 **Kirklees Child FGM Pathway** (Girls up to age of 18 who may or may not be pregnant)

Practitioners working in health, teaching and social work have a mandatory duty to notify the Police when they identify (informed by the girl or observed physical signs) that FGM has been carried out on a girl under 18 - **Serious Crime Act 2015** (unless a colleague in the same agency has already notified the Police in connection with the same act of FGM). Practitioners should complete the **West Yorkshire Police FGM Reporting Form (Link B)** and email to [cib@westyorkshire.pnn.police.uk](mailto:cib@westyorkshire.pnn.police.uk) or call 101

**Health Practitioner, School, Early Years or other practitioners:**

• Identifies concerns about women or girls: who have experienced FGM or there are signs and symptoms of FGM; who are at risk of FGM; or that FGM is planned **(Link C)**

• Has sought advice from own agency safeguarding lead (as available at the time); made professional assessment of risk; and sought consent as required

• If decision made that a child (or unborn) is at risk – practitioner must follow the process below and contact Children’s Social Work Service as required **(Links D & E)**

Is the practitioner aware that there is an open case to Children’s Social Work Service?

If yes, contact the social worker or the social work team directly

If No, contact Duty and Advice

**Strategy Meeting – Duty and Advice Team**

•Convene an initial Strategy Meeting within one working day - to include Duty and Advice Social Work Team Manager; Police Sergeant, Front door Health Practitioner; and ideally the practitioner who made the contact at a minimum If child at immediate risk of harm or likelihood of being moved by the family contact Police on 999•Chair should be a Social Work Team Manager. Team Managers should all have suitable knowledge about FGM.

•Decision made whether child, unborn child, or sibling of the child in question is likely to experience, or has experienced, FGM.

•If yes, a referral is made to the relevant social work team for a s47 enquiry to be undertaken; if outcome is that child is at low risk, outcome may be child in need or early help.

**Strategy Meeting – Social Work Team**

•Convene an initial Strategy Meeting within one working day - to include Cluster Social Work Team Manager; Police Sergeant, Front door Health Practitioner; and ideally the practitioner who made the contact at a minimum

•Chair should be a Social Work Team Manager. Team Managers should all have suitable knowledge about FGM.

•Decision made whether child, unborn child, or sibling of the child in question is likely to experience, or has experienced, FGM.

•If yes, a referral is made to the relevant social work team for a s47 enquiry to be undertaken; if outcome is that child is at low risk, outcome may be child in need or early help.

As across – immediate actions where risk is imminent

**Allocation – Social Work Team Leader**

The relevant Team Manager allocates the case to a Social Worker and tasks them with carrying out a

S47 Enquiry.

**S47 Enquiry - Social Worker and the Police**

- S47 enquiry is made by the allocated Social Worker in consultation with the Police; Police representative identified by the Police Sergeant.

- The s47 enquiry must be carried out within one working day from receipt of the referral

- If interpretation is needed, this must be via an accredited independent female interpreter and not a family member. The interpreter‘s views and values regarding FGM must be in accordance with Kirklees Children’s Services procedures and guidance about FGM and assurance sought from the victim that the choice of interpreter is acceptable to them

- A 10 day Child and Family Assessment is initiated within one working day from receipt of the referral

- Consent is sought to make a referral to the ‘safeguarding paediatrician’ for a **Child Protection Medical Examination**. If consent is not given, legal advice must be sought. A **Child Assessment Order** may need to be applied for.

- Parental consent is not required if a young person is ‘Fraser Competent’, i.e. a person aged 16 or 17, or a child under 16 who has the capacity to understand and make their own decisions, and may give (or refuse) consent to sharing information.

- If consent is given (or Assessment Order applied for and granted), a referral is made by the Social Worker to the / appointment booked with the ‘safeguarding paediatrician’.

- Immediate outcomes of the s47enquiry include: ICPC to be booked; or legal advice is sought

**Second Strategy Meeting - Social Work, Police, Health and relevant others**

•Held within **10 working days** of the Initial Strategy Meeting; to include the Police and relevant health practitioners; chaired by the Social Work Team Manager

•Paediatrician attends or provides report on the outcome of the Child Protection Medical Examination

•Attendees consider the information collected during the s47 Enquiry and the Child Protection Medical Examination

•Attendees decide on the outcome including: whether an Initial Child Protection Conference is required; legal advice needs to be sought; a full Child and Family Assessment to be carried out; or no further action for Children’s Social Work Service.

**Child Protection Medical Examination**

•Carries out the **Child Protection Medical Examination**

•Provides immediate verbal feedback on the outcome of the examination to the attending Social Worker (and / or Police Officer if applicable)

•Develops report for the Second Strategy Meeting

**No further action for Children Social Care**

Social work team to consider if there is a role for early help, and discusses with Early Support Lead.

**Legal Advice – Social Worker**

Advice is sought as required from the Children’s Local Authority`s legal team.

**Child and Family Assessment – Social Worker**

• When a full Child and Family Assessment is decided, the Social Worker arranges a CiN multi agency assessment

• One outcome may be that the assessment ends as a result of decisions made at the meeting.

**Initial Child Protection Conference – Social Worker**

Follow usual procedures for ICPC.

Consider use of Family group conference.

List of Links

|  |  |  |
| --- | --- | --- |
| Link No | Descriptor | Link |
| A | Toolkit 1  Open questions | <https://www.kirkleessafeguardingchildren.co.uk/managed/File/Info%20for%20Professionals/FGM%20Kirklees%20Screening%20Toolkit%201.pdf> |
| A | Toolkit 2  Open questions | <https://www.kirkleessafeguardingchildren.co.uk/managed/File/Info%20for%20Professionals/FGM%20Screening%20Toolikit%202.pdf> |
| B | Reporting form |  |
| C | Annex 1  DOH guidance  pg 21/22 | <https://www.kirkleessafeguardingchildren.co.uk/managed/File/Info%20for%20Professionals/2016-01-20%20-%20DoH%20FGM%20Guidance%20Risk%20and%20Safeguarding.pdf> |
| D | West Yorkshire Procedures | <http://westyorkscb.proceduresonline.com/chapters/p_fem_gen_mut.html> |
| E | D&A referral form and contact information | <https://www.kirkleessafeguardingchildren.co.uk/managed/File/Duty%20and%20Advice/2018-05-17%20-%20Duty%20and%20Advice%20Contact%20Form.doc>  Telephone Details: 01484 414960 (office hours)  01484 414933 (out of office) |
| G | FGM/Dramm Referral form |  |