



**Fife Child Protection Committee**

**PROTOCOL**



**INITIAL REFERRAL DISCUSSION (IRD)  
PROTOCOL BETWEEN  
FIFE COUNCIL SOCIAL WORK SERVICE  
FIFE EDUCATION SERVICE  
FIFE CONSTABULARY  
NHS FIFE**

<b>Guardian(s):</b>	Dr Aldoori NHS Fife/Ross Drummond CPC Lead Officer
<b>Author(s):</b>	Dr Aldoori NHS Fife/Ross Drummond CPC Lead Officer
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### 1. Introduction

All children and young people have the right to be cared for and protected from harm and to grow up in a safe environment in which their rights and needs are respected. Children and young people should get the help they need when they need it and their welfare is always paramount.

Here in Fife we support the ethos that ***“child protection is everyone’s job and everyone’s responsibility”***. We consider this to be a shared responsibility for all practitioner and managers across the public, private and voluntary sectors.

Occasionally children and young people may need further help and support to achieve their full potential and may be subject to a child protection concern and/or referral. A child protection concern and/or referral may originate from any individual in any service/agency across Fife.

This protocol acknowledges that where a child protection concern and/or referral is made and the need for further investigation agreed, then an Initial Referral Discussion will always take place. This protocol also acknowledges and makes the distinction that a concern and/or referral will in the first instance be considered for further investigation. Further investigation will, in some cases, be deemed unnecessary. If so, this will be recorded.

In all cases where the need for further investigation is agreed, it will always lead to an IRD, particularly where further enquiry is necessary, a joint investigative interview is necessary and/or there is a need for a comprehensive medical assessment or a joint paediatric and forensic examination.

These processes may or may not lead to a Cause for Concern Report being submitted to the Children’s Reporter. It must be clearly understood that the IRD and the Cause for Concern processes are distinctly difference procedures.

## 2. Aims of Protocol

This protocol will identify and agree the individual and collective responsibilities of Fife Council Social Work Service, Fife Council Education Service, Fife Constabulary and NHS Fife, being the universal services for the care and protection of children and young people, as they relate to the IRD. It sets out the agreed areas of administrative and procedural responsibility between the parties which is in keeping with national and local guidance (see section 4). It identifies this as a shared responsibility incumbent on all.

## 3. Application of Protocol

This protocol specifically applies to the following services/agencies who agree to comply with its provisions:-

- Fife Social Work Service;
- Fife Education Service;
- Fife Constabulary;
- NHS Fife.

Other services and agencies need to be aware of and understand the provisions of this protocol, particularly if they are raising a child protection concern and/or referral.

Fife Child Protection Committee will monitor these arrangements in terms of the Fife Child Protection Committee Inter-Agency Guidelines. The IRD will feature in these inter-agency guidelines and will be included in the relevant inter-agency child protection training delivered via Fife Child Protection Committee.

## 4. Legal and Other References (Policy and Legislative Context)

Underpinning this IRD protocol there is a strong evidence based national policy context.

By way of summary, the following are considered to be the most significant policy developments which Fife Child Protection Committee, Fife Council Social Work Service, Fife Education Service, Fife Constabulary and NHS Fife fully supports and endorses:-

- Scottish Office Circular SWSG 14/97 Child Protection: Local Liaison Machinery – Child Protection Committees;
- Protecting Children – A Shared Responsibility: Guidance on Inter-Agency Co-operation (Scottish Office 1998);

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- Scottish Executive's Audit and Review Report (2002) entitled *"It's everyone's job to make sure I'm alright"*;
- Scottish Executive Child Protection Reform Programme 2003 – 2006;
- Protecting Children and Young People: The Charter;
- Protecting Children and Young People: Framework for Standards;
- Protecting Children and Young People: Child Protection Committees;
- HMle Services for Children Unit: Self Evaluation and Quality Indicators Framework: *"How well are children and young people protected and their needs met?"*
- Getting it Right (For Every Child) Policy Initiative;
- Fife Chief Officers' Public Safety Group – Information and Advice Letters to all Staff and Managers on Information Sharing (2007);
- General Medical Council; Confidentiality; Protecting and Providing Information ( April2004);
- Child Protection Companion; It is every Paediatrician's responsibility to assess a child with suspected intentional harm (April2006);

It is also agreed that the contents of this IRD protocol comply with the following legislative framework, albeit this is not an all inclusive/exhaustive list:-

- The Age of Legal Capacity (Scotland) Act 1991
- The Children (Scotland) Act 1995
- The Human Rights Act 1998;
- The Social Work (Scotland) Act 1968;
- The National Health Service (Scotland) Act 1978;
- The Education (Scotland) Act 1980;
- The Education (Additional Support for Learning) (Scotland) Act 2004;
- The Race Relations Act 1976;
- The Race Relations (Amendment) Act 2000;
- The Sex Discrimination Acts 1975 and 1986;
- The Disability Discrimination Acts 1995 and 2005;
- The Equality Act 2006;
- The Data Protection Act 1998;

- The Freedom of Information (Scotland) Act 2002; and
- The Health and Safety at Work etc Act 1974.

## **5. Agreed Procedures – Initial Referral Discussion (IRD) Process**

### **Definition and Understanding**

The Initial Referral Discussion (IRD) is defined as an inter-agency strategy discussion that involves the early sharing and exchange of information between practitioners from Education, Health, Social Services and the Police where there are agreed/shared concerns about a child or young person's welfare.

An IRD takes place once these concerns have been made known by way of a referral and further enquiry is deemed necessary.

The IRD is the process that is largely followed when there is an agreed/shared concern about immediate risk to children and child protection measures are required. However it is also the process followed when the concerns are about the child's physical welfare or wellbeing such as their health, attendance and performance at school.

It involves effective information sharing and exchange between practitioners from relevant services/agencies where it is suspected that a child or young person is at risk from harm, abuse or neglect. It ensures effective and dynamic joint planning on the way forward as well as an effective multi-agency working arrangement.

The IRD is normally a virtual/electronic sharing and exchange of information, but can, on occasion, be a face-to-face discussion in more complex cases.

In Fife all services/agencies/organisations endorse the IRD approach as good practice for the management of joint investigations into vulnerable children and young people.

### **IRD Policy Context**

The IRD is based largely on recommendations, policy, guidance and legislation about vulnerable children in need of care and protection. These have been outlined in Section 4 above.

The Getting It Right (For Every Child) policy initiative sets out the principal codes of practice on how services/agencies should be delivered to children and young people and emphasises the need for change in how services are delivered. Everyone working with children and young people should use a consistent and equitable approach and work more effectively to improve outcomes.

Services to children and young people should be evidence-based, child-centred, outcome focused and children and young people should, whenever possible, be

involved in the decision making processes that concern their lives and the services they will receive.

### **Definition – Child and/or Young Person**

For the purposes of the IRD a child or young person is as defined in the Fife Child Protection Committee - Child Protection Inter-Agency Guidelines which reflect the Children (Scotland) Act 1995 as:-

*“A child in Scotland is defined as anyone below the age of 16. However, child protection guidelines may apply to young adults up to the age of 18 if they are subject to a Children’s Hearing supervision requirement, or are looked after by the local authority. The guidelines may also be applied in respect of young people between 16 and 18 years who are particularly vulnerable, perhaps as a result of disability”.*

### **Principles of Information Sharing**

All practitioners working with children and young people must share information when a child is at risk from harm, abuse or neglect.

The general principles of information sharing are that:-

- Practitioners will take timely and effective action when there are concerns about a child or young person’s welfare;
- The child or young person’s safety and wellbeing are paramount;
- At all times, information sharing and exchange will be on a need to know basis, limited to those practitioners who need to know and relevant to the child or young person’s circumstances;
- Information shared and exchanged will be accurate, kept up to date, stored securely and shared only when necessary. Errors and/or inaccuracies will be disclosed to partner services/agencies by those receiving or disclosing the information;
- Information shared will be documented and recorded. The timing, with whom the information is shared, the purpose, how it was shared and whether disclosure was made with or without consent will be recorded. In circumstances where there is a dispute this will also be recorded;
- Practitioners from all services/agencies will seek advice from their Line Managers, Supervisors, Child Protection Leads and/or appropriate Child Protection Officers (FPU and/or Greenfield Clinic) if they are unsure or unclear as to their own service/agency procedures;

- Under normal circumstances, information will be shared with the knowledge and consent of the child or young person. However, where it is felt the child or young person is at risk of immediate harm, information can be shared without consent. Practitioners will need to notify the child or young person of their intention and the reasons behind it;
- All practitioners across all services/agencies will need to be aware that children and young people have the right to express their views and to have them taken into account when decisions and plans that concern them are being made.

### **IRD Aims**

The IRD and subsequent sharing and exchange of information on vulnerable children and young people aims at identifying their needs and ensuring appropriate early intervention plans are put in place following an effective multi-agency approach. This will help the children develop and ensure their wellbeing.

The IRD information sharing and exchange allows for a better and clearer understanding of the child or young person's difficulties and vulnerabilities and allows a more comprehensive holistic approach in terms of their management to ensure their safety and welfare.

### **Criteria for an IRD**

The criteria for an IRD are as follows:-

- where a concern and/or a referral indicates the need for further enquiry;
- where a joint investigation is necessary;
- where a joint investigative interview is necessary;
- where there is a need for a comprehensive medical assessment or a joint paediatric and forensic examination.

### **IRD Considerations**

The IRD will include consideration of the following:-

- What immediate measures may be necessary to protect the child or young person and any other vulnerable siblings;
- What further information is required to reach a conclusion and decide on the course of action;
- Who may need to be interviewed;

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- A venue, support arrangements and detailed planning of any children interviews;
- Whether a medical examination of the child or young person is necessary, the type of medical examination to be carried out and whether this is in the child or young person's best interest;
- What information should be given to parents/carers and what consents may be required;
- The timing of a referral to the Children's Reporter and specifically who will refer;
- The implications for other children or young people of any investigations;
- The responsible services/agencies/officers and timing for agreed action;
- In the event of no further child protection measures being considered necessary what other support services may be required and arrangements for ensuring their provision.

### **IRD Application**

Before sharing and exchanging information practitioners should discuss the issues with their Line Manager/Supervisor or with the child protection Lead in their service/agency. It is vital that all services/agencies should have a clear line of communication concerning child protection with designated named Leads to whom staff can refer for guidance and support.

All services/agencies should have in place their own internal child protection procedures and/or guidelines and should ensure staff have ready access to them.

### **IRD Process**

All practitioners across all services/agencies will need to have knowledge and understanding of potential risk factors that are likely to cause harm to a child or young person and which can adversely affect the child or young person's wellbeing and development.

All practitioners should give consideration to all aspects of the child or young person's life, be aware of vulnerability issues (including domestic abuse, parental mental health illness, substance misuse, housing issues, poverty, etc).

Practitioners are expected to assist the child or young person's resilience and ability to survive the adverse factors. The decision to initiate an IRD is a matter of judgement and practitioners are expected to reach the decision based on the complexity of issues relevant to the child or young person and possible consequences to the child or young person if the status quo was to remain.

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The decision to initiate an IRD is a joint decision to be taken between Health, Social Work, the Police and where appropriate Education following a concern and/or referral and where it is agreed further enquiries are necessary.

If the child or young person is thought to be at immediate risk of harm the practitioner will need to inform the child protection services/agencies immediately.

### **Designated Leads**

The designated child protection Leads in Fife are members of Fife Child Protection Committee. The designated Leads for the IRD process are as follows:-

- Fife Social Work Service – Team Leaders;
- Fife Education Service – Child Protection Co-ordinators in Schools;
- Fife Constabulary – Detective Inspector Family Protection Unit;
- NHS Fife – Lead Clinician Greenfield Clinic.

### **Designated Points of Contact**

The designated points of contact for the IRD process are:-

#### **Social Work Service Offices**

Cowdenbeath 01383 602201

Cupar 01334 659322

Dunfermline 01383 609111

Glenrothes 01592 583321

Kirkcaldy 01592 583322

Leven 01334 659323

Rosyth 01383 602203

Social Work Service – Out-of-Hours Emergency Number 08451 550099

#### **Fife Constabulary**

Fife Constabulary Family Protection Unit 01383 312910

Fife Constabulary Control Room 0845 600 5702

## **NHS Fife**

Greenfield Clinic, Campsie Flat 2, Lynebank Hospital, Halbeath Road,  
Dunfermline 01383 565 495 Secretary to Nursing Team: Telephone 01383  
565 495

### **Consent and Confidentiality**

It is good practice to obtain consent before sharing information unless there is an overriding reason not to seek it. The practitioner should make it absolutely clear to the child or young person and their parents or carers that where possible, the child or young person's confidentiality will be respected. However, it must be made absolutely clear that confidentiality is not absolute and cannot always be guaranteed.

In all cases the previously mentioned principles of information sharing will be adhered to – particularly for children and young people aged between 16 and 18 years of age.

### **Inter- Agency Process/IRD**

Concerns and/or referrals regarding a child or young person's care and welfare are normally received from practitioners in Education, Health, Social Work, or the Police. Concerns can also be raised by children and young people themselves, by their parents or carers and can also originate from a wide range of practitioners across all public, private and voluntary sectors.

A concern and/or referral will or will not result in further enquiry and an investigation taking place. An investigation will trigger the actual IRD which may lead to a joint investigative interview, a comprehensive medical assessment or a joint paediatric and forensic examination of a child or young person.

Through the IRD process, practitioners from Education, Health, Social Work and the Police will share and exchange relevant information. Health, Social Work and the Police will then plan any joint investigation, joint investigative interviews and/or medical examinations. They will agree timing and venue for the interviews and medical examinations, agree the clinicians who will carry out the medical examinations, referrals and follow up for the child and young person.

### **Completion, Transmission and Retention of Completed IRD Forms**

The sharing, exchange and handling of information is covered by the Data Protection Act 1988 and must be consistent with the principles stated within the Act.

At all times the information shared and exchanged should be relevant and not excessive, accurate and up-to-date and kept for no longer than necessary. The IRD process and IRD Forms should be seen to complement and not replace existing

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single agency procedures and protocols. Existing single service/agency procedures must be complied with.

In all cases practitioners who raise a concern and/or make a referral will complete the IRD Form as far as possible. The IRD Form will be held electronically and in hard copy format within all services/agencies and will be capable of electronic submission via e mail and/or fax to the designated points of contact in the social work service, the police and/or to Greenfield Clinic. The preferred option for transmission and/or submission will be electronic.

All services/agencies will ensure that all relevant staff are aware of these IRD Forms and will ensure they are readily available to relevant staff who may require them. The IRD Forms are included in the Appendices to this protocol.

The service/agency which identifies a concern and/or makes a referral will initiate and retain the original copy of the IRD Form they raised. The IRD Form constitutes part of the record for the relevant child or young person and must be retained for audit and inspection purposes in the initiating service/agency.

Where the IRD process is initiated by a Nurse Practitioner, Allied Health Professional, Hospital or Community Nurse the referrer should complete Page 1 and 2 only of the IRD Form. Completion of the fuller IRD Form under such circumstances will be carried out by the Police Family Protection Unit or the On-Call NHS Fife Paediatrician for Child Protection at Greenfield Clinic.

If the IRD process is instigated Out-of-Hours the person raising the concern and/or making the referral should follow the same process as stated above.

Once completed, the IRD Form will be transmitted electronically, either by e mail or fax to the designated points of contact in Social Work, Police and/or Health. Upon receipt the IRD Form will be filed electronically and/or in hard copy format. The IRD process will then commence. The result of the IRD will be recorded on the IRD Form. The outcome will also be fully recorded and the IRD Form filed and retained for future reference, audit and/or inspection. It is vital that accurate record keeping is maintained.

### **Feedback**

Throughout the IRD process, feedback will be provided to the individual, the service/agency who raised the concern and/or made the referral in the first place.

## **6. Related Documents**

Single service/agency procedures need to reflect the IRD process. Fife Child Protection Committee Inter-Agency Child Guidelines will include specific reference the IRD.

## **7. Appendices**

Appendix A IRD Forms

Appendix B Letter to All Staff – Information Sharing

Appendix C Letter to All Managers – Information Sharing

**Signatories**

*Stephen Moore*

Signed.....

**On behalf of Fife Social Work Service**

Date 1 May 2008

*Garry Christie*

Signed.....

**On behalf of Fife Education Service**

Date 1 May 2008

*David Russell*

Signed.....

**On behalf of Fife Constabulary**

Date 1 May 2008

*Jim Beaman*

Signed.....

**On behalf of NHS Fife**

Date 1 May 2008

*Jim Beaman*

Signed.....

**On behalf of Fife Child Protection Committee**

Date 1 May 2008



**Appendix A**

**Fife Initial Referral Discussion (IRD) – Record Form**

<b>Name of Child:</b>	<b>Known As:</b>	<b>Date of Birth:</b>
<b>Date of Referral:</b>	<b>Time of Referral:</b>	<b>Referred By:</b>
<b>Child's Address:</b>	<b>Type of Placement:</b>	<b>GP (If Known):</b>
<b>School/Nursery:</b>		
<b>Person(s) with Parental Responsibilities:</b>		<b>Address if Different:</b>
<b>Details of Concerns:</b>		
<b>Date of IRD:</b>	<b>Participants:</b>	<b>Agency:</b>
<b>Child's Legal Status:</b>		

<b>Decisions and Officer/Agency Responsible for Implementation:</b>
Is immediate action required to protect the child and any other affected children?
Is any additional information required?
Are interviews required? If yes, indicate venue, support arrangements and detailed planning of any child interviews. <i>Where there is evidence of disability and/or hearing or communication difficulty the appropriate professional help must be sought.</i>
Is a medical examination of the child necessary <u>and</u> in the child's best interests? If yes to both, indicate type of medical examination and any special support arrangements required.
Further Information:



**Fife Initial Referral Discussion (IRD) – Request for Medical Examination**

<b>Name of Child:</b>	<b>Known As:</b>	<b>Date of Birth/CHI:</b>
<b>Address:</b>	<b>GP:</b>	
<b>Paediatrician (or other medical professional) involved in IRD:</b>		
<b>Type of Medical Examination Required:</b>		
Joint Paediatric/Forensic Medical Examination [    ]		
Specialist Medical Examination [    ]		
<b>Medical carried out by:</b>	<b>Designation:</b>	
<b>Preferred Venue for Examination:</b>		

Signed ..... Name: ..... Agency: .....

..... Initiator of IRD

Date: .....



Dear Colleague,

### INFORMATION SHARING – ALL STAFF

Children, young people and vulnerable adults have the right to care and protection. Their welfare is paramount. All staff across the statutory, public, non statutory, private and voluntary sectors are responsible for ensuring that children, young people and vulnerable adults get the help they need when they need it.

We all appreciate the commitment and hard work which everyone involved puts in on a daily basis and we want to build on the good practice demonstrated here in Fife. We are also well aware that this is challenging work in often difficult circumstances and that, by working together, we can, and do, make a difference to the lives of vulnerable people of all ages.

The protection of children, young people and vulnerable adults in its widest context, is **“everyone’s responsibility and everyone’s job”** and cuts across all aspects of private life and professional business. We all have a duty, individually and collectively, to protect all vulnerable people in our communities and in our society.

On many occasions, this will require staff to seek and exchange personal information about individuals. We are however aware that questions of confidentiality can and sometimes do get in the way of ensuring the safety of children, young people and vulnerable adults. We would like to try to clarify the position and reinforce the importance of sharing and exchanging information where the care, welfare and safety of these client groups are concerned.

Children, young people and vulnerable adults have a right to privacy and the utmost care should be taken when handling information on their personal circumstances. We endorse the need for a sensitive and an ethical approach when working in partnership with children, young people and vulnerable adults, together with their families and carers.

Where we have a concern about a child, young person or vulnerable adult or we are made aware of such a concern we all have a responsibility to share and exchange relevant information with other professionals. We should do so timeously, with confidence and adhere to our own agency/service procedures when doing so.

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Recent inquiry reports have highlighted many misconceptions about confidentiality and we would simply remind you that existing legislation does not prevent you from sharing and/or exchanging information where there are clear concerns about the care, safety and welfare of children, young people and vulnerable adults. This requirement also extends to all professionals working with adults where there may be substance misuse, mental health or domestic abuse issues. They must be particularly alert to the needs of any dependant children.

We would draw your attention to the Scottish document *Sharing Information About Children at Risk: A Guide to Good Practice (2003)* which states:-

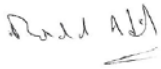
*“If there is reasonable concern that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm.”*

We would also endorse the Scottish Executive’s *Protecting Children and Young People: The Children’s Charter* and *Protecting Children and Young People: Framework for Standards (2003)* which also provide you with good practice advice on this and wider protection matters.

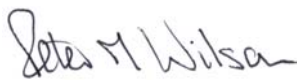
You should adhere to these principles at all times in your work and practice here in Fife. We hope this will go some way to assist you in being confident and competent in the sharing and exchanging of information.

In doing so, you will add to the care and protection of children, young people and vulnerable adults in Fife and improve the quality of life for the most vulnerable in our community.

Should you require any further information we would encourage you to speak directly with your supervisors and managers.



Ronnie Hinds  
Chief Executive  
Fife Council



Peter Wilson  
Chief Constable  
Fife Constabulary



George Brechin  
Chief Executive  
NHS Fife



Dear Colleague

### INFORMATION SHARING – ALL MANAGERS

Last year, Fife Child Protection Committee launched its revised Inter Agency Child Protection Guidelines. These have been widely distributed along with the Scottish Executive's *Protecting Children and Young People: The Children's Charter* and *Protecting Children and Young People: Framework for Standards*. Fife's Multi-Agency Vulnerable Adult Protection Procedures were circulated following revision in July 2006.

We would take this opportunity to remind you that all our staff, across the statutory, public, non-statutory, private and voluntary agencies should be familiar with these publications, should have read them and adopted them into their daily practice here in Fife.

We all appreciate the commitment and hard work that our colleagues put in on a daily basis and we want to build on the good practice demonstrated here in Fife. We are also well aware that this is challenging work in often difficult circumstances and that, by working together, we can, and do, make a difference to the lives of vulnerable people of all ages.

Children, young people and vulnerable adults have the right to care and protection. Their welfare is paramount. All our staff are responsible for ensuring that children, young people and vulnerable adults get the help they need when they need it.

The protection of children, young people and vulnerable adults, in its widest context, is ***"everyone's responsibility and everyone's job"*** and cuts across all aspects of private life and professional business. We all have a duty, individually and collectively, to protect all vulnerable people in our communities and in our society.

On many occasions, this will require staff to seek and exchange personal information about individuals. We are however aware that questions of confidentiality can and sometimes do get in the way of ensuring the safety of children, young people and vulnerable adults. We would like to try to clarify the position and reinforce the importance of sharing and exchanging information where the care, welfare and safety of these client groups are concerned.

Children, young people and vulnerable adults have a right to privacy and the utmost care should be taken when handling information on their personal circumstances.

NOT PROTECTIVELY MARKED

We endorse the need for a sensitive and an ethical approach when working in partnership with children, young people and vulnerable adults, together with their families and carers.

Where your staff have a concern about a child, young person or vulnerable adult or they are made aware of such a concern they have a responsibility to share and exchange relevant information they may have with other professionals. They should ensure that they understand that responsibility and that they do so timeously, with confidence and adhere to their own agency/service procedures when doing so.

Recent inquiry reports have highlighted many misconceptions about confidentiality and we would simply remind you that existing legislation does not prevent you or your staff from sharing and/or exchanging information where there are clear concerns about the care, safety and welfare of children, young people and vulnerable adults. This requirement also extends to all professionals working with adults where there may be substance misuse, mental health or domestic abuse issues. Staff must be particularly alert to the needs of any dependant children.

We would draw your attention to the Scottish Executive's document *Sharing Information About Children at Risk: A Guide to Good Practice (2003)* which states:-

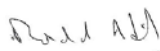
*"If there is reasonable concern that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm."*

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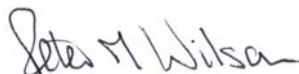
Our staff should adhere to these principles at all times in their work and practice here in Fife. We hope this will go some way to assist in being confident and competent in the sharing and exchanging of information.

In doing so, you and your staff will add to the care and protection of children, young people and vulnerable adults in Fife and improve the quality of life for the most vulnerable in our community.

Should you require any further information we would encourage you to speak directly with your senior managers.



Ronnie Hinds  
Chief Executive  
Fife Council



Peter Wilson  
Chief Constable  
Fife Constabulary



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NHS Fife