant information must always be shared. However, the Guidance also reflects on the challenges in applying this principle when children and young people access services because they provide confidentiality. As the Guidance recognises,

Many young people need the time and space that such confidential services can offer to talk about their problems with someone who can listen and advise without necessarily having to refer (Scottish Government, 2010:28).

The Guidance also states that 'service providers have a responsibility to act to make sure that a child whose safety or welfare is at risk is protected from harm' and service users should be made aware of the need to breach confidentiality when initially in contact with the service (Scottish Government 2010:138). One of the challenges in the interpretation of national guidance may be in ensuring a balance in recognising young people's need for time and space whilst responding to the outlined 'responsibility to act'.

1.3 Practice

A literature review of fifty-four papers on adolescents' views of helping professionals found 'what I tell them is confidential' and 'they explain things and give me information and advice' were ranked as most important (Freake et al., 2007). Yet, many children and young people are often unaware of their right to confidential services (Freake et al., 2007). There are various sources of support where children and young people may have a degree of confidentiality when accessing a universal or specialist service. One area of provision that may have particular expertise in this regard is the work of sexual health services. If a child is considered to have the capacity to make an informed decision, they have the right to access services independently (i.e. without the need for parental or *locus parentis* permission). Professionals have a wide range of experiences across disciplines of different approaches to principles of confidentiality. This section considers two specific examples in Scotland of services that provide higher thresholds of confidentiality for children and young people.

The ChildLine service was set up specifically to provide children with a confidential space after the 1986 child-watch study uncovered the extent of abuse in the UK and the sheer numbers of children who suffered in silence, unable to tell adults about their problems or seek help. Children can contact ChildLine through a free telephone Line, email and text services. The ChildLine interactive website also provides opportunities to seek information, read and contribute to user generated threads on moderated message boards, as well as play games.

Children and young people choose to talk to ChildLine because they know they will receive a confidential service and that what they say will not go further, unless they wish it to do so. On occasions, this contract of confidentiality can be broken if the information a child gives concerns life-threatening situations, risk to other children, adult abusers and abuse by an adult in authority. Confidentiality is crucial for many children who contact the service for a variety of reasons: children and young people can greatly fear the consequences of particular people finding out about their problem; they are often deeply worried that disclosure will initiate a sequence of events over which they will have no control, or that it may harm people they love or result in a worse set of circumstances than they are already living with. Many young people need the time and confidential space that ChildLine offers to talk about their problems with someone who can listen and advise whilst not necessarily having to refer. In ChildLine's experience, automatic referral before a child or young person is ready to talk about what is happening to them can lead to retraction (see Box One: ChildLine composite case study).

The confidential aspect of the service means ChildLine hears from many 'hidden' children and young people, who are currently outwith the child protection system and who may only enter it with the kind of support and encouragement that a confidential listening service can offer. Notwithstanding that telephone callers can opt for anonymity and therefore in most cases ChildLine would require the consent of the child before referring to a statutory service, risk assessment is at all times and with every child an ongoing aspect of handling the call or other form of contact. As well as listening and providing a non-judgemental ear to any problem that a caller presents with, ChildLine works with the child, at the child's own pace, to help them understand what is going on in their lives, and support the child to make an informed decision as to what should happen.

Established in 1994, the Eighteen and Under service in Dundee provides free and confidential support to young people who have experienced any kind of abuse. The service is open to all and is led by the young person (for example, they do not have to share their name or date of birth). The service has evolved and developed to meet the needs of the young people accessing the service through twice yearly consultations. The service does not offer absolute confidentiality as it recognises that there are occasions where, in discussion with a young person, it is recognised that others may need to be involved. With many years of experience, the service highlights the strengths of the service:

"If we listen to them, we build trust and confidence and when they are ready to go forward, they never retract. Most young people tell, and then pull back. We tell them the truth – we tell them it's unlikely to get a conviction, families fall out and take sides, court will be a nightmare and might do nothing – we tell them this. This is our experience."

The service strongly advocates the provision of confidential spaces for young people. The inequality of age in accessing services was recognised where young people may wait until they are aged sixteen years old before they access a service due to concerns about confidentiality. The service

emphasises the importance of each individual young person and the focus on sharing information should be informed by the benefit to the young person.

2 Sharing expertise at the Roundtable event

2.1 Key learning from children and young people

ChildLine in Scotland conducted three discussion groups involving 29 children and young people aged 15 - 21 on the topic of confidentiality to inform the Roundtable event. The young people involved in the discussion groups were drawn from two ChildLine in Scotland Young People's Advisory Groups in Glasgow and Aberdeen, and from an LGBT youth group in Glasgow. Young people were asked to work together to agree definitions of confidentiality (in relation to concepts like 'secret' and 'private') and also to discuss case studies illustrating issues around young people's confidentiality.

Young people shared some clear understandings of confidentiality which they defined using concepts like 'serious' and 'professional'. A spectrum of seriousness emerged in all discussions and definitions, with 'confidential' at the serious end of the spectrum, 'private' somewhere in the middle and 'secret' the least serious. 'Seriousness' related both to the level of confidentiality young people would expect and also to the kind of issues that young people would be seeking help with. All groups considered confidentiality to be something that young people would expect from professionals, in contrast to 'secrets' which would be told to friends and which would, almost inevitably at times, be shared.

Confidentiality was clearly understood as a legal entitlement, backed up by 'law', 'duty' or 'policy' which professionals must adhere to. Whilst decisions to 'risk' telling friends secrets would be 'weighed up' based on personal knowledge of friends and their perceived trustworthiness, the 'official promise' of confidentiality was considered to be in part where young people's trust in professionals or services is derived from, when sharing personal information. However whilst young people clearly understood confidentiality as an important right, they were much less clear about what this meant in practice. For example, only one discussion group (5 young people) were aware that they had a right to see a GP confidentially.

Confidentiality was not considered to be absolute and all groups included the concept of some kind of 'line' in their definitions, beyond which confidentiality could not and would not be expected by young people, as follows:

'[Confidentiality is upheld] unless you are in danger – there's always circumstances where things would not be kept confidential.'

There were a series of discussions about situations where confidentiality would not be upheld, for example 'if it is life threatening' and 'when it's a really big thing – a serious thing like abuse', in the case of two groups.

There were also a series of discussions about case studies involving situations where a young people had disclosed information to a professional which indicated that they may be at risk of harm. In all groups, the level of confidentiality that young people felt should be offered shifted towards being determined by the individual circumstances of the child and what would be in their best interests, rather than by a predetermined threshold, as the following extract illustrates.

Box One: ChildLine Composite Case Study*

Rachel is 14. Her step-dad has a terrible temper and is often violent. He bullies her mum and sometimes batters her when he gets angry. Rachel tries to protect her mum and sometimes gets hit too. Rachel and her mum have never told anyone what goes on. They are very scared of what Rachel's step dad might do if they told anyone.

One evening Rachel got a black eye when she got between her mum and her step-dad. The next day in school the teacher asked to speak to her privately and asked her very kindly about her black eye. Rachel got upset and told the teacher what was happening at home. The teacher was supportive and understanding but said she had to tell the Head Teacher - and also that they would need to contact social work and possibly the police. Rachel was very upset and scared. She said she needed time to warn her mum that she had told the school and also needed time for her and her mum to think about what might be the best thing for them to do. But the school said they had to contact social work immediately. Rachel was extremely upset and ran out of the building.

21 young people were asked to consider this case study in small groups and discuss their thoughts about what happened.

There was some feeling in one group that it was 'good the school had taken over as bad situations can just go on and on unless someone steps in'. Nevertheless the group concluded that Rachel should have been given more time and support to think through her options before her confidentiality was breached.

One group felt it was possible that immediate breach could have escalated the situation and made things worse for Rachel and her mum.

All groups thought Rachel should have had time to talk things over with her mum, for example although some young people felt it was important that this happen immediately, with Rachel's mum invited in to the school for joint discussion.

One group felt that because Rachel had opened up to a teacher she trusted, the school was now in an ideal position to work with her, building up a better understanding of what was going on in her life. They thought the situation could have been monitored over time, with social services becoming involved if it did not improve.

Overall, young people were unanimous in concluding that Rachel's confidentiality should not have been breached immediately. Whilst they understood that she was in an abusive situation and potentially at risk of harm, they felt she should have been given more time, with support, to think about what should happen and more agency in making decisions about her own life because, for example;

'She's 14 and it's her life, her situation'.

All young people considered it imperative that the school stay closely involved in Rachel's situation.

*This cases study draws on what children tell ChildLine, but it does not describe a specific case

A third of children phoning ChildLine, who were worried about confidentiality, expressed a specific concern about the confidentiality of potential support services, including doctors (ChildLine Scotland, 2006). More recent anecdotal evidence from ChildLine counselling supervisors highlighted that confidentiality was a significant concern for children and young people when contacting the ChildLine service. Current recording procedures only allow a limited insight where concern about ChildLine's confidentiality is recorded. In 2010/11, 1 500 children explicitly wanted to discuss ChildLine's confidentiality; counselling supervisors highlighted that this was a considerable underestimation. Furthermore, confidentiality was considered to be a greater concern for children and young people where there was a greater risk of harm.

In a study of children's calls to ChildLine over a one year period who had experienced abuse, just over half discussed with the counsellor whether or not they had talked to anybody else and 69% (1649 out of 2404) told the counsellor they had spoken to somebody else (Vincent and Daniel 2004:162). The majority of these children chose to speak to a friend (44%), followed by a parent (22%) or a professional (9%). This suggests that there are many children and young people who are experiencing significant harm for whom professional adults have only a limited awareness.

2.2 Key learning

Importance of the principles of confidentiality

"Not enough thought is given to the issue of when to breach confidentiality because we have lost sight of the best interests of the child and confidentiality as fundamental principles."

There was a broad recognition of the vital role of confidential services and relationships which allow space for children and young people to talk about abuse and other serious issues, articulating their feelings and building trust in the person/ service they have made a choice to talk to. Across the groups confidentiality was considered to be a fundamental principle; however, there was concern that decisions to breach confidentiality were frequently not being informed by considering what was in the 'best interests' of the individual child. This was raised on a specific point where there was a concern that the 'best interests' of the child were being overlooked in sharing information.

There was concern that the issue of confidentiality was not widely understood or felt by professionals to be fundamentally about *respect* for young people. Practitioners emphasized the privilege of being trusted by a young person enough in order for them to feel able to tell something.

Different 'thresholds' of confidentiality in different organizations were also regarded as confusing both for children and young people and for professionals to negotiate. Practitioners pointed to the need for both to understand what 'confidentiality' and 'information sharing' meant in practice. For example, teachers pointed out that 'sharing information' need

not mean 'telling your parents' - a key fear for children in many cases. Nevertheless, there were seen to be clear cultural differences in the emphasis given within different services to parental rights and the child's right to autonomy.

Respecting every individual child

Every child is unique and 'a total individual'. This was also shared from a legal perspective in recognising that decisions about the capacity of a child had to be based on the individual. Practitioners acknowledged the child-centred principles underpinning *Getting it Right for Every Child*; however there was a concern that guidance over simplified the diversity of children and the subtle, complex and difficult circumstances in individual children's lives. This was highlighted in respecting the knowledge that children and young people have about their own lives:

"It's the child's life after all so they know more about it than anyone else. We underestimate children – even 4, 5, 6 year olds."

However, it was recognised that this was more challenging when a relationship did not exist and an ongoing relationship was not part of the service offered. In these circumstances it was suggested there was a much lower threshold for confidentiality due to a concern about not taking action.

There was a reflection that current guidance does not acknowledge the agency of children and young people. This was raised specifically with regard to older children, many of whom may be judged to have legal capacity to make complex decisions about their own lives.

Professional judgements

"We need the culture of organisations to build the confidence of the professionals responsible for decision-making: must be non-judgemental, accept that mistakes will be made sometimes, but it's about how those mistakes are handled."

"There has been such an emphasis on sharing information that people think they are under obligations to share, with professional judgment taking second place."

Practitioner confidence was considered to be the 'cornerstone of a proportionate child protection system'. However it was understood as being diminished or undermined by key factors including lack of on-going professional training; lack of support in decision making and for decisions made, lack of practical advice in guidance (case studies, practice examples) and ironically, the sheer volume of complex guidance, which was understood by some practitioners as 'paralysing' professionals and making them feel less safe in their own judgement.

"Complex guidance can de-skill people, create fears that professional judgement is inadequate."

There was an emphasis on the importance of professional judgements when deciding whether or not to breach confidentiality. There was a concern that some professionals may not feel fully supported to make these judgements, including lack of time and space within professional line management arrangements to reflect on cases and make measured responses to children - which can lead to unnecessary sharing of information. It was recognised that complex decisions may be made with the support of line management.

There may be cultural expectation of sharing information about children and young people that may overlook the nuances of how, why and when information is shared;

"We need to remember that sharing information does not mean sharing ALL information. We must not lose the subtlety in these judgements."

Specific concerns were raised about the anxiety for teachers when children disclosed abuse. One participant commented that teachers may lack confidence in dealing with disclosure, leading to unnecessary sharing, and that that the necessity of sharing information had been 'drummed into' teachers in guidance. Two participants shared their practice experience where teachers were not encouraging children to 'speak out' because of the traumatic process for the child in beginning child protection procedures.

Information Sharing

"Information sharing is about protecting the back of the worker, about following guidance. We need to stop and ask why we're sharing, what is the purpose of it?"

The underpinning principle of Getting it Right for Every Child (GIRFEC) is understood as being fundamentally a good one. However there was concern that children's basic right to confidentiality is subsumed by the *process* of GIRFEC: the procedural drive to gather and share substantial volumes of information about children and young people without sufficient consideration given to how it will be used, and whose interests it is serving. The 'procedural drive' towards information sharing, can be and is interpreted by professionals as a *compulsion* to share. Subsequently, decisions about breaching individual young people's confidentiality are considered to be in some cases driven by 'the process', rather than by the drive to get it right for each individual child. According to one practitioner, the key questions that should be asked are: 'what is the *purpose* of sharing? 'How will it benefit this child? What is appropriate to share and with whom?

"Papers are filled in – procedures are in place and people just follow these. The child is rapidly lost. People don't make any active decision about confidentiality."

There was perceived to be a widespread lack of understanding of what information sharing means in practice and a dearth of cases studies and examples from practice in guidance, which could helpfully illuminate this area. Furthermore there was widespread concern that children and young people are not currently *meaningfully involved* in decisions to share and may have no clear understanding of what is going on. Practitioners gave examples of how giving clear information can be empowering, for example there is a world of difference to a young person between sharing information with people discretely in the same organization and 'telling your parents'.

The control of information

It was discussed that 'information is power'. Children are often in positions where they become powerless because they do not know what others know about them. One of the strengths of ChildLine and the Eighteen and Under service is the ability for children to control what information is shared; this can be a way of retaining some control. One of the concerns of sharing information about children and young people is their lack of control in this process and the consequence that they may choose not to share any information about their lives.

Questions were raised about children and young people's abilities to redress information shared about them. There were some shared experiences of information being inaccurate and biased. There were significant concerns about the lack of incorporation of children and young people's perspectives. This concern may be heightened for younger children, children with disabilities, children whose first language is not English.

Children and young people's experiences of disclosure and child protection processes

"Young people consistently tell us that it (the disclosure process) can be traumatic. Stories of information sharing from young people are scary! Child protection in some cases has become the opposite from what you intend."

There was widespread concern that children's experiences of the child protection process were in and of themselves traumatic and that 'what happens after [children] have disclosed abuse can feel more abusive than the abuse'. Practitioners described situations where information sharing was not done 'as sensitively' as children would like, with one describing a risk of forgetting how traumatic information sharing can be for children;

"It's like ripping off a layer of skin."

A front line worker also described practitioner anxiety about communicating openly with children who had disclosed abuse, for fear of contaminating evidence that may be used later in court proceedings. There was also concern raised about children being denied access to confidential, therapeutic support prior to any legal case. This was framed as a court perception of evidence becoming contaminated.

3 Action

Legal

- Misconceptions continue to exist in practice around access to therapeutic support for children prior to court proceedings. A clear statement about children's right to access confidential therapeutic support is required in national and local guidance.

Policy and guidance

- Wider recognition across policy and guidance of the importance of confidential spaces and relationships in the child protection system.
- Clear examples in guidance of how confidential spaces help to keep children and young people safe.
- Overarching principles and values around confidentiality and information sharing to be agreed.
- Strong position statement in GIRFEC on the importance of respecting children's confidentiality as a fundamental principle and the parameters on information sharing. One suggestion is for confidentiality to be framed as the 'default position' within guidance; only where there is assessed to be a need to share information should sharing happen.
- Consolidation of the same coherent message with regards to confidentiality across all relevant guidance.
- Discrete section on information sharing within GIRFEC.
- Urgent need for a critical discussion about how the child protection process is working for children and young people in practice, informed by children's actual experiences.

Practice

- Meaningful involvement of children and young people in decisions around information sharing.
- Multi agency child protection training for professionals with a clear emphasis on confidentiality and information sharing to increase practitioner confidence and support professional judgement. Training should involve practical case examples and case studies to 'make it real' and move it out of the realms of policy rhetoric.
- Practice guidance on confidentiality and information sharing underpinned with case studies and examples from practice. Crucially, practice guidance must include real examples of how holding a child's confidentiality can be in their best interests, helping to protect them.
- Time and space within the professional line management structure for practitioners to reflect on cases and make measured responses to children and young people.
- Development and piloting of alternative models of providing 'safe spaces' for children and young people. One option forwarded is to pilot a joint voluntary/ statutory project offering a higher threshold of confidentiality, in one local authority area.

Conclusion

Children and young people clearly identified the importance of confidentiality. The findings from the roundtable discussions suggest that decisions about information sharing and breaching children's confidentiality are often not being driven by consideration of the best interests of the child. This is a complex and vital issue that urgently requires greater discussion and widespread debate.

Contact details

Alison Wales

Policy and Information Officer
ChildLine in Scotland
Tel: 0207 650 6764
Email: awales@nspcc.org.uk

Louise Hill

Centre for Excellence for Looked after Children
University of Strathclyde
Tel: 0141 950 3683
Email: Louise.Hill@strath.ac.uk
(Previously based at the Centre for Learning in
Child Protection)

References

- Carlisle, J., Shickle, D., Cork, M., & McDonagh, A (2006) 'Concerns over confidentiality may deter adolescents from consulting their doctors: A qualitative exploration' *Journal of Medical Ethics*, 32(3):133-137.
- ChildLine Scotland (2006) *Children talking to ChildLine about confidentiality*, Glasgow: ChildLine Scotland.
- Dowty, T (2008) 'Pixie-dust and privacy: what's happening to children's rights in England?', *Children & Society* 22(5):393-399.
- Evans, H (2007) *To tell or not to tell – the importance of confidentiality for young people accessing professional help* (NSPCC, unpublished report)
- Freake, H., Barley, V., & Kent, G. (2007) 'Adolescents' views of helping professionals: a review of the literature', *Journal of Adolescence* 30, 639-653.
- General Medical Council (2007) *0-18 years: Guidance for all doctors*, London: GMC
- Griffiths, A & Kandel, R.F. (2006) 'Children's confidentiality at the crossroad: Challenges for the Scottish Children's Hearing System', *Journal of Social Welfare & Family Law* 28(2): 137-152.
- Larcher, V (2005) 'The ABC of Adolescence: Consent, competence and confidentiality', *BMJ* 330: 353-356
- Munro, E., & Parton, N. (2007) 'How far is England in the process of introducing a mandatory reporting system?', *Child Abuse Review*, 16: 5-16.
- NSPCC (2010) *Delivering more for children: NSPCC Annual review, reports and accounts* (<http://www.nspccannualreview.org.uk/childline/>) (Accessed 01.11.11).
- Scottish Executive (2004) *Protecting children and young people: The Charter*, Edinburgh: Scottish Executive
- Scottish Government (2010) *National Child Protection Guidance 2010*, Edinburgh: Scottish Government.
- Vincent, S. & Daniel, B. (2004) 'An analysis of children and young people's calls to ChildLine about abuse and neglect: A study for the Scottish child protection review', *Child Abuse Review* 13:158-171.