

City & Hackney Multi-Agency FGM Protocol



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 8356 5782 (Monday to Friday, 9am to 5pm) Outside office hours (emergency only): 020 8356 2300 Email: adultsduty@cityoflondon.gov.uk |

For cases involving Hackney residents

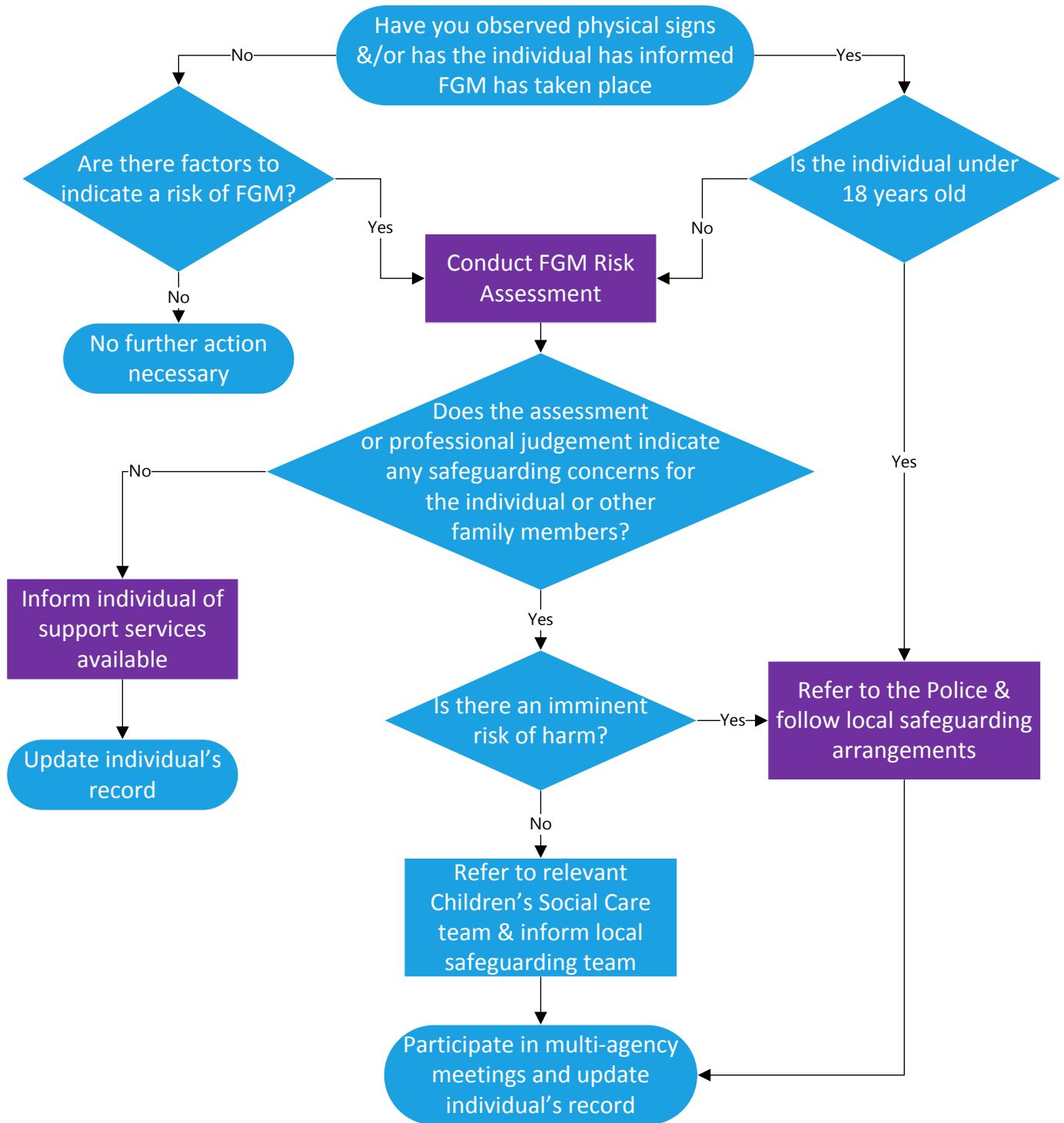
| Team | Contact details |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hackney 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 |

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

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

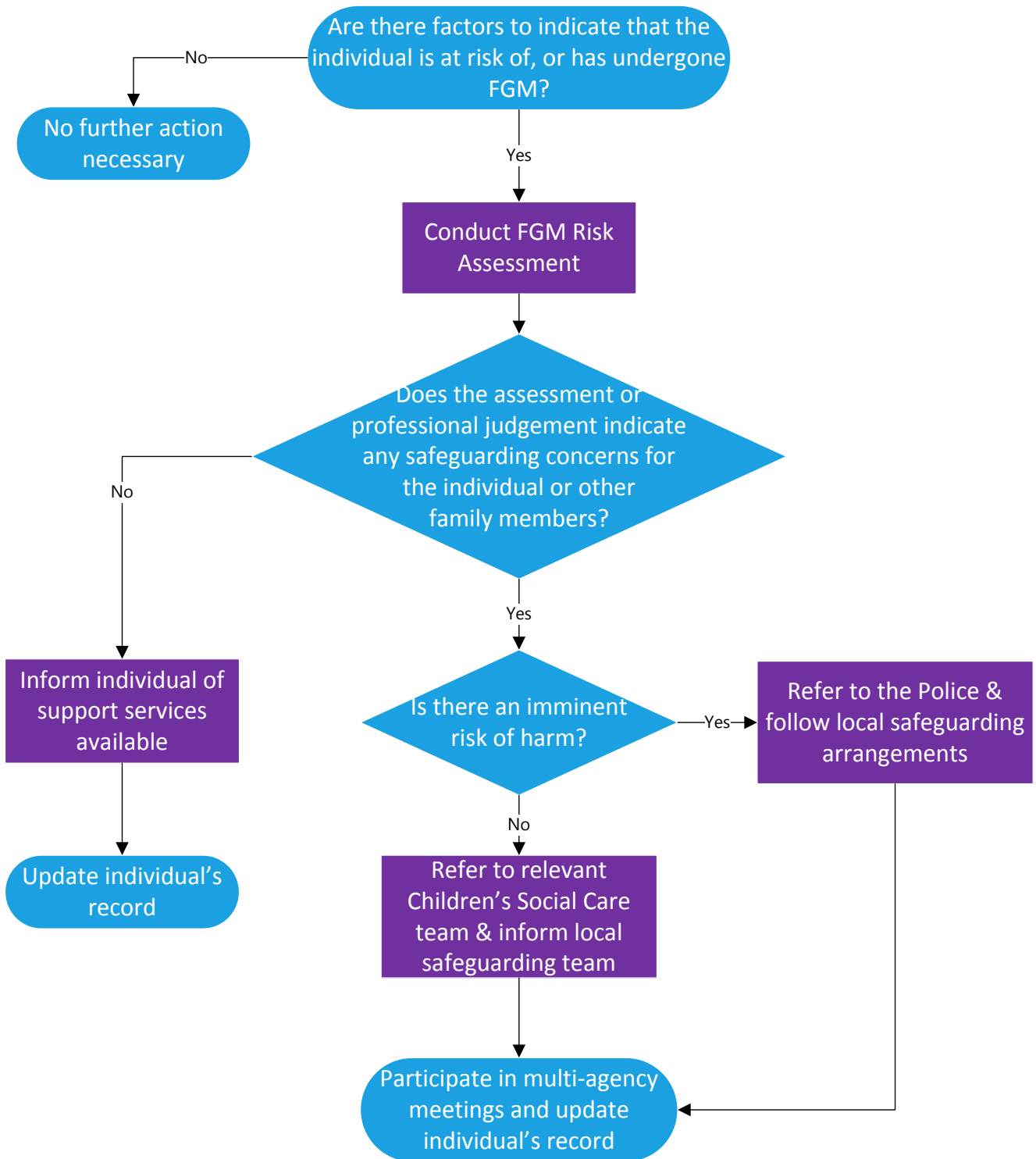
| | All professions expected actions for all cases | Additional action for those covered by the Mandatory Reporting Duty (teachers, health professionals, social workers) |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 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 | <p>Complete the relevant risk assessment (see Error! Reference source not found.)</p> <p>If the assessment indicates a risk, a referral needs to be made.</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 <u>must</u> be reported to the Police (via 101) within one working day</p> |
| 4 | <p><u>Unless it will cause immediate risk to any children,</u> speak to family members to inform them:</p> <ul style="list-style-type: none"> • that FGM is illegal • the potential health consequences of FGM • that, where appropriate, information will be shared about with colleagues and partner organisations | |
| 5 | <p>Assess whether other female family members or unborn children are at risk of FGM</p> <p>Where there is a risk, complete the relevant risk assessment as described in step 2</p> | |
| 6 | <p>As an on-going action, update the individual’s record to include:</p> <ul style="list-style-type: none"> • 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., <ul style="list-style-type: none"> – 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) | <p>A “FGM” flag or a note should be placed on the individual’s record</p> |
| 7 | <p>Prepare to engage in multi-agency meetings (such as strategy meetings or child protection conferences)</p> | |
| 8 | Ensure the individual is offered appropriate support | |

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

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
- To refer to City of London Children's Social Care, email 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: 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 |