

# City & Hackney Multi-Agency FGM Protocol



## Who to contact for advice and making referrals?

For cases involving City of London residents

Team	Contact details
<b>City of London Children and Families Team</b>	Telephone: 020 7332 3621 (Monday to Friday, 9am to 5pm)  Outside office hours (emergency only): 020 8356 2710  Email: <a href="mailto:children.duty@cityoflondon.gov.uk">children.duty@cityoflondon.gov.uk</a>
<b>Adult Social Care Team</b>	Telephone: 020 8356 5782 (Monday to Friday, 9am to 5pm)  Outside office hours (emergency only): 020 8356 2300  Email: <a href="mailto:adultsduty@cityoflondon.gov.uk">adultsduty@cityoflondon.gov.uk</a>

For cases involving Hackney residents

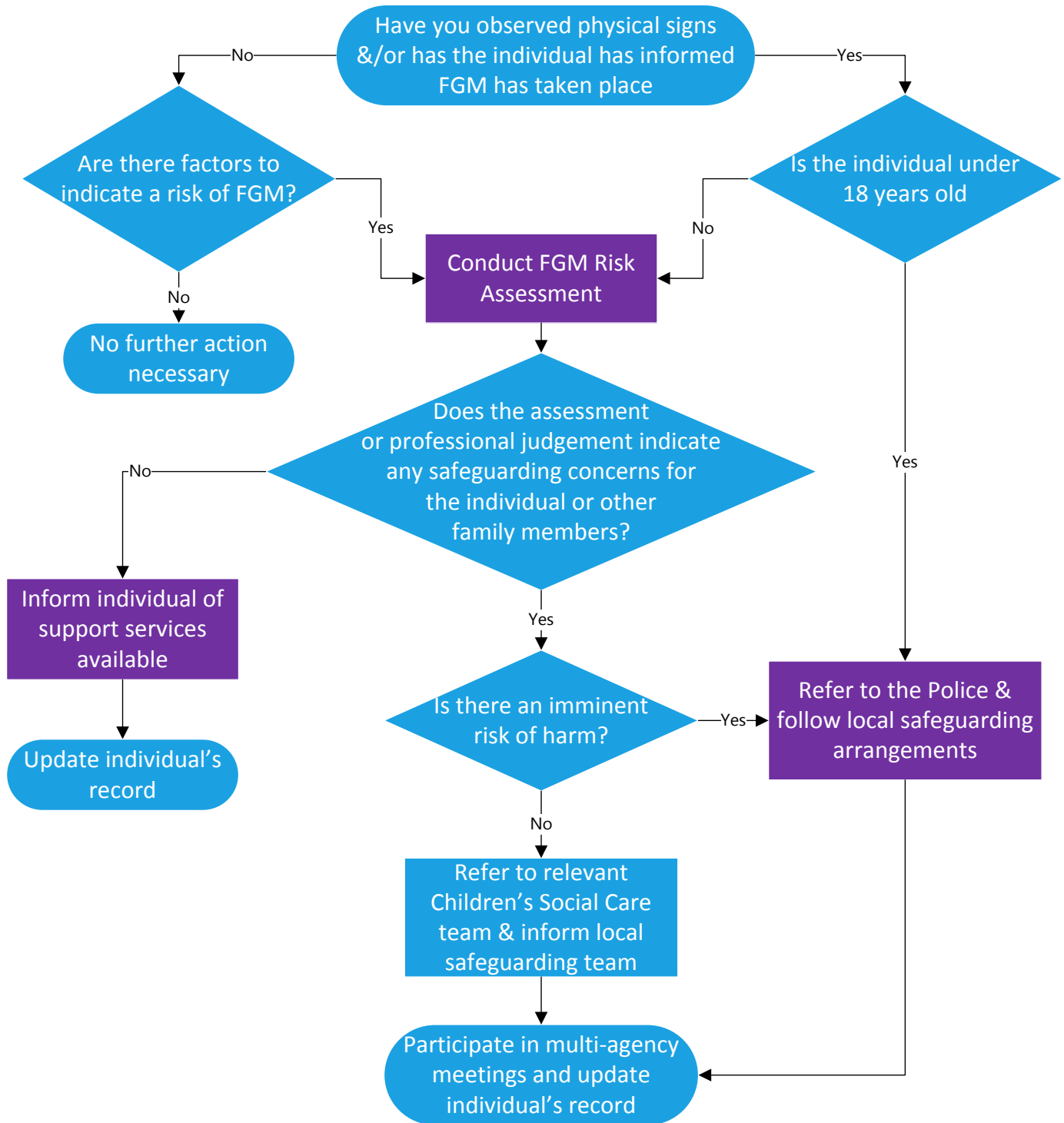
Team	Contact details
<b>Hackney Children's Social Care Team</b>	Telephone: 020 8356 5500 (Monday to Friday, 9am to 5pm)  Outside office hours (emergency only): 020 8356 2710  Email: <a href="mailto:fast@hackney.gov.uk">fast@hackney.gov.uk</a>
<b>Safeguarding Adults</b>	Telephone: 020 8356 5782 (Monday to Friday, 9am to 5pm)  Outside office hours (emergency only): 020 8356 2300  Email: <a href="mailto:adultprotection@hackney.gov.uk">adultprotection@hackney.gov.uk</a>

For the full City and Hackney multiple-agency FGM protocol visit

<http://www.chscb.org.uk/protocols-guidance-and-procedures/>

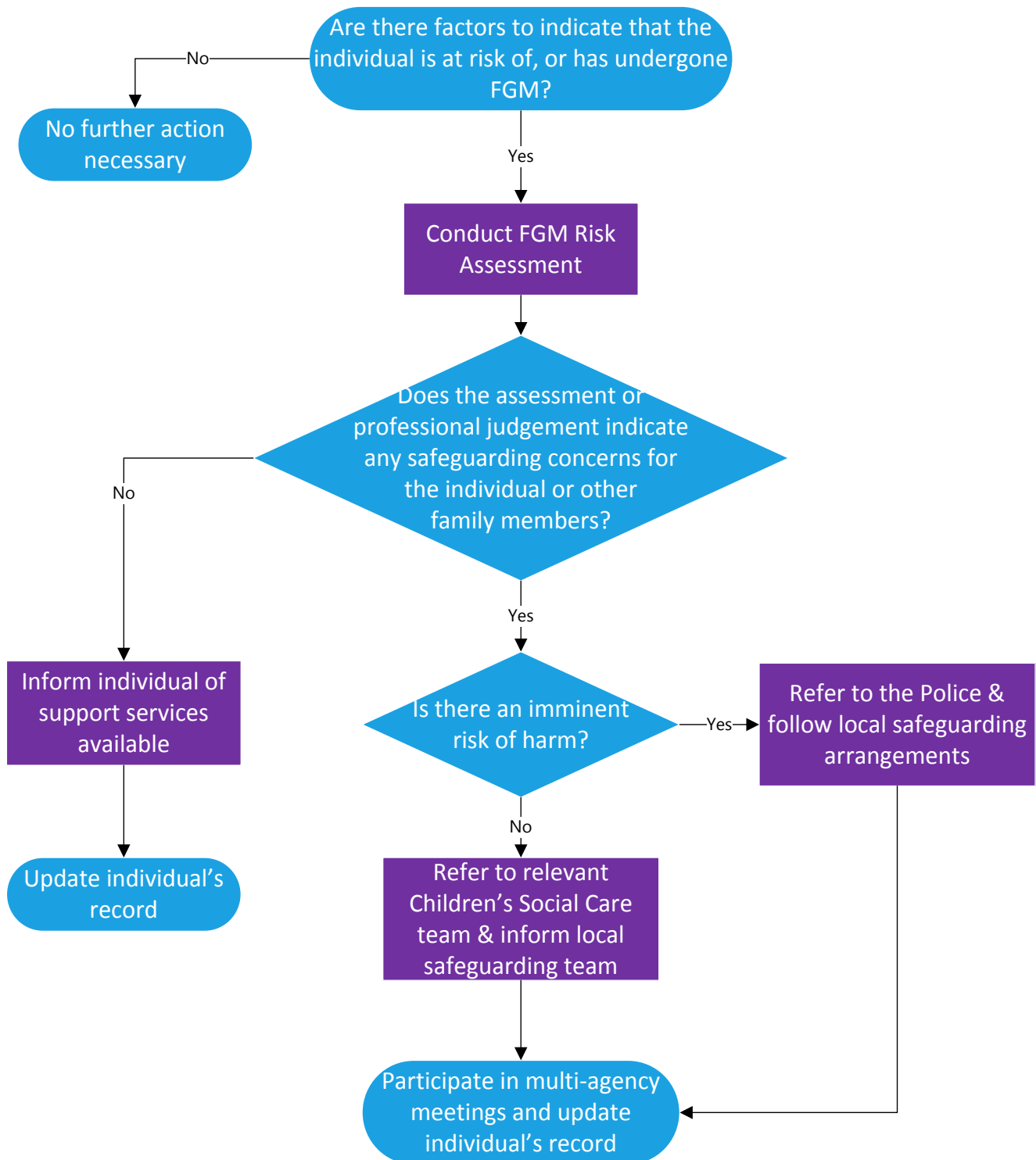
	All professions expected actions for all cases	Additional action for those covered by the Mandatory Reporting Duty (teachers, health professionals, social workers)
1	<b>If there is an imminent or serious risk to the individual, contact the Police immediately</b>	
2	<b>Follow your local safeguarding procedures in conjunction with the following steps</b>	
3	<p><b>Complete the relevant risk assessment</b></p> <p><b>If the assessment indicates a risk, a referral needs to be made.</b></p> <p>For cases involving under 18 year olds, a referral should be made to the relevant Children’s social care team within one day of the assessment</p> <p>For cases only involving over 18 year olds who are assessed as at risk, a referral should be made to the relevant Adults social care team within one day of the assessment</p>	<p>In cases involving under 18 year olds, where FGM confirmed (regardless of when and where it took place), the case <b>must</b> be reported to the Police (via 101) within one working day</p>
4	<p><b><u>Unless it will cause immediate risk to any children,</u> speak to family members to inform them:</b></p> <ul style="list-style-type: none"> <li>• that FGM is illegal</li> <li>• the potential health consequences of FGM</li> <li>• that, where appropriate, information will be shared about with colleagues and partner organisations</li> </ul>	
5	<p><b>Assess whether other female family members or unborn children are at risk of FGM</b></p> <p>Where there is a risk, complete the relevant risk assessment as described in step 2</p>	
6	<p><b>As an on-going action, update the individual’s record to include:</b></p> <ul style="list-style-type: none"> <li>• the type of FGM (if known)</li> <li>• details on how FGM was confirmed</li> <li>• details on any discussion with the girl or family members</li> <li>• the actions you have taken e.g., <ul style="list-style-type: none"> <li>– reporting to the Police</li> <li>– referral to a Children's Social Care team</li> <li>– whether information has been shared with other partner organisations (such as sharing with the girl’s GP, health visitor or school)</li> </ul> </li> </ul>	<p><b>A “FGM” flag or a note should be placed on the individual’s record</b></p>
7	<b>Prepare to engage in multi-agency meetings</b> (such as strategy meetings or child protection conferences)	
8	<b>Ensure the individual is offered appropriate support</b>	

# Professionals covered under the Mandatory Reporting Duty



- Record all decisions and actions
- Best practice is to report relevant cases to the Police within 24 hours
- Make a report to the Police via 101. In an emergency, including an imminent risk of harm, use 999
- Keep local safeguarding leads updated
- To refer to Hackney Children's Social Care, email [fast@hackney.gov.uk](mailto:fast@hackney.gov.uk)
- To refer to City of London Children's Social Care, email [children.duty@cityoflondon.gov.uk](mailto:children.duty@cityoflondon.gov.uk)

# Professionals not covered under the Mandatory Reporting Duty



- Record all decisions and actions
- In an emergency, including an imminent risk of harm, contact the Police via 999
- Keep local safeguarding leads updated
- To refer to Hackney Children's Social Care, email [fast@hackney.gov.uk](mailto:fast@hackney.gov.uk)
- To refer to City of London Children's Social Care, email [children.duty@cityoflondon.gov.uk](mailto:children.duty@cityoflondon.gov.uk)

### Under 18 year old who has undergone FGM (confirmed or suspected)

This is to help when considering whether a child has undergone FGM.

Please remember: any child under 18 who has undergone FGM must be referred to the relevant Children's Social Service team

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Referral summary (if made): \_\_\_\_\_

If you are a teacher, social worker or health professional and you confirm an under 18 year old has undergone FGM, you must report this to the police

INDICATORS	Yes/No or suspected	Details
Girl is reluctant to undergo any medical examination		
Girl has difficulty walking, sitting or standing or looks uncomfortable		
Girl finds it hard to sit still for long periods of time, which was not a problem previously		
Girl presents to GP or A & E with frequent urine, menstrual or stomach problems		
Increased emotional and psychological needs e.g. withdrawal, depression, or significant change in behaviour		
Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP's letter		
Girl has spoken about having been on a long holiday to her country of origin/another country where the practice is prevalent		
Girl spends a long time in the bathroom/toilet/long periods of time away from the classroom		
Girl has had a prolonged absence from school		

INDICATORS	Yes/No or suspected	Details
Girl talks about pain or discomfort between her legs		
Girl asks for help with symptoms of FGM		
Girl confides in a professional that FGM has taken place		
Mother/family member discloses that female child has had FGM.		

Significant or immediate risk indicators – implies a referral to children social care is needed

## Under 18 year old at risk of FGM

This is to help when considering whether a child is AT RISK of FGM, or whether there are other children in the family for whom a risk assessment may be required

Please remember: any child under 18 who is considered at risk of FGM should be referred to the relevant Children's Social Care team

Date:	Completed by:
Organisation:	
Referral summary (if made):	

INDICATORS	Yes/No or suspected	Details
Child's mother has undergone FGM		
Other female family members have had FGM		
Parents/family members come from a community known to practice FGM		
A family elder, such as grandmother, is very influential within the family and is/will be involved in the care of the girl		
Child's mother/family have limited contact with people outside of her family		
Parents have poor access to information about FGM and do not know about the harmful effects of FGM or UK law		
Parents say that they or a relative will be taking the girl abroad for a prolonged period – this may not only be to a country with high prevalence, but this would more likely lead to a concern		
Girl has spoken about a long holiday to her country of origin/another country where the practice is prevalent		
Girl has attended a travel clinic or equivalent for vaccinations/anti-malarials		



INDICATORS	Yes/No or suspected	Details
FGM is referred to in conversation by the child, family or close friends of the child (see Appendix Three for traditional and local terms) – the context of the discussion will be important		
Sections missing from the Red book. Consider if the child has received immunisations, do they attend clinics etc.		
Girl withdrawn from PHSE lessons or from learning about FGM		
Girls presents symptoms that could be related to FGM		
Family not engaging with professionals (health, school, or other)		
A child or sibling asks for help to avoid FGM		
A parent or family member expresses concern that FGM may be carried out on the child		
Girl has confided in another that she is to have a 'special procedure' or to attend a 'special occasion'. Girl has talked about going away 'to become a woman' or 'to become like my mum and sister'.		
Girl has a sister or other female child relative who has already undergone FGM		
Family/child are already known to social services – if known, and you have identified FGM within a family, you must share this information with social services.		

Significant or immediate risk indicators – implies a referral to children social care is needed

### Over 18 year old woman who has undergone FGM or is at risk

This is to help you make a decision as to whether the unborn child (or other female children in the family) are at risk of FGM or whether the woman herself is at risk of further harm in relation to her FGM.

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Organisation: \_\_\_\_\_

Referral summary (if made): \_\_\_\_\_

INDICATORS	Yes/No or Suspected	Details
Woman comes from a community known to practice FGM		
Woman has undergone FGM herself		
Husband/partner comes from a community known to practice FGM		
A female family elder is involved/will be involved in care of children/unborn child or is influential in the family		
Woman/family has limited integration in UK community		
Woman and/or husband/partner have limited/ no understanding of harm of FGM or UK law		
Woman's nieces of siblings and/or in-laws have undergone FGM		
Woman has failed to attend follow-up appointment with an FGM clinic / FGM related appointment.		

INDICATORS	Yes/No or Suspected	Details
Woman's husband/partner/other family member are very dominant in the family and have not been present during consultations with the woman		
Woman is reluctant to undergo genital examination		
Woman already has daughters have undergone FGM		
Woman requesting reinfibulation following childbirth		
Woman is considered to be a vulnerable adult (issues of mental capacity and consent should be considered if she is found to have FGM)		
Woman says that FGM is integral to cultural or religious identity		

Significant or immediate risk indicators – implies a referral to children social care is needed
---

## Support for FGM Survivors

You can search for local support by entering in a postcode in the following link:

<https://www.gov.uk/female-genital-mutilation-help-advice>

Organisation	Contact details
Daughters Of Eve	Website: <a href="http://www.dofeve.org">www.dofeve.org</a> Telephone: 07983 030 488
HAWA Trust	Website: <a href="http://hawatrust.org.uk/">http://hawatrust.org.uk/</a> Email: <a href="mailto:info@hawatrust.org.uk">info@hawatrust.org.uk</a> Telephone: 020 7281 7694
Manor Gardens (Dahlia Project)	Website: <a href="http://www.manorgardenscentre.org/dahlia-support-fgm-survivors/">http://www.manorgardenscentre.org/dahlia-support-fgm-survivors/</a> Email: <a href="mailto:alev@manorgardenscentre.org">mailto:alev@manorgardenscentre.org</a> Telephone: 020 3441 4688 or 07852 360 272
NSPCC FGM Helpline	Email: <a href="mailto:fgmhelp@nspcc.co.uk">fgmhelp@nspcc.co.uk</a> Telephone: 0800 028 3550
The Maya Centre	Website: <a href="http://www.mayacentre.org.uk/">http://www.mayacentre.org.uk/</a> Email: <a href="mailto:admin@mayacentre.org.uk">admin@mayacentre.org.uk</a> Referral line: 020 7272 0995 General line: 020 7281 8970
University College London Hospital – FGM Clinic	Website: <a href="https://www.uclh.nhs.uk/OurServices/ServiceA-Z/WH/GYNAE/FGM/Pages/Home.aspx">https://www.uclh.nhs.uk/OurServices/ServiceA-Z/WH/GYNAE/FGM/Pages/Home.aspx</a> Email: <a href="mailto:uclh.fgmreferrals@nhs.net">uclh.fgmreferrals@nhs.net</a> Patient enquiries: 020 3447 9411 or 07944 241 992