City and Hackney Multi-Agency Protocol for Preventing and Tackling Female Genital Mutilation (FGM)

city & hackney safeguarding children board

City and Hackney Safeguarding Adults Board

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PURPOSE

No single agency can eradiate Female Genital Mutilation (FGM), so there is a need for different agencies to work together to help prevent and tackle it, as well as to support FGM survivors. The main purpose of this protocol is to provide key agencies, who are likely to come into contact with girls and women, with an understanding of FGM and what actions they should take to safeguard girls and women who they believe are at risk, or who have already undergone FGM.

This protocol recognises that, for some key professionals, there is a Mandatory Reporting Duty which requires them to report known cases of FGM in girls under 18 years old to the police. It also provides information for those staff not covered under the Mandatory Reporting Duty, as well as explaining what to do when a case involves a woman over the age of 18 years.

This protocol will be reviewed annually and monitored as part of the 'Tackling and Preventing FGM – City and Hackney Strategy'.

WHAT IS FGM?

FGM comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman. However, **it has no health benefits and harms girls and women in many ways.**

FGM has been classified by the World Health Organisation into four types:

Table 1: Main type of FGM

Type 1 – Clitoridectomy	Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
Type 2 – Excision	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).
Type 3 – Infibulation	Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
Type 4 – Other	All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

The age at which girls and women undergo FGM varies enormously between different communities. The procedure may be carried out when a girl is a newborn, during childhood or adolescence, just before marriage or during pregnancy.

WHAT ARE THE CONSEQUENCES OF FGM?

FGM involves removing and damaging healthy and normal female genital tissues, and can interfere with the natural function of female bodies. The practice causes severe pain and has several immediate and long term health consequences, including difficulties in childbirth also causing dangers to the child. The table below shows some of the immediate and long-term consequences arising from FGM:

Table 2: The immediate and long-term consequences of FGM[1]

Immediate	Long-term
Pain, which may be severe	Blood-borne virus infections (HIV, Hepatitis B or C
Shock	Difficulties menstruating
Genital swelling	Recurrent urinary tract infections
Urinary and wound infections	Renal failure
Excessive bleeding	Painful sex
Fractures or dislocation	Complications in pregnancy and child birth
Damage to reproductive system	Emotional and psychological issues which may lead to long term mental health problems
Death	Difficulties with personal and family relationships

OUR RESPONSIBILITIES

Everyone who works with children or families has a responsibility to ensure that procedures for safeguarding children are adhered to and statutory organisations, under Section 11 of the Children Act 2004, have a duty to safeguard and promote the welfare of children. This includes protecting girls who have had FGM or have been identified at risk of FGM.

Mandatory Reporting Duty

Since October 2015, there has been a mandatory requirement for **all regulated health and social care professionals and teachers** (in England and Wales) to report "known" cases of FGM in under 18 year old to the police. This means that health and social care professionals and teachers must report to the police if they either:

- are informed by a girl under 18 years that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 years and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

It is best practice for any reports under this duty to be made **by the close of the next working day** via the 101 telephone number. In exceptional cases, a maximum timeframe of one month is applied but this should only be for rare occasions.

[1] This is not an exhaustive list of the consequences of FGM

Failing to comply with the duty will be dealt with via existing disciplinary measures, which may include referral to the professional regulator and/or Disclosure and Baring Service as appropriate.

Monitoring requirements for health professionals

In addition to the above duty, health professionals are required to record FGM. Following the publication of the Data Standard it is mandatory for NHS healthcare professionals to record FGM in a patient's healthcare record, if they identify through the delivery of healthcare services that a woman or girl has had FGM. [1]

It is also mandatory for Acute Trusts and Primary Care to collate and submit basic anonymised details about the number of patients treated who have had FGM to the Department of Health.

While there is no requirement to ask girls and women whether they have had FGM, professional judgement should be used to decide whether to ask the patient.

It is best practice to share information between healthcare professionals to support the on-going provision of care and effort to safeguard women and girls against FGM. For example, after a woman has given birth, information about her FGM status should be included in the discharge summary record which is sent to the GP and Health Visitor. In addition, it is useful to include that there is a history of FGM within the Personal Child Health Record (often called the "Red Book").

WHAT ARE THE SIGNS OF FGM?

Below are some of the signs which may indicate that someone has undergone or is at risk of FGM. Many of these signs have been adapted from the multi-agency statutory guidance on female genital mutilation. [2] This is not an exhaustive list and there may be additional signs/factors to help identify the risk level of FGM.

Signs that a girl or woman has been subjected to FGM

A girl or women who has been subjected to the FGM may:

- Have frequent urinary, menstrual and/or stomach problems
- have difficulty in walking, sitting or standing or looks uncomfortable
- spend longer in the bathroom or toilet due to difficulties urinating and menstrual problems
- avoid physical exercise
- have prolonged or repeated absences, such as from school
- have increased emotional and psychological needs
- be reluctant to undergo any medical examinations
- ask for help, but not explicit about the problem
- talk about pain or discomfort between her legs

Signs that a girl or woman is at risk of FGM

There are a number of factors which may indicate whether a girl or woman is at risk of FGM, these include:

- a female child is born to a woman who has undergone FGM
- an older sibling or cousin of the girl has already undergone FGM
- the father of the girl or woman comes from a community known to practice FGM

- the women marries into community known to practice FGM
- the family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children
- family members believe FGM is integral to cultural or religious identity
- the family has limited level of integration with other communities in the UK
- the parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law.
- a girl or woman confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'
- a girl talks about a long holiday to her country of origin or another country where the practice is prevalent
- parents state they or a relative will take the girl out of the country for a prolonged period
- a parent or family member expresses concerns that FGM may be carried out
- family members are not engaging with professionals (such as in health and education)
- a family is already known to social care in relation to other safeguarding issues
- a girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
- a girl talks about FGM in conversation, for example, a girl may tell other children about it. It is important the context of the discussion is taken into account
- a girl is withdrawn from Personal, Social, Health and Economic (PSHE) education
- a girl is unexpectedly absent from school
- sections are missing from a girl's Red Book
- a girl has attended a travel clinic or equivalent for vaccinations/anti-malarials

WHAT TO DO IF FGM IS CONFIRMED OR A RISK OF FGM HAS BEEN IDENTIFIED?

The action you need to take will vary case by case and is dependent on whether the Mandatory Reporting Duty applies. **Appendix 1: FGM Protocol Flowchart for Professionals covered under the Mandatory Reporting Duty** provide a flowchart for those covered under the Mandatory Reporting Duty and **Appendix 2: FGM Protocol Flowchart for Staff not covered under the Mandatory Reporting Duty** provides a flowcharts for those that are not covered under this duty.

All officers, regardless of which organisation they work for, **should follow their organisation's FGM screening and safeguarding process** in conjunction to the seven key steps shows in

Table *3*. These steps have been adapted from the multi-agency statutory FGM guidelines, and includes the **additional actions for teachers, health professional and social workers** (i.e., those covered by the Mandatory Reporting Duty).

If you are unsure on what action to take, you must contact your organisation's safeguarding lead as soon as possible (for contact details, see **Appendix 7:)**

Table 3: Key steps for dealing with confirm or at risk of FGM cases

	All professions expected actions for all cases	Additional action for those covered by the Mandatory Reporting Duty (teachers, health professionals, social workers)
1	**If there is an imminent or serious risk to the individual, contact the Police immediately**	
2	**Follow your local safeguarding procedures in conjunction with the following steps**	
3	**Complete the relevant risk assessment** (see Appendix 8: FGM Safeguarding Risk Assessment Guidance) **If the assessment indicates a risk, a referral needs to be made**. 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 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	**In cases involving under 18 year olds, where FGM confirmed (regardless of when and where it took place), the case must be reported to the Police (via 101) within one working day**
4	**Unless it will cause immediate risk to any children, speak to family members to inform them:** • that FGM is illegal • the potential health consequences of FGM (see What are the consequences of FGM) • that, where appropriate, information will be shared about with colleagues and partner organisations	
5	**Assess whether other female family members or unborn children are at risk of FGM** Where there is a risk, complete the relevant risk assessment as described in step 2	
6	**As an on-going action, update the individual's record to include:** • the type of FGM (if known) • details on how FGM was confirmed • details on any discussion with the girl or family members • the actions you have taken e.g., – reporting to the Police – referral to a Children's Social Care team – whether information has been shared with other partner organisations (such as sharing with the girl's GP, health visitor or school)	**A "FGM" flag or a note should be placed on the individual's record**
7	**Prepare to engage in multi-agency meetings** (such as strategy meetings or child protection conferences)	
8	**Ensure the individual is offered appropriate support** (see Appendix 6: Support for FGM Survivors)	

What happens after a report is made to the police?

If an allegation of FGM or an immediate risk to FGM is made a crime report will be generated and an appropriate investigation strategy will be agreed.

Any allegations involving a girl under the age of 18 year will require a jointly run investigation with the relevant Children's Social Care team. If during any part of the investigation it is deemed that a girl is at risk of FGM, legal steps will be considered which may include applying for a FGM Protection Order.

What happens after a referral is made to Children's Social Care?

Once a referral is received, the relevant Children's Social Care team will decide whether to undertake a statutory assessment of the child(ren) identified at risk. Such an assessment will explore (but is not limited to) the following:

- the circumstances which led to the girl or woman being subjected to FGM
- the immediate and wider family's belief system in relation to the practice of FGM
- the family's contact with community and/or faith groups that support the practice of FGM
- if the family are likely to be in contact with those who have previously or currently perform FGM
- the influence of family and community beliefs and practices on the family
- if there are other risks including Honour Based Violence, Early Forced Marriage or Child Trafficking
- whether there are any plans for female children in the household to visit a country in which FGM is practiced
- the capacity of the child's parents/carers to resist community and familial pressure to subject female children to FGM and to protect female children in their care from FGM
- the child(s) views, knowledge and understanding of FGM (depending on age and understanding)
- the child's experience of family life and family / community belief systems
- whether female children in the household are able to access social / educational and health resources with an age-appropriate degree of autonomy
- whether the child has a safe adult(s) she can access if she is worried about her safety or welfare
- whether the child has already experienced or is likely to experience FGM during her childhood
- whether a professional response is required to meet the child's needs, reduce risk or provide immediate protection

The family will be informed of the outcome of the assessment and other relevant organisations, such as schools and GP practices will also be notified.

If a girl has experienced or is assessed to be at an imminent risk of FGM, the relevant Children's Social Care team will initiate a Child Protection Enquiry with the Police and health partners. Legal steps will also be considered to respond to or prevent imminent harm, which may include applying for a FGM Protection Order. The need for a medical examination will also be

considered, and where necessary advice can be sought from the University College London Hospital's FGM Clinic.

If a Child Protection Plan is initiated it will be reviewed with a multi-agency professional group and the family to monitor levels of risk. If the risk of FGM is reduced then the Child Protection Plan will end and a Child in Need Plan will be implemented, monitored and reviewed before the relevant Children's Social Care team ends their involvement.

If the assessment does not identify safeguarding concerning in relation to a child, the relevant Children's Social Care team will end their involvement.

WHO TO CONTACT FOR ADVICE AND MAKING REFERRALS?

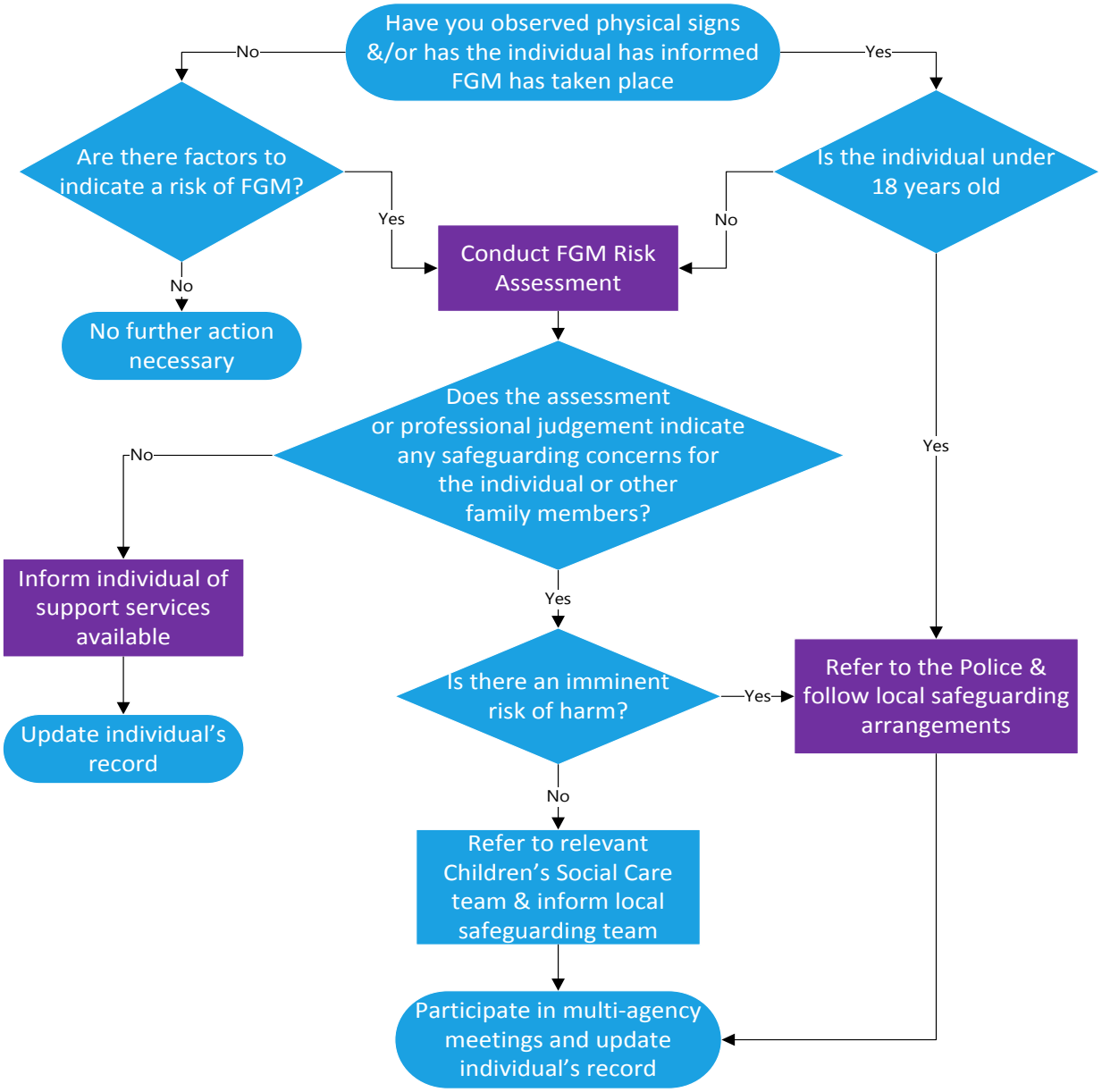
For cases involving City of London residents

Team	Contact details
City of London Children and Families Team	Telephone: 020 7332 3621 (Monday to Friday, 9am to 5pm) Outside office hours (emergency only): 020 8356 2710 Email: children.duty@cityoflondon.gov.uk
Adult Social Care Team	Telephone: 020 7332 1224 (Monday to Friday, 9am to 5pm) Outside office hours (emergency only): 020 8356 2300 Email: adultsduty@cityoflondon.gov.uk

For cases involving Hackney residents

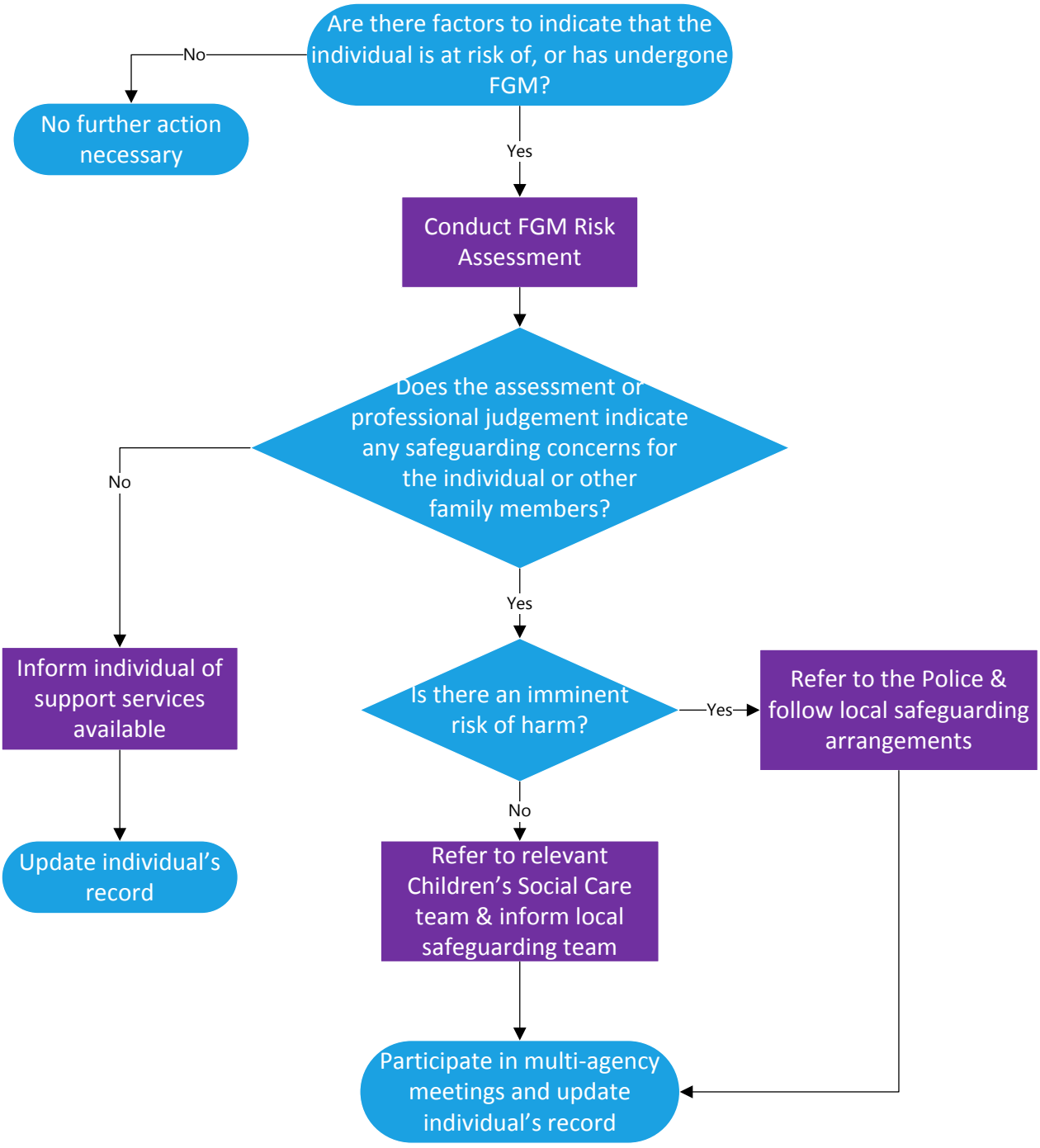
Team	Contact details
Hackney Children's Social Care Team	Telephone: 020 8356 5500 (Monday to Friday, 9am to 5pm) Outside office hours (emergency only): 020 8356 2710 Email: fast@hackney.gov.uk
Safeguarding Adults	Telephone: 020 8356 5782 (Monday to Friday, 9am to 5pm) Outside office hours (emergency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

Appendix 1: FGM Protocol Flowchart for 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**
- **To refer to City of London Children's Social Care, email children.duty@cityoflondon.gov.uk**

Appendix 2: FGM Protocol Flowchart for Staff 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**
- **To refer to City of London Children's Social Care, email children.duty@cityoflondon.gov.uk**

APPENDIX 3: RELEVANT LEGISLATION

Under the Female Genital Mutilation Act 2003, a person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris, except for necessary operations performed by a registered medical professional on physical and mental health grounds. It is also an offence to assist a girl to perform FGM on herself. Any person found guilty of an offence under the Act will be liable to a maximum penalty of 14 years imprisonment or a fine or both.

The 2003 Act created extra-territorial offences to deter people taking girls abroad for mutilation but the victim or perpetrator must either be a UK national or a permanent UK resident. Therefore, the law failed to protect girls and cover perpetrators, with a different residency status. The Serious Crime Act 2015 blocked this loophole by covering those who are 'habitually resident' in the UK.

In addition to the Mandatory Reporting Duty, the **Serious Crime Act 2015** also brought in a number of other changes:

- **Female genital mutilation: anonymity for victims:** lifelong anonymity for alleged victims of FGM. The aim here is to increase reporting of FGM by encouraging victims to report FGM offences and to increase prosecutions by helping the victim feel safe in their anonymity if they report a crime against them.

- **Female genital mutilation: duty to protect a girl:** there is a new offence of failing to protect a girl under the age of 16 from FGM. A person is liable if they are 'responsible' (possess parental responsibility) for a girl or have assumed responsibility for caring for a girl at the time when the offence is committed against her (this can include a Local Authority who has parental responsibility).

- **Female genital mutilation: FGM Protection Orders:** the high court or family courts will be able to make a protection order which can be used to protect a girl who may be at risk of an FGM offence or a girl to whom FGM has been committed. It will be a criminal offence to breach the order and the penalty will be a maximum penalty of five years imprisonment or as a civil breach punishable by up to two years' imprisonment.

APPENDIX 4: ADDITIONAL INFORMATION

Training and awareness

City and Hackney Safeguarding Children Board – Learning and Development	Home Office FGM e-learning
UNICEF FGM international data	Home Office FGM resource pack
FGM: video resources for healthcare professionals	e-learning for Healthcare: FGM module

General information

Multi-agency statutory guidance on female genital mutilation	Female Genital Mutilation: Risk and safeguarding – Guidance for professionals
Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children	HM Government (2015) What to do it you're worried a child is being abused
Communities Tackling FGM: Best Practice guide	Children and Family Court Advisory and Support Service, information on legal interventions to safeguard children

Health professionals

FGM Prevention Programme: Requirement for NHS Staff (Statement by the Department of Health and NHS England	Department of Health (2015) Mandatory reporting for healthcare professionals
Department of Health (2015) Commissioning Services to Support Women and Girls with Female Genital Mutilation	Health and Social Care Information Centre, Information on the Female Genital Mutilation Risk Indication System
Health and Social Care Information Centre, Information on the Female Genital Mutilation Enhanced Dataset Information Standard (SCCI2026)	Department of Health and Health and Social Care Information Centre (2015) Understanding the FGM enhanced dataset
Royal College of Obstetricians and Gynaecologist (2015) Female Genital Mutilation and its management (Green-top Guideline No. 53)	Royal College of Nursing (2015) Female Genital Mutilation
Crown Prosecution Service, Provision of Therapy for Child Witnesses Prior to a Criminal Trial	Ministry of Justice (2011) Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures

Police

College of Policing (2015) Authorised Professional Practice: Female Genital Mutilation	Crown Prosecution Service, Provision of Therapy for Child Witnesses Prior to a Criminal Trial
Ministry of Justice (2011) Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures	

APPENDIX 5: PREVALENCE OF FGM

More than 125 million girls and women alive today have undergone FGM in the 29 countries in Africa and Middle East where FGM is concentrated. [3] The World Health Organization estimates that between 100 and 140 million girls and women worldwide have experienced FGM and around 3 million girls undergo some form of the procedure each year in Africa alone. [4]

In addition to African and Middle Eastern countries, FGM has been identified in parts of Europe, North America and Australia. FGM has also been documented in the following countries: [2]

- Colombia
- Iran
- Israel
- Oman
- The United Arab Emirates
- The Occupied Palestinian Territories
- India
- Indonesia
- Malaysia
- Pakistan
- Saudi Arabia

National prevalence

A prevalence study in the UK estimated that approximately 60,000 girls under the age of 15 years in 2011 were born in England and Wales to mothers who had undergone FGM. [5]

It estimated that approximately 103,000 women aged 15 to 49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM. [5]

Local prevalence

Prevalence data estimates that between 2005 and 2013, 1,114 girls in City and Hackney were born to women with FGM, which represent 5.3% of all female births. In addition, it is also estimated that, between 2005 and 2013, 3,193 girls were born to women from FGM practising countries. [6]

City of London

The Office for National Statistics does not publish data on the exact country of birth for City of London residents. As a result, it is hard to ascertain the prevalence and risk of FGM in the City and London, however a statistical study published in July 2015 showed that, between 2005 to 2013, there were ten girls who were born to women from FGM practising countries.[2] [7] There were no girls aged between 0 to 15 years living in the City of London who were born in countries where FGM is prevalent, however female children born to mothers who were born in FGM practising countries may be at risk themselves.

[2] This work contains statistical data from ONS which is Crown Copyright. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis of the statistical data. This work uses research datasets which may not exactly reproduce National Statistics aggregates.

Latest census data (2011) does show that there were 45 women born in or near countries where there is a high prevalence of FGM (North, Central and Western Africa), [8] which may be an indication of the level of risk to City of London residents.[3]

The high volumes of people entering the City of London would indicate there are girls and women who are a risk or who have undergone FGM traveling within the area.

Hackney

All women using Homerton Hospital antenatal services are routinely asked if they have been "cut" before mandatory recording came into effect in 2014. The Homerton has approximately 6,000 births a year and the number of women who disclosed a history of FGM, at booking for maternity care (usually 12 weeks) from January 1st 2008 to 31st December 2013 was 245 according to the Electronic Patients Record system. It is possible that a greater number of women do not disclose but are recognised later.

Hackney Learning Trust has provided information from the annual school census on the number of pupils from different ethnic groups at schools across the borough. Of the countries where FGM is practised only six countries are covered by the school census. The number of girls whose parents are from a practising country was recorded as 3,028 in 2014 and 3,165 in 2015.

Between March 2014 and February 2016, 171 children were identified in FGM related referral referrals to Hackney Children Social Care, which resulted in 49 assessments. The assessment showed that less than five children has undergone FGM and that less than five where identified as being at risk FGM.

[3] This likely to be an overestimation, as not every country in North, Central and Western Africa practice FGM

APPENDIX 6: 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: www.dofeve.org Telephone: 07983 030 488
HAWA Trust	Website: http://hawatrust.org.uk/ Email: info@hawatrust.org.uk Telephone: 020 7281 7694
Manor Gardens (Dahlia Project)	Website:http://www.manorgardenscentre.org/dahlia-support-fgm-survivors/ Email: mailto: alev@manorgardenscentre.org Telephone: 020 3441 4688 or 07852 360 272
NSPCC FGM Helpline	Email: fgmhelp@nspcc.co.uk Telephone: 0800 028 3550
The Maya Centre	Website: http://www.mayacentre.org.uk/ Email: admin@mayacentre.org.uk Referral line: 020 7272 0995 General line: 020 7281 8970
University College London Hospital – FGM Clinic	Website:https://www.uclh.nhs.uk/OurServices/ServiceA-Z/WH/GYNAE/FGM/Pages/Home.aspx Email: uclh.fgmreferrals@nhs.net Patient enquiries: 020 3447 9411 or 07944 241 992

APPENDIX 7: SAFEGUARDING LEADS

Organisation	Safeguarding Leads
City and Hackney CCG	Mary Lee (Designated Nurse) Email: Mary.Lee1@nhss.net Telephone: 020 3816 3232 Nick Lessof (Designated Doctor) Email: Nick.Lessof2@cityandhackney.ccg.nhs.uk
City of London Children's Social Care & Early Help	Rachel Green (Service Manager) Email: Rachel.Green@cityoflondon.gov.uk Telephone: 020 7332 3501
City of London Police	Alexander Hayman Email: Alexander.Hayman@city-of-london.pnn.police.uk Telephone: 020 7601 2620
Hackney Children's Social Care	Laura Bleaney (Consultant Social Worker) Email: Laura.Bleaney@hackney.gov.uk Telephone: 020 8356 6272
Hackney Domestic Abuse Intervention Service	Cathal Ryan (Service Manager) Email: Cathal.Ryan@hackney.gov.uk Telephone: 020 8356 2806
Hackney Learning Trust	Paul Kelly (Head of Wellbeing and Education Safeguarding) Email: Paul.Kelly@learningtrust.co.uk Telephone: 020 8820 7325 / 07919 892 174
HCVS	Kristine Wellington (Head of Safeguarding) Email: Kristine@hcvs.org.uk Telephone: 020 7923 1962
Homerton Sexual Health Service	Katherine Coyne (Consultant Physician in Sexual Health and HIV Medicine) Email: Katherine.Coyne@homerton.nhs.uk Telephone: 020 8510 7239
Homerton University Hospital NHS Foundation	Marcia Smikle (Head of Safeguarding Children) Email: Marcia.Smikle@homerton.nhs.uk Telephone: 020 7683 4288 / 020 8510 5750

Organisation	Safeguarding Leads
Metropolitan Police (Hackney CAIT)	Debbie McCormack (Detective Inspector) Email: Debbie.McCormack@met.pnn.police.uk Telephone: 020 8217 6481 / 07979 398 213 Rachel Porter (Acting Detective Sergeant) Email: Rachel.M.Porter@met.pnn.police.uk Telephone: 020 8217 6537
Nia	Jodie Woodward (Head of Operations) Email: jwoodward@niaendingviolence.org.uk Telephone: 020 7683 1270 Berna Varda (Haringey and Hackney IDVA Service Coordinator) Email: bvarda@niaendingviolence.org.uk Telephone: 020 7683 1270 Claire Cowper (East London Rape Crisis Volunteer Coordinator) Email: ccowper@niaendingviolence.org.uk Telephone: 020 7683 1270

APPENDIX 8: FGM SAFEGUARDING RISK ASSESSMENT GUIDANCE

This guidance has been adapted from the Department of Health (2015) and has been designed to support officers to identify and consider risks relating to female genital mutilation, and to support the discussion with the individuals and family members.

It should be used it to help assess whether the individual you are engaging with is either at risk of harm in relation to FGM or has had FGM, and whether the individual has children who are potentially at risk of FGM, or if there are other children in the family/close friends who might be at risk.
If when asking questions based on this guide, any answer gives you cause for concern, you should continue the discussion in this area, and consider asking other related questions to further explore this concern.

Having used the guide, you will need to decide:

- Do I need to make a referral through my local safeguarding processes, and is that an urgent or standard referral?
- Do I need to seek help from my local safeguarding lead or other professional support before making my decision? Note, you may wish to consult with a colleague at a Multi-Agency Safeguarding Hub, Children's Social Services or the local Police Force for additional support.
- If I do not believe the risk has altered since my last contact with the family, or if the risk is not at the point where I need to refer to an external body, then you **must** ensure you record and share information about your decision accordingly.

An URGENT referral should be made, out of normal hours if necessary, if a child or young adult shows signs of very recently having undergone FGM. This may allow for the police to collect physical evidence.

An urgent referral should also be made if the healthcare professional believes that there are plans perhaps to travel abroad which present a risk that a child is imminently likely to undergo FGM if allowed to leave your care.

In urgent cases, Children's Social Services and the Police will consider what action to take. One option is to take out an Emergency Child Protection Order. If required, an EPO is an order made under Section 44 of the Children Act 1989 enabling a child to be removed to a place of safety where there is evidence that the child is in "imminent danger".

In many other situations if a child or young adult under 18 years of age is discovered to have had FGM, a referral should be made through local safeguarding processes for Children's Social Care and it is likely that this can be made during normal working hours and standard procedures, when the risk presented does not have an imminent or urgent element identified.

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

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[4] UNICEF, "Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change," UNICEF, 2013.

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[6] E. Dorkenoo, L. Morison and A. Macfarlane, "A Statistical Study to Estimate the Prevalence of Female Gential Mutilation in England and Wales," FORWARD, London, 2007.

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[8] Office for National Statistics , "Census: Local characteristics, table LC2103EW, Country of birth by sex and age," 2011.