Children's Safeguarding and Family Help

FGM procedures

Overview of FGM guidance

This document sets out the local CSFH procedures for dealing with cases involving FGM including action to be taken to safeguard girls at risk of FGM and providing support for those who have experienced FGM.

Camden follows the London Safeguarding Children FGM procedures and social workers should refer to these for further guidance: PG17. Female Genital Mutilation (FGM)

For further information about FGM, social workers should refer to the statutory guidance. Multi-agency statutory guidance on female genital mutilation - GOV.UK

When working with cases involving FGM, social workers should bear the following in mind:

- Carrying out and aiding and abetting the carrying out of FGM, both in the UK and abroad, is a criminal offence.

- Parents are responsible for protecting their daughter from the practice of FGM and failure to do this is a criminal offence.

- FGM is a form of child abuse involving significant harm and therefore all cases should be dealt with initially under child protection procedures.

- Social workers are one of the professional groups who have a duty under the mandatory reporting rules to notify the police of any known case of FGM. Details can be found in the CSCP guidance available at: http://www.cscb-new.co.uk/wp-content/uploads/2015/10/FGM-mandatory-reporting-guide.pdf

- FGM victims are guaranteed anonymity under legislation and their status as a victim should not be made public. Information sharing with other professionals should be proportionate and only take place on a need to know basis in order to safeguard the child.

Procedures

- All **notifications of known cases** that are referred to the Police under the mandatory reporting rules and all **referrals of suspected cases** received by the Child and Family Contact team will be passed straight to the MASH manager.

- Cases should be processed under MASH procedures and RAG rated by the MASH manager.

- Social workers should refer to the FGM risk assessment matrix shown at appendix 1 in order to help them to recognise when FGM may be an issue and to inform decisions on thresholds and actions needed to protect the child.

- On open cases, social workers should remain aware that a child they work with is at risk of or has experienced FGM:

    - Where a child discloses to their social worker that they have undergone FGM the social worker must make a notification to the police (see above).

    - Any disclosure or suspicion of FGM should be discussed with the team manager or supervisor and an updated assessment carried out.

- Social workers should consult with the Camden FGM leads if they believe a case may involve FGM in order to get advice on what further steps to take and how to work with the family around the issue. The FGM leads will also advise on whether to consult with the Child Protection Co-ordinator. The leads are:
    - Jay Fente (x 1096)
    - Rebecca Coleman (x 1799)

- All known and suspected cases of FGM should be referred to the IRO Service Manager for discussion on what action needs to be taken, particularly if any emergency action needs to be taken to safeguard the child.

- The CAIT should also be involved, particularly if the child has undergone FGM as there will be a criminal investigation.

- In all cases, a strategy meeting should be convened within 2 working days of notification or referral. The FGM lead should be invited to attend the meeting and the meeting should consider:

  - the risk to the child
  - any other child in the household or close female relative
  - the support needs of any victim of known FGM, including the child's mother.

- Any assessment must include an assessment of risk of FGM both in the short and long term and should involve the child's extended family, including all male members.

- Assurances should be sought from the family that the child will be kept safe from the practice of FGM. Social workers should consider a written agreement for this purpose.

- The child's plan should make it clear to the professional network the level of risk and their role in reporting any concerns to CSFH.

- Where there are concerns that a child may be at immediate risk, including being taken abroad for the purposes of carrying out FGM, social workers should discuss what emergency action can be taken with the IRO Service Manager.

- Advice should be sought from Legal Services on taking out a FGM Protection Order. If such an order is granted, this fact must be communicated to any agency whose co-operation is needed to ensure the child's safety, for example their school.

- Cases where FGM has occurred and there will be a police investigation or where there remains a significant risk that the child may undergo FGM should proceed to an initial child protection case conference.

- Other cases where there is no risk of FGM at the present time but there may be a future risk may be dealt with under child in need procedures.

- If a case is to be stepped down to early help, the team around the child should be made aware of the need to continue to monitor the risk of FGM.

- A referral should be made to the FGM clinic at UCLH for any child who has undergone or is at risk of FGM; call 0203 447 9064 or email UCLH.PaediatricSafeguarding@nhs.net

Appendix 1: FGM risk assessment matrix (based on the Department of Health risk assessment guidance May 2016)

For use when considering whether the child is at risk of FGM or whether there are other children in the family for whom a risk assessment may be required

Indicator	**Yes**	**No**	**Details**
Child's mother has undergone FGM			
Other female family members have had FGM			
Father comes from a community known to practice FGM			
A female family elder is very influential within the family and is/will be involved in the care of the girl			
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 concern			
Girl has spoken about a long holiday to her country of origin/another country where the practice is prevalent			
Girl has attended travel clinic or equivalent for vaccinations/anti-malarial			
FGM is referred to in conversation by the child, family or close friends of the family			
Girl withdrawn from PHSE lessons or from learning about FGM			
Family not engaging with professionals			
Professionals have other safeguarding concerns about the family			
Girl presents symptoms that could be related to FGM (see indicators below)			
For use when considering significant or immediate risk			
A child or sibling asks for help			
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			

For use when considering whether a child has undergone FGM

Indicator	Yes	No	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, eg withdrawal, depression or significant changes in behaviour			
Girl avoiding physical exercise or requiring to be excused from PE lessons/reluctant to change for PE			
Girl has spoken about having been on a long holiday to her country of origin or another country where the practice is prevalent			
Girl spends a long time in the bathroom/toilet or long periods away from the classroom			
Girl talks about pain or discomfort between her legs			
Significant or immediate risk			
Girl asks for help			
Girl confides in a professional that she has undergone FGM			
Mother/family member discloses that the child has undergone FGM			