

CONFIDENTIALITY: INVESTIGATING THE IMPACT OF BREACHES OF CONFIDENTIALITY ON TEENAGE CHILDREN IN CARE

Prof Colin Collett van Rooyen is a Senior Lecturer in the Office of Community Outreach & Service Learning at the University of Natal, Durban and Ms AN Engelbrecht, Social Worker, Childline Family Centre, Durban

BACKGROUND

Children in care often experience breaches in confidentiality. They live within close confines, are under the scrutiny of a range of care workers and often express a sense of lack of personal space and privacy. This becomes especially apparent when they become older and are able to realise or understand the impact of this on their lives.

Child care workers play a significant role in the child's life and therefore must be aware of the needs of growing children in terms of their physical and psychological health (Basckin in Watson 1997). Adolescence is a time of testing, exploring and sometimes turmoil. The adolescent is growing more independent and developing his/her own identity. It is the time when "self-esteem wavers and is dependent on evaluation by peers" and significant others (Wade and Tavis 1991:505). Such breaches in confidentiality may affect the adolescent's self-esteem. Their problems are being shared with others and their peers are getting to know about their feelings and problems. The adolescent deems this to be undesirable.

Except in certain circumstances, social workers are bound by principles of confidentiality as made explicit by the South African Council for Social Work (1986). This forms part of the profession's respect for the dignity and worth of every human being. Child care workers are bound by similar principles of confidentiality, as stated by the National Association of Child Care Workers (NACCW).

THE STUDY

This paper reports on a study undertaken in a specific residential care institution for children in Durban. The institution was selected as the locus of the study for practical reasons. These included the fact that the issue of confidentiality had been raised as one of concern at the institution and that one of the researchers provided services at the institution at the time of the study. In a sense, then, the study is essentially exploratory as it begins to open up the issue in one particular institution. The implications of this include the limitations related to the generalisation of results.

The study aimed to do the following:

- To ascertain the form the breaches in confidentiality are taking and the particular issue concerned;
- To find out how widespread the problem is by interviewing the children and asking them specific questions related to confidentiality;
- To elicit from the children themselves the effects the confidentiality breaches are having on their trust and relationships with staff members and their willingness to confide in them.

The underlying assumptions of the study included the fact that children were experiencing breaches in confidentiality and that if this was happening after sharing personal information with

staff, it is less likely that they will trust and confide in staff members in future. The related assumption was that the likelihood of children sharing matters of concern to themselves would be reduced and that this in turn would negate the therapeutic value of the institution.

The research strategy used constituted a combination of exploratory and descriptive processes and the units of analysis were the teenage girls (between the ages of 13 and 19 years) within the specific institution.

METHOD

The participants in the study were teenage girls who at the time of the research were residing at the selected institution (a children's home). The girls were all between 13 and 19 years of age. Semi-structured interviews were conducted with a non-random sample of 25 participants. The total population of teenage girls was fifty. The sample therefore constituted exactly half (50%) of the total population. Non-probability sampling was the sampling method of choice for this particular study as the probability for inclusion in the sample was unknown. More specifically, participants were chosen based on availability or convenience. A list, or sampling frame, was compiled of all the names of the teenage girls residing at the institution at the time. When time was available and conditions appropriate, the various cottages were contacted in order to interview a potential participant on the list. If she was not available, another girl who was available or the girl who answered the phone was interviewed.

ETHICAL ISSUES

One of the most important ethical issues considered in this research was that of the subject's right to voluntary and informed consent, and the researcher's responsibility to meet the requirements of informed consent, which are as follows. Participants must:

- (i) be competent to give their consent;
- (ii) be given adequate information about the proposed study; and realise that consent is voluntary (Berger & Patchner 1988).

The participants were informed of the purpose, intent and process of the research; as well as of their role in the process and their rights as participants. They were also given the choice to participate in the study or not, based on the above. If they chose not to participate, they were thanked for coming and their choice was respected. Only one participant chose not to participate. If they chose to participate, written consent was obtained. This contained the signatures of the researcher, her agency supervisor and the participant. A copy of the consent form was given to the participant and one was kept by the researcher. However as the majority of the children were below the age of eighteen their legal competence to consent may have been questioned. In order to best avoid this, the researcher obtained the signature of the senior social worker at the Home. This was done with the permission of the principal of the Home, who is the appointed legal guardian of the children committed in the Home.

Another important ethical consideration with regards to this study was the participant's right to confidentiality. This was even more essential if the nature of the study is considered, as the topic of the study is confidentiality. Participants had to be protected from injury which could result from the disclosure of sensitive and personal information obtained in a research study (Berger & Patchner 1988).

LIMITATIONS IN RESEARCH DESIGN AND METHODOLOGY

The majority of the data collected was qualitative in nature and analysed using the strategy of indigenous categories as identified by Marlow (1993). This strategy has a few limitations, including inter-informant variation, overlapping categories and complex categories which may be difficult to label. However, the researcher was aware of these limitations when analysing the data. Another potential limitation of the standardised open-ended interview technique is the possibility of the participants answering normatively in a desire to please the researcher. Respondent anonymity was ensured by the researcher as a means of counteracting this. This study was specific to one children's home in Durban and therefore the findings cannot be generalised to include all children's homes. However, it was not the intention of the study to produce generalisable findings as it was exploratory and descriptive in nature.

BRIEF SYNOPSIS OF LITERATURE

Confidentiality

Confidentiality broadly refers to the client's right to being "able to disclose themselves in privacy without the fear that others may use the information to their detriment" (Dryden 1989:43). Alternatively, confidentiality was defined by Mucchielli (1983:85) as the "preservation of the privacy of information about the client who has trusted us in a professional relationship". According to the Code of Ethics and Practice of the British Association for Counselling (1984), counsellors are required to treat with confidence personal information about clients whether obtained directly, indirectly or by inference. Although these definitions are cited in British literature, confidentiality and its definition does not change as such. It is the conditions under which confidentiality may be ethically breached which is subject to debate.

More specifically to the social work profession, confidentiality was described by Shardlow (1995:67) as "a system of rules and norms applied to information given by clients to social workers: it is expected that social workers will not divulge this information to others except in certain circumstances", and then Wilson (1978:3), added "only for the purpose of helping them." Shardlow (1995:66) went on to say that confidentiality, when applied to social work practice, may be seen as an "exhortation to social workers to keep secret both written and verbal communication from clients."

TYPES OF CONFIDENTIALITY

In a review of the literature two types of confidentiality were distinguished. These were absolute and relative confidentiality (Wilson 1978; Sheafor, Horesji and Horesji 1994). Absolute confidentiality refers to a situation where information is imparted by the client and can never go beyond the social worker (Wilson 1978). This form of confidentiality is seldom used in social work, because under certain circumstances one is compelled to disclose information concerning a client. These may be with regard to legal requirements or if the client is a danger to him/herself or to others (NASW 1996). Absolute confidentiality was also referred to by Timms (1983 in Shardlow 1995) as strong confidentiality.

Relative confidentiality was used more often and is relevant to work within a children's home, as much of the communication between client and social worker is shared with others in the system as part of a service delivery process (Wilson 1978). She added that the client's permission is seldom sought for such internal/intra-agency sharing which is so commonplace, as they (the clients) seem to "have no objection and recognize its necessity" (Wilson 1978:3). This type of sharing can be justified if it involves people who have a legitimate need to know and if it is in the best interests of the client (Wilson 1978; Mucchielli 1983). Sheafor *et al.* (1994:93) said that the

most social workers can promise is to “act responsibly within the profession’s code of ethics, adhere to existing laws and follow agency policy concerning the handling of client information.” This type of confidentiality was also referred to as weak confidentiality by Timms (1983 in Shardlow 1995).

PROFESSIONALS AND CONFIDENTIALITY

Within a children’s home the primary professional persons are the social workers and the child care workers. Both these professionals are bound by ethics and principles which serve as a guideline for conduct and responsibility within that profession.

Social workers in the United States of America are bound by the National Association of Social Worker’s Code of Ethics (1996). More specifically, South African social workers are bound by the ethical guidelines as set out by the South African Council for Social Work (1986). Both these codes of ethics stress a social worker’s responsibility to maintain the client’s right to confidentiality. The documents also stated that in the event of disclosure of confidential information, it is the social worker’s responsibility to inform clients of the nature of the disclosure and the possible consequences thereof (NASW 1996).

Child and youth care professionals in South Africa are bound by the ethics and principles set out by the National Association of Child Care Workers (NACCW). In the code of ethics, under the professional’s responsibility to his/her client, it is stated clearly that one has to respect the privacy of clients and hold in confidence information obtained in the course of professional service (Mattingley 1996). More generally, the Constitution of the Republic of South Africa (1996) contains the Bill of Rights which is applicable to every South African citizen. One of the rights stated here is the individual’s right to privacy, which includes the right not to have the privacy of their communications impinged upon. The right to privacy seeks to protect three related concerns (De Waal, Currie and Erasmus 1998).

- It serves to protect certain aspects of one’s life and conduct in respect of which one is entitled to be left alone: one’s body, certain places and certain relationships;
- It serves to protect the opportunities for an individual to develop his/her personality and therefore extends to certain forms of individual and personal self-realisation or fulfilment;
- It serves to protect the ability of the individual to control the use of private information about themselves. The third criterion guarantees the right of a person to retain control over the use of private information (De Waal *et al.* 1998). It also recognises the disclosure of private facts as a breach of the confidentiality of a relationship, and a breach of privacy as occurring when there is an “unlawful intrusion on the personal privacy of another or an unlawful disclosure of private facts about a person” (De Waal *et al.* 1998:211).

CONFIDENTIALITY AND THE THERAPEUTIC RELATIONSHIP

Confidentiality in any therapeutic relationship, whether it be with adults or children, is an essential foundation for the development of trust. When clients enter into a counselling relationship, they know that they are going to have to reveal personal facts and intimate feelings and problems to a stranger (Mucchielli 1983). Clients communicate this information because it is seen as being indispensable to the help they need and, according to Mucchielli (1983), in exchange they need to be assured of confidentiality. Counsellors aim to form a relationship with clients which is characterised by mutual trust and respect and in which clients feel safe to disclose and explore their concerns. One of the functions of confidentiality, according to Dryden, Charles-Edwards &

Woolfe (1989:411), is to create for clients a sense of psychological safety and security necessary for "fruitful and healing therapeutic relationships".

It is imperative for clients to be able to disclose issues of importance to themselves in privacy, without the fear that others may use this information to their detriment. Individual counselling provides this kind of environment. Some clients are anxious about disclosing themselves to a social worker and a manner of building trust with this kind of client is to assure relative confidentiality. For intervention to be successful there must be an open and honest relationship between client and therapist. Dryden *et al.* (1989) said that most counsellors agree that this relationship is an important factor, having great value for counselling. However, according to Shardlow (1995), the relationship between therapist and client can be threatened if decisions regarding the nature of confidentiality are not made jointly by the therapist and the client. He went on to say that by leaving this to the discrepancy of the social worker, professional power is maintained and reinforced, which in turn influences the nature of the therapeutic relationship.

A critique of the traditional view of confidentiality can also be found in the literature, much of it British. An important preoccupation in the British literature has been to make records open to clients and the implications of this for the therapeutic relationship (Shardlow 1995). Doel and Lawson (1986 in Shardlow 1995) state that opening the access to records functioned to promote a more balanced partnership between client and social worker. However, Shardlow (1995) felt that, although this might be so, as it makes the social worker accountable to the client over the content of the records, it does not necessarily offer control over their disposal. Clients should be in a partnership with the social worker and jointly decide on what material is included as confidential and what happens to this material.

BREACHES IN CONFIDENTIALITY AND EFFECTS ON CLIENTELE

According to Wilson (1978:233) communications between social worker and client are made in the confidence that they will not be "disclosed to third persons who are not integral and necessary elements of that particular confidential relationship". Any such breaches represent confidentiality breaches and have ethical implications for practice. Commenting on the operation of confidentiality in practice with specific reference to residential work, Hudson (in Shardlow 1995) said that problems in confidentiality arise, not in relation to high-order moral dilemmas, but rather in response to what he terms "middle ground". This occurs where there are different expectations about who will have access to not particularly personal information. Gambrill and Pruger (1997) added that violations of confidentiality often occur as a result of carelessness on the part of the social worker or child care worker, in everyday situations. In these cases the violation is normally the result of inadequate thought, consideration or application of the ethical principle rather than malicious intent on the part of the professional (Gambrill & Pruger 1997).

Social workers receive a great deal of "privileged communications" and therefore, according to Gilchrist and Schinke (1988), may be tempted to share personal reactions or case details outside of the professional social work context. Such breaches are unethical and may be threefold in their consequences: they may harm the client, the social worker and the profession as a whole. Issues of appropriate professional disclosure are closely linked with the concern for client confidentiality (Gilchrist & Schinke 1988).

POSSIBLE EFFECTS OF CONFIDENTIALITY BREACHES ON TEENAGE CHILDREN IN RESIDENTIAL CARE

If children confide in caregivers and ask them not to pass this information on to others, it is an impingement on their right to privacy if this is ignored. A contributor to *The Child and Youth Care*

Journal in 1996 shared his views on confidentiality and child care. He felt that “without proper listening and total confidentiality, it is impossible to show true respect for young people” (Anonymous 1996:11). He felt that agencies should act as a “catch net for young people who are so distressed and confused that they don’t know what to do” (11). Hoghughi (1988) was in agreement as he stated that confidentiality has to be the cornerstone of youth counselling, if we desire to take young people seriously and respect them as individuals in their own right.

Although the above mentioned contributor takes the standpoint of total confidentiality in youth work, he does however recognize the importance of a multidisciplinary team in the agency and the value of sharing information with those who are directly involved with the particular youth (Anonymous, 1996). However, as Hoghughi (1988:16) has suggested, a good way of determining the extent of confidentiality is based on a “need to know” principle. Clough (1982) said that such multidisciplinary sharing leads to questions about confidentiality, trust and its possible effects on children in care. He said that in order to avoid the negative effects of confidentiality breaches, a guideline must be formulated so that staff know what is expected of them and so that children know what is to be expected of the staff.

RESULTS AND DISCUSSION

Profile of Participants

The ages of the participants ranged from 13 to 19 years with the average age being 16,28 years (mode = 15; median = 16). The majority of the participants had been at the Home for five years or less (72%), with only one child (4%) having been at the Home for ten years. The average duration of stay at the Home was 3,4 years (mode = 3-4 years; median = 2,5 years).

PARTICIPANT’S UNDERSTANDING AND VIEWS ON CONFIDENTIALITY

Out of a total of twenty five participants, twelve (48%) knew what confidentiality was and were able to give a definition of it, and eleven (44%) claimed that they did not know at all and did not even attempt to define the concept. Two participants (8%) gave a definition which clearly showed their lack of understanding of the term confidentiality. They confused it with the word “confidence”: “It’s like when you do things... and you do it well, and you knew you could do it”; “It’s like when you’re not nervous”. Ten out of the twelve participants, who gave a definition of confidentiality gave it in terms of absolute or complete confidentiality: “ Whatever I tell you, no one else knows about it...it’s just between the two of us”; “It’s when you keep it to yourself and you tell no one”. This finding supports what Wilson (1978) suggested. She said that most lay people understand confidentiality in terms of absolute confidentiality, where information imparted by the client can never go beyond the social worker. In actual fact this kind of confidentiality is seldom used in social work (Wilson 1978; Mucchielli 1983).

Two common themes were identified from the participant’s responses, with regard to their understanding of confidentiality, these were: i) secrecy and ii) privacy. There was an emphasis on the importance of keeping the “secret” between the two people involved and not allowing anyone else access to this information: “It’s private things...when you tell someone something and they keep it a secret... no one must find out”. The terms privacy and secrecy were understood in terms of no one else knowing what has been said and these terms were used interchangeably by the participants: “It’s personal, private... it’s more like a secret”.

The meaning of confidentiality was explained using the definition as cited in the interview schedule, i.e.

The ethical obligation and responsibility of child care workers and social workers to not divulge information to others without the consent of the client or person involved. Clients are therefore able to “disclose themselves without fear that others may use the information to their detriment” (Dryden *et al.* 1989:43).

Thereafter all participants felt that confidentiality was of great importance in their relationships. Their responses revealed certain themes, which will now be discussed.

i) The Importance of Sharing Problems in Privacy

The majority of the participants felt that in order for them to feel comfortable talking to someone about their personal problems, they must be assured of confidentiality. Most feared that others would find out about their problems and saw this in a very negative light: “I don’t like everyone to know... some things are personal and shouldn’t be broadcast”. An interesting response from one of the participants implied that in order to help someone, only two people can be involved in the helping process. She in this way emphasised the importance of confidentiality in a helping relationship. According to Dryden *et al.* (1989), for intervention to be successful there must be an honest and open relationship between client and social worker. As evident in the literature review, most counsellors felt that this relationship is an important factor having great value for counselling.

ii) Rumours

The importance of sharing problems in privacy was also closely related to the fear of rumours being spread in the Home. If someone overhears a problem, and if that person is not bound by the principles of confidentiality and talks to others about the problem, rumours can be started. The participants felt very strongly that what they tell someone should not be spread around the Home. This was evident from their responses: “If someone else spreads it, they change it and the meanings get mixed up... the children make it juicy”; “If you must tell someone, they shouldn’t spread it to the children in the Home... it becomes a big thing”. Due to the social nature of a children’s home, such rumours can easily be started and escalated if not controlled by ethical principles such as confidentiality. Children are in close contact with each other, their child care workers and significant others in the Home, and therefore casual conversations and discussions can easily be overheard.

iii) Trust

The participants saw confidentiality as being closely related to trust, and found it difficult to trust someone without the assurance of confidentiality: “It’s a break in trust if you don’t keep confidentiality”; “You can end up hurting someone else... you can’t trust someone if confidentiality isn’t there”. This further emphasises the important function of confidentiality, as mentioned earlier by Dryden *et al.* (1989), as being to create a sense of psychological safety and security.

iv) Consent

A minority of the participants made mention of a more complex aspect of confidentiality, namely obtaining consent before confidentiality is broken: “You must have to ask me if you want to tell someone else”; “If you want to tell the next person, you have to ask permission before you tell them”.

Only one participant’s response did not fall into any of the above categories. She emphasised the importance of confidentiality by saying: “You need it when you have a problem...it is to protect yourself”. This response showed insight into the meaning of confidentiality, as it is employed for

the reason of protecting clients and social workers are expected to respect the client's right to confidentiality (NASW 1996).

PARTICIPANT'S CHOICE OF CONFIDANTES

The majority of the participants named the social worker as the person they were most likely to confide in. The reasons for this were that

- i) they trust their social workers;
- ii) they don't tell anyone else what was talked about; and
- iii) they are understanding.

One participant, however, implied that she spoke to her social worker because she had to and not because she chose to: "I have to speak to her...she will sort it out".

Other people mentioned as being potential confidants were family, the secretary of the Home, teachers and friends. Confiding in friends is very common among children, especially among teenage girls, as peer relationships become very important in this part of the life stage. Teenagers explore and create for themselves a sense of identity during adolescence, a time during which peer relationships play a pivotal role, be it a helping or hindering one. Either way friends are a large part of a teenager's life, especially for those children in care. They may see their peers and themselves as sharing common problems: "We have things in common, as we came to the Home for the same reason"; "She's close to me and understands me better than anyone...she may even have been through the same thing".

LEVELS OF COMFORT WHEN CONFIDING IN STAFF MEMBERS WITHIN THE HOME

a) The Child Care Workers

Eight participants (32%) felt comfortable to very comfortable confiding in their child care workers. However, their reasons for this never included trust: "She listens"; "I get along with them, they're nice". Even if they reported feeling comfortable confiding in their child care workers, there were elements of doubt, illustrated as follows: "They only listen sometimes"; "They don't really understand; it depends on what you're talking about".

Fifteen out of twenty five participants (60%) felt very uncomfortable confiding in their child care workers and their non-verbal behaviour reaffirmed their feelings with regard to this. They shook their heads, sat back or laughed.

Two common themes were identified from their responses. These were:

i) Mistrust

The participants felt that they could not trust their child care workers. The main reason for this was that the child care workers discussed children's problems and shared personal information with others without the child's knowledge or consent: "I don't trust them...they discuss things about the children". Most of the participants spoke about the child care workers getting together for tea and discussing the children's personal lives: "They tell everyone...they discuss the children over tea"; "They sit in groups and talk". This is problematic, as the children overhear these conversations. This further compounds their mistrust of adults, which usually originated before admission into the Home. However, it must be taken into account that child care workers are present the majority of the time and are more closely involved in the day-to-day life of the children. It would therefore be

expected that confidentiality violations would occur or be noticed more frequently in relation to child care workers.

One participant demonstrated an extreme mistrust of child care workers to the extent that she called them hypocrites. Some responses revealed that the children were beginning to feel singled out as a result of this: "They don't like me...They scandal about me"; "They look at you funny and you know they know". One of the main aims of the Home and of the staff is to instil in the child a sense of self-worth and a belief in him/herself, which in turn serves to raise self-esteem. If the child is continually having his/her confidentiality impinged upon, the message she receives about herself is that she is worthless and unimportant. This in turn serves to lower her self-esteem and self-confidence, which is contrary to the aims of the Home.

ii) Racism

Another theme identified from the responses was that of racism. Child care workers spoke in Zulu, so that the non-Zulu speaking children could not understand what they were talking about. This angered the children: "She speaks in Zulu to her friends"; "They are racist toward coloureds... they speak in Zulu so that we don't understand". Racism, in any form, is wrong and goes against the moral code of the children's home. Presently, work is being done with the teenage children on racism, prejudice and discrimination in order to reduce these behaviours in the Home. However, if the children's role models (the child care workers) are racist in their approach, these negative behaviours and attitudes are reinforced.

b) The Social Workers

In contrast to the results revealed above, nineteen participants (76%) felt comfortable to very comfortable confiding in their social workers. The participant's level of comfort when speaking to the social workers was 44% greater compared to that of the child care workers. This is a large difference. Children therefore felt far more comfortable confiding in social workers, who are there part of the day only. In addition, eleven out of nineteen participants who felt comfortable to very comfortable speaking to their social workers said this was because they trusted them. This is very different when compared to the responses obtained in respect of the child care workers, where no participants mentioned trust as a reason. The majority of the children felt that their social workers understood them: "I can express myself...it feels like a weight off my shoulders".

No participants reported feeling uncomfortable when confiding in the social workers. Four participants (16%) felt very uncomfortable when confiding in their social workers, of which two participants (8%) responded negatively in relation to confiding in both their social workers and their child care workers. This is seen as a cause for concern as it is important for teenagers to be able to confide in a significant adult in their lives. This is especially the case for children in care, as in many cases these children need to be listened to and respected and need healthy role models to look up to (Winnicott 1964).

One response was very interesting in that it revealed how the various procedures in the Home may impinge on the child's right to confidentiality and discourage the child from sharing with staff members: "You have to ask permission from the child care worker to speak to the social worker and then they want to know the reason...it makes life a misery if you refuse. The social worker has to tell the child care worker, so you are scared to come to the office...and so everybody knows everything about you". The child was very distraught and upset about the situation at the Home. She felt like she could speak to no one. Of her child care worker she said: "I suspect their motives...it's not worth speaking to them".

c) The Principal

Five participants (20%) felt comfortable to very comfortable confiding in the principal of the Home, while four participants (16%) felt uncertain. However, once the responses were analysed, it was found that, although the children reported being uncertain of their feelings, their responses contained positive connotations: "We don't really speak to him, the child care workers don't really want us to...but I'd go to him...I think he's understanding".

The majority of the participants (64%) felt uncomfortable to very uncomfortable about confiding in the principal of the Home. From these responses two central themes were identified:

i) The Male Gender Issue

Many of the girls in the Home have been sexually abused by men and therefore do not trust them and even fear them: "He's a man, I like talking to ladies"; "It's hard because he's a male and not a female". This is a very understandable reaction to sexual victimisation. The fact that many of the girls were sexually abused may have contributed to their feeling uncomfortable talking to the principal, as he is a male. An alternative or additional contributory factor may have been that teenage girls often identify better with females rather than with males (Wade & Tavris 1990). However, this may not be a true reflection on the principal's approachability or inter-personal skills. It was found that some participants saw him to be a good person in spite of his gender: "I don't really get along with men...but he's okay...I trust him".

ii) The Authority Issue

The participants also felt nervous or shy when confiding in him because of his high status within the Home and this was evident in their responses: "I have never spoken to him...I'm scared to go to him because he's the principal"; "I never talk to Sir...I am nervous". In any institution the person in the highest position is often regarded with a sense of uncertainty or apprehension, as they are authoritative on certain issues. In a children's home the principal is always consulted when discussing a serious matter and the children know that he has the power to punish. It is therefore natural and expected that they be nervous to approach him. However, the principal may need to work on ways to make himself more available and approachable to children. In general, he was found to be trustworthy and capable. Only two participants commented negatively, in that they felt he was totally unapproachable, uninterested and one-sided in discussions.

BREACHES IN CONFIDENTIALITY BY STAFF MEMBERS

An interesting finding was that fifteen participants (60%) said that they had shared matters of a confidential nature with staff in the Home and fifteen participants (60%) reported that their confidentiality had been breached by staff members. It therefore seemed as if there was a high prevalence of confidentiality breaches taking place at the children's home and that the children were not comfortable sharing of themselves with certain staff members. Social workers and child care workers receive a great deal of "privileged communications" and, as Gilchrist & Schinke (1988) said, people in these positions may be tempted to share personal information, reactions or case details outside of the professional context.

The majority of the participants reported that their confidentiality had been broken on numerous occasions. On further analysis of the data it was found that 80% of the responses attributed the child care workers as being responsible for most of these breaches: "I went to my host and something happened...I only told my child care worker about it...but she told my social worker"; "I told the child care worker about what has been happening at home...then all the child care workers knew and told about my story". The social workers were only mentioned once as being responsible for breaching confidentiality, while friends were mentioned three times. Three participants did not

specify as to who was responsible for the breaches. However, in the light of these findings it must be acknowledged that there are professional obligations to share certain information between child care workers and social workers. This supports what Wilson (1978) suggested when she said that information can be shared without violating confidentiality, providing it is done in a professional manner and in the best interests of the client. However, the nature of this sharing must be carefully monitored so as to ensure ethical practice with regard to confidentiality.

The majority of participants reported finding out about the breaches in confidentiality in one of two ways:

i) Through a discussion

The participants found out about the breach through talking to their friends and child care workers: "I figured it out because after they had finished tea, another child care worker brought it up with me, without me telling her"; "They were all discussing me... they told me they knew about me".

ii) Overhearing a conversation

Some participants reported hearing the staff talking about them. In a residential setting such as a children's home, where a large number of children live in close proximity, a child can easily overhear conversations as they are living in the same cottage. The child then feels betrayed by that person, compounding a pre-existing pattern of mistrust for many of the children.

THE EFFECTS OF THESE BREACHES ON THE TEENAGE CHILDREN IN CARE

The participant's feelings with regard to the people who breached their confidentiality and about themselves could be said to follow three themes:

i) Mistrust

One third of the participants who had experienced confidentiality breaches, felt that they had been betrayed and that their trust in that person had been broken: "I no more trust them"; "Like I can't trust them with small things, so how can I trust them with big things?". The cornerstone of any relationship is trust and if this is not present the relationship is seriously threatened. The child/child care worker relationship is very important, according to Winnicot (1964), as this person acts as the child's substitute parent for that period of time. If children cannot trust their caregivers, their relationship often mirrors the child's relationship with their biological parents, which was many times based on mistrust.

ii) Feeling "Bad"

Children often reported feeling "bad" about themselves and the people they spoke to. The term "bad" was used as an all encompassing term. It included things such as feelings of hurt and betrayal. It was disturbing to notice that one participant's response showed evidence of her internalising this feeling of "badness". Her response reflected a person with wavering self-esteem: "I felt very bad...like I am the bad person, and like my problems are coming back to me".

iii) Anger

Two participants became very angry, which was visible in their body language (e.g. clenching of fists) and in their tone of voice: "I felt angry and hurt...like answering them back"; "I felt angry and unimportant...they don't consider my feelings...I disliked them, but then I forgave them in the end". Forgiveness featured quite prominently in their responses, especially when expressing or mentioning anger. This may be due to the fact that the home is run on Christian principles. Forgiveness is emphasised in the Christian religion, and anger is seen as being wrong or ungodly.

In comparison, ten participants (40%) reported that their confidentiality had never been broken. Their feelings about themselves and the person they had spoken to differed greatly from the 60% that reported confidentiality breaches. Some of the children's responses included: "I feel good about myself, and then I know I can trust that person I spoke to"; "I feel like I could trust them...They are my real friends". The responses communicated an increased sense of worth and self-esteem. However, one participant, even though she reported feeling safe and that she could trust that person, added: "I am scared that it will happen one day...that they will break my trust". This response was further evidence of this problem existing within the Home, both as a current and potential problem.

In summary, twelve of the fifteen participants who reported confidentiality breaches chose not to confide in that person again. The remaining three chose to confide again for reasons of necessity: "There's no one else to talk to"; or forgiveness (as mentioned previously).

THE PREVALENCE AND NATURE OF THE PROBLEM IN OTHER COTTAGES WITHIN THE HOME

The majority of the participants (48%) reported that breaches in confidentiality were also taking place in other cottages and they had been told about it by friends. On further analysis it was found that the nature of these breaches took the form of rumours or discussions. People would speak to one another about others in the Home without the permission of the person involved to do so. Participants were told by the children in their cottages that the people responsible for these rumours were both the staff and the children themselves: "Sometimes the child care workers, sometimes the children, discuss other children's personal problems". Some child care workers were also reported as speaking in Zulu. The non-Zulu speaking children could not understand their conversations, but heard their names mentioned and therefore knew they were being spoken about. These findings supported those obtained in the responses about the importance of confidentiality, where children felt that confidentiality should guard against the spreading of rumours and the sharing of people's problems without their consent.

Seven participants (28%) said that they had not heard of this happening in other cottages, but did not elaborate. Six participants (24%) said that they had not heard about it happening, but they believed that it did happen and that it was a big problem in the Home. These children believed that there was a problem with regard to confidentiality within the Home even though they were not told directly about it. These beliefs had to have an origin and it was this origin that was investigated in this study in terms of the nature and extent of the problem in the Home.

RECOMMENDATIONS AND CONCLUSIONS

Areas for Future Research

This report has facilitated the identification of a number of areas of possible further study. These include the following:

- The need to conduct studies in residential settings, exploring the views of staff in relation to confidentiality and the importance of its application within the home/residential setting;
- The need to explore further the ethical conduct of staff members, especially child care workers, within children's homes and other residential settings; and
- The need to explore further ways of ensuring that the conduct of the professional and semi-professional staff within a residential setting is ethically satisfactory and that this level of conduct is maintained.

Recommendations

The participants suggested several ways in which the frequency of confidentiality breaches may be reduced. Their suggestions were as follows:

- Child care workers should be educated about confidentiality and its importance. They should also be taught communication skills, anger management and the way to treat children with respect;
- Contracts and agreements in relation to confidentiality could be drawn up with child care worker, social worker and child, similar to the informed consent obtained from the children prior to the research. This would serve to protect the child's right to confidentiality, while making staff accountable to children in the event of a breach in confidentiality.

In addition, in the light of the results of this study, it is recommended that institutions such as that within which the study took place consider the following suggestions for dealing with the problem described:

- Child care workers should be involved in regular training on pertinent issues affecting children. This should be in addition to the pre-existing in-service training. It could be run by the social workers, senior child care workers or experts in certain fields, who are willing to give time to this sort of training. It may take the form of seminars, group work, or workshops;
- Children should be educated about confidentiality in relation to types, limits and what constitutes a breach in confidentiality. More generally, children could be educated about their rights as children and as South African citizens. This could be done through the medium of group work;
- Child care workers should attend compulsory supervision sessions fortnightly/monthly with the social workers or other senior care staff in the Home. This would allow time for talking about any problems experienced and possible solutions/manners of dealing with them. This may serve to decrease the need of child care workers to disclose personal information inappropriately about others within the Home; and
- All teenagers should be entitled to diaries on request in which to keep their private thoughts and the privacy of these diaries should be respected. This approach should be communicated in the cottages to the extent that it becomes a norm.

CONCLUSION

The results of this study served to highlight several areas of concern with regard to confidentiality and breaches of confidentiality taking place within the Home. It was found that the majority of respondents experienced breaches of their confidentiality and that this negatively affected their willingness to confide in staff members within the Home. Child care workers were seen as being responsible for the majority of the breaches taking place within the Home and the children were feeling uncomfortable talking to them about the problems they were experiencing. Many children felt as though they had to "keep everything inside", as they did not trust anyone enough to confide in them. Children were considering, or had already decided, not to speak about their problems and feelings as this seemed the best scenario.

Children in children's homes have been admitted on the basis of abuse, neglect, abandonment, behavioural problems, becoming an orphan, or if they were deemed to be at risk. These children often come from homes torn apart by violence, drugs, alcohol or abuse. They are generally very mistrustful of everyone, especially adults, as they have been hurt so many times. A children's home provides temporary residential care for these children, while aiming at rehabilitating them emotionally, physically and mentally. If children feel that they cannot confide in staff members

who have become the significant adults in their lives, then how can one expect to play a therapeutic and healing role in their lives and not become another significant other who has betrayed their trust?

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