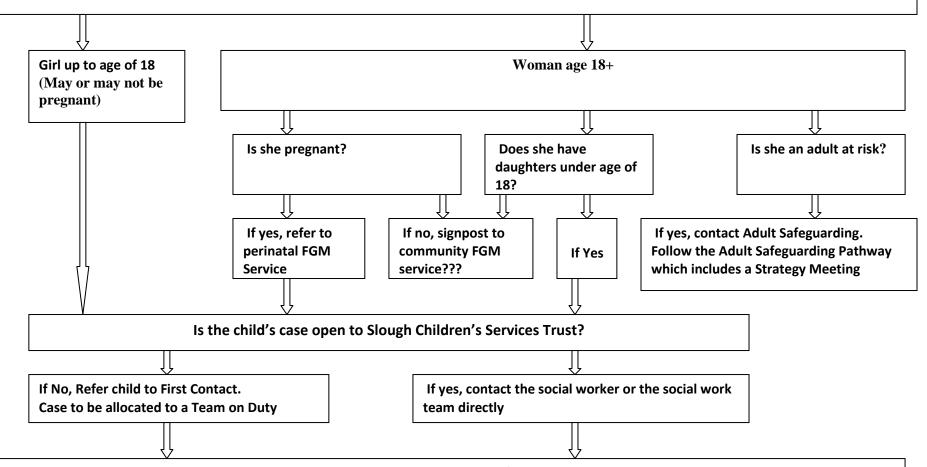
Health Professional, School, Early Years or other practitioner

- Identify concerns about women or girls: who have experienced or there are signs/symptoms of FGM; who are at risk of FGM; or that FGM is planned. Health professionals; FGM tool to be completed by Professionals: Part 1 (a) for pregnant women from FGM and Safeguarding, DOH Guidance for Professionals, March 2015. Consider risk indicators. Complete; Part 2 (FGM and Safeguarding, DOH Guidance for Professionals, March 2015) if there are other children in the family that professionals have concerns about, will need to company the multi agency referral form (MARF).
- Has sought advice from own agency safeguarding lead or Slough Children's Services Trust First contact team; 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 Police Immediately and refer to Slough Children's Services Trust First Contact team as required



Strategy Meeting – Child in Need Team on Duty/ Protection and Care Team

- Convene an initial Strategy Meeting within one working day to include Allocated Social worker; Team Manager; Thames Valley Police CAIU; Front door Health Practitioner; and ideally the practitioner who made the contact at a minimum; Personal Advisor, Youth Worker where appropriate; IRO/CP chair where appropriate
- 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 (reasonable cause to suspect significant harm).
- If yes, allocated Social worker to undertake a 47 Enquiry.

S47 Enquiry - Social Worker and the Police

- S47 enquiry is completed by the allocated Social Worker in consultation with the Police, health, education and other relevant professionals
- The s47 enquiry must be carried out within **one working day** from receipt of the referral. If interpretation is needed, this must not be a family member
- 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

Child Protection Medical Examination

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

Review Strategy Meeting - Children's Services, Police, Health and other relevant agencies - Chaired by Social Work Team Manager

- Held within 10 working days of the Initial Strategy Meeting
- 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 (CSWS)