The Royal Wolverhampton NHS Trust

Policy Number CP67

Identification and Management of Female Genital Mutilation Policy (FGM)

Contents

1.0 Policy Statement

The purpose of this policy is to reduce the risk of serious harm by offering early intervention in the lives of families affected by FGM. This document directs the consistent approach to managing cases of FGM within The Royal Wolverhampton NHS Trust (RWT). Effective pathways and a robust information sharing process between health and partner agencies are required to protect victims and girls from risk of significant harm. The girl's welfare must remain paramount throughout the

process in accordance with Working Together to Safeguard Children (2018) and Section 11 of the Children Act 2004.

This policy has been designed for all frontline practitioners and clinicians. With effect from June 2015, NHS acute trusts are required to record all cases of FGM and submit figures of identified cases via the FGM enhanced data set (Department of Health 2015). The Serious Crime Act 2015 introduced a duty requiring regulated health agencies to report known cases of FGM in under 18-year-olds to the police. The practice of FGM is a criminal offence in the UK (Female Genital Mutilation Act 2003).

FGM is a form of child abuse. It is recognised internationally as a gross violation of human rights and reflects an extreme form of discrimination against women. FGM has no health benefits and only serves to harm women and girls. It has many immediate health complications and long term consequences both physically and mentally.

This policy will:

- Support staff in identifying FGM.
- Promote selective enquiry when a clinician suspects FGM.
- Identify risk to girls and women.
- Describe the referral pathway that staff must follow to appropriate agencies.
- Support staff to collaborate effectively with other health professionals and other partner agencies as appropriate.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy OP109 must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

2.1 Definitions of FGM

The World Health Organisation (WHO) 2020 defines FGM as 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.

Female Genital Mutilation has been classified by the World Health Organisation into four types. See table below.

Type I	The partial or total removal of the clitoral glans and/or the prepuce.
Type II	The partial or total removal of the clitoral glans and the labia minora with or without excision of the labia majora.
Type III	Often referred to as **infibulation**, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral glans.
Type IV	This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

(World Health Organisation 2020)

2.2 General Definitions

MASH	**The Multi – Agency Safeguarding Hub is the single point of contact for all professionals to report safeguarding concerns.**
MARF	**Multi-Agency Referral Form completed for children and young people where there are concerns for their safeguarding.**
Child	**Is defined by law as a person aged less than 18 years-old.**
WST	**Wolverhampton Safeguarding Together which convenes safeguarding partners**

3.0 Accountabilities

This policy applies to all staff employed by the Trust, and how they can be supported to develop an understanding of FGM and the reporting responsibilities

3.1 The Chief Nurse

Fulfils the role of the nominated Director/Executive Lead and is responsible for coordinating the management of safeguarding which includes FGM.

Ensures that the Board receives sufficient assurance on the effectiveness of the service.

3.2 Head of Safeguarding

The Head of Safeguarding manages the Children and Adult Safeguarding Service and provides expert leadership on all aspects of the safeguarding agenda.

The Head of Safeguarding is responsible for ensuring that the Trust has robust systems and processes in place for the protection and on-going support of adults and children.

Supports the work generated by Wolverhampton Safeguarding Together or equivalent.

3.3 Safeguarding Adults and Children's Teams

The Safeguarding Teams will provide, in the context of FGM, expert professional leadership, advice, support supervision and guidance on the management of safeguarding concerns relating to victims of FGM or those who may be at risk.

The Teams will act as a resource providing accessible, accurate and relevant information to all staff.

Contribute to training and education across the organisation in respect of safeguarding children and adult issues regarding FGM.

Provide bespoke face to face FGM training to key specialist clinical areas within RWT.
Implement and adhere to the policy and embed into practice within RWT.

3.4 Employees

Must be aware of the policy and how it impacts on their practice.

Must do training relating to FGM relevant to their role provided by the RWT Safeguarding teams.

Must be alert to the potential indicators of FGM and act in accordance with this policy when supporting women and girls that have been affected by FGM.

Must ensure they access advice and guidance from RWT Safeguarding team and /or Multi Agency Safeguarding Hub (MASH) during office hours or the duty social care team outside of office hours, where they are unclear about the application of any aspect of this policy or associated guidance.

Must ensure that all identified cases of FGM or concerns of FGM are documented clearly in patient notes.

Must make referrals to the appropriate agencies in a timely manner.

4.0 Policy Detail

Not all survivors of FGM will disclose information to the clinician. However, a woman or girl's presentation may prompt a clinician to suspect FGM. When the clinician suspects or considers FGM, the Department of Health (DOH) FGM Safeguarding Pathway should be followed. This pathway will guide clinicians to introductory questions (see Appendix 1).

How you open the conversation about FGM will differ depending on the circumstances of your patient. However, in all cases you must ask the following introductory questions:

1) Do you, your partner or your parents come from a community where cutting or circumcision is practiced?
2) Have you been cut? It may be appropriate to use other terms or phrases http://nationalfgmcentre.org.uk/wp-content/uploads/2018/02/FGM-Terminology-for-Website.pdf

The questions must be asked to the patient directly or to the person with parental responsibility, where appropriate. If the patient is a child consider Gillick competencies and capacity to understand and refer to CP06, Consent to Treatment and Investigation Policy for additional guidance. When the use of an interpreter is required please refer to OP47, Interpreting and Communication Policy and Procedure. An interpreter should not used if they reside in the same local community as the child and family where there are FGM concerns.

If the clinician receives a **YES** answer to question one or two then the clinician should continue to follow the DOH FGM Safeguarding Pathway. As part of this pathway clinicians should utilise the FGM Safeguarding Risk Assessment Template to aid clinical judgement in determining the level of risk and future action required (**see appendix 2).**

If a Multi Agency Referral Form (MARF) and/or Adult Safeguarding Concern and Notification Form (SA1) is deemed necessary, a copy of the FGM risk assessment must be attached to the referral and sent to the appropriate MASH team via a secure email address.

The risk assessment checklist (appendix 3) can be used as an aide memoire for staff and if completed must be printed off and placed in records.

Female Child (under 18 years old)

In order to safeguard children against FGM, it is imperative that appropriate information is shared with relevant professionals, which may include General Practitioner, Health Visitor, School Nurse and Midwife. A Multi Agency Referral Form (MARF) should be sent to the Multi Agency Safeguarding Hub (MASH) if the magnitude of the risk determines Local Authority intervention is required.

RWT staff should document any routine enquiry (to the mother or other female carer for child), discussion and actions in all of the relevant child health records, in addition to any risk assessment templates completed.

If you suspect a child may have had FGM or is at serious or imminent risk of FGM, you must act in accordance with your local safeguarding procedures (Department of Health 2016) and the RWT CP41, Safeguarding Children Policy). The FGM risk templates will aid the initial assessment of risk, but they should not cause delays in reporting and referring when the need to act quickly is necessary to safeguard and protect a child. If a child is at imminent risk of harm then an urgent safeguarding response should be initiated.

Registered Health Professionals have a statutory duty, under The Serious Crimes Act 2015, to report known cases of FGM in girls under the age of 18 years. This is known as Mandatory Reporting Duty (**see appendix 4**).

If there are suspicions of FGM based on the child's history, do not examine the child yourself: your MASH referral will be followed up with appropriate child protection procedures, which may include a child protection examination. If the child's presentation requires a physical examination that reveals evidence of FGM, terminate the physical examination and make an urgent MASH referral.

During office hours advice can be obtained from RWT Safeguarding Children's Team or Children's MASH. Outside office hours MASH 24 should be contacted for advice 01902 552999. If the child is at immediate risk of FGM or being removed from the UK contact the Police on 999.

Adult Woman

There is no requirement for automatic referral of adult women with FGM to adult social services or the police. Healthcare professionals should be aware that any disclosure may be the first time that a woman has ever discussed her FGM with anyone. Referral to the police must not be introduced as an automatic response when identifying adult women with FGM, and each case must continue to be individually assessed. The wishes of the woman must be respected at all times (Department of Health 2016).

In all cases it is also important to consider whether the individual or her family are known to social services, and whether there are any existing safeguarding arrangements in place (HM Government Multi-Agency Statutory Guidance on Female Genital Mutilation 2016).

If a vulnerable adult is identified as having had or being at risk of FGM, you must follow existing processes to protect vulnerable adults (Department of Health 2016). This should be in conjunction with RWT CP53, Safeguarding Adults at Risk Policy.

Any adult assessment must consider the potential risks of FGM to any other women or girls living in the same family.

When it has been identified in RWT that a woman has undergone FGM, information must be included within any clinical notes or discharge summary information and sent to the registered GP. This will be in addition to any other clinical findings as part of the provision of care (Department of Health 2016).

During office hours advice can be obtained from RWT Safeguarding Adults Team. Outside office hours MASH 24 should be contacted for advice 01902 552999. Further information can be found on the Trust intranet Safeguarding Services webpage.

Pregnant Adult Woman

For further guidance on the specific management of pregnant women with FGM see Attachment 1, Management of Women with Female Genital Mutilation

FGM NHS Enhanced Dataset

The FGM Enhanced Dataset will require organisations to record and collect information about the prevalence of FGM in women and girls, treated by the NHS in England. This will include if the patient is receiving any treatment for any condition; it is not limited to reporting women receiving treatment for FGM-related condition (Department of Health 2015)

For Maternity Services:

When FGM is observed or disclosed the clinician must complete the Health and Social Care FGM Data Requirements form via Badgernet IT system.

For all other departments within RWT:

When FGM is observed or disclosed the clinician must complete the Health and Social Care FGM Data Requirements form (appendix 5). The completed form must then be emailed to the Safeguarding Administrative team at rwh-tr.Safeguarding-Gem@nhs.net.

Key Legislation

- Department of Health Female Genital Mutilation Risk and Safeguarding Guidance for Professionals 2016
- HM Government Multi-agency Statutory Guidance on Female Genital Mutilation 2016.
- Serious Crime Act 2015.
- Female Genital Mutilation Act 2003.
- Working Together to Safeguard Children 2018.
- Ending Violence against Women and Girls 2016.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require any additional revenue resources	No
3	Does the implementation of this policy require any additional manpower	
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

Completed and attached separately.

7.0 Maintenance

The Author of the policy together with the Head of safeguarding will ensure that the policy is updated in accordance with any new legislation at the appropriate time and that staff will be informed accordingly.

8.0 Communication and Training

0-19 Practitioners and clinicians in targeted areas and departments will be offered bespoke face to face FGM training.

Further information will also be available on the trust intranet safeguarding services webpage.

Advice and information on FGM is also available from the Safeguarding Team on call service available Monday-Friday 9-5. rwh-tr.safeguarding-team@nhs.net for adult enquiries or rwh-tr.safeguarding-children@nhs.net for children's enquiries.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
All safeguarding referrals relating to concerns of FGM including FGM risk assessment templates to be emailed to the Safeguarding Adults and Children's Teams	Named Nurse Safeguarding Adult- FGM Lead Named Nurse Safeguarding Children- FGM Lead	Routine data collection	Monthly	TSG
All Cases of FGM that have been identified but where not reported on first encounter should inform identification of gaps in knowledge and be used to identify training needs.	Named Nurse Safeguarding Adult- FGM Lead Named Nurse Safeguarding Children- FGM Lead	Routine data collection	Ad hoc	TSG

10.0 References - Legal, professional or national guidelines

- Children Act, (2004). *Section 11.* Available at: https://www.legislation.gov.uk/ukpga/2004/31/section/11 [Accessed 19.11.2021].

- Department of Health, (2015). *FGM Prevention Programme -Understanding the FGM Enhanced dataset- updated guidance and clarification to support implementation.* Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461524/FGM_Statement_September_2015.pdf [Accessed 19.11.2021]

- Department of Health, (2016). Female Genital Mutilation Risk and Safeguarding. Guidance for Professionals. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf [Accessed 19.11.2021]

- Female Genital Mutilation Act, (2003). Available at: https://www.legislation.gov.uk/ukpga/2003/31/contents [Accessed19.11.2021]

- HM Government, (2016). Multi-agency Statutory Guidance on Female Genital Mutilation. [online] Available at: https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation [Accessed 19.11.2021]

- HM Government, (2018). *Working together to safeguard children.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf [Accessed 19.11.2021]

- Serious Crimes Act, (2015). *Part 5 Protection of Children and Others.* [online] Available at: https://www.legislation.gov.uk/ukpga/2015/9/part/5/enacted [Accessed 19.11.2021]

- World Health Organization, (2020). *Female Genital Mutilation Fact Sheet*. [online] Available at: http://www.who.int/mediacentre/factsheets/fs241/en/ [Accessed 19.11.2021].

Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and Policy version: **CP67 V**	**Policy Title** **CP67 Identification and management of Female Genital Mutilation Policy (FGM)**	**Status:** Final		**Authors:** **Lisa Tooth** **Named Nurse Safeguarding Children** **(FGM Children's Lead)** **Safeguarding Adult Nurse** **(FGM Adult Lead)** **Director Sponsor: Chief Nurse**
Version / Amendment History	Version	Date	Author	Reason
	1	January 2019	Safeguarding Adult Nurse	Introduction of policy
	2.0	December 2021	Lisa Tooth Named Nurse Safeguarding Children	Full review undertaken. Updated and amended. Attachment 1 Maternity FGM procedure will be updated by Lead Midwife for Safeguarding spring 2022 which will be processed as a minor amendment to the policy.
Intended Recipients: Trust Wide - This policy applies to all clinical staff members who are directly employed by The Royal Wolverhampton NHS Trust (RWT) and for whom RWT have a legal responsibility.				
Consultation Group / Role Titles and Date. Trust Safeguarding Group (TSG), RWT Safeguarding Team, Chief Nurse.				
Name and date of Trust level group where reviewed	Trust Policy Group – January 2022			
Name and date of final approval committee	Trust Management Committee – January 2022			
Date of Policy issue	February 2022			

Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	January 2025

Training and Dissemination:

The approved policy will be found on RWT Intranet.

Dissemination via Trust Brief

Managers and Matrons will be informed via email.

Information will be disseminated at the Band 7 forum and the Clinical Nurse Specialist forum.

Bespoke face to face training will be provided to key specialist clinical areas.

Publishing Requirements: Can this document be published on the Trust's public page:

Yes

To be read in conjunction with:

This policy should be read in conjunction with Wolverhampton Safeguarding Together procedures https://www.wolverhamptonsafeguarding.org.uk/ and RWT Adult and Children Safeguarding policy CP53 and CP41.

It should also be read in conjunction with;

Royal Wolverhampton Trust - Management of women with Female Genital Mutilation (2017)

Ending Violence Against Women and Girls Strategy: 2016 to 2020

Female Genital Mutilation Risk and Safeguarding: Guidance for Professionals 2016.

Working Together To Safeguard Children 2018

Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904

Monitoring arrangements and Committee	Trust Safeguarding Group

Document summary/key issues covered

Female Genital Mutilation (FGM) is not an issue that can be decided upon by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. (Department of Health 2016.)

The National Health Service has a particular contribution to make in the drive to recognise and respond to the risks around FGM.

This policy has been designed to address the trusts responsibilities and processes in

respect of FGM and safeguarding against FGM in accordance with local and national guidance and legislation, by adopting a care, protect and prevent approach. To provide appropriate guidance for staff in the event that a woman or girl is identified as having undergone FGM or is at risk of FGM. .	
Key words for intranet searching purposes	Female Genital Mutilation
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	**No**

Part B **Ratification Assurance Statement**

Name of document: **CP67 Identification and management of Female Genital Mutilation Policy (FGM)**

Name of author: Lisa Tooth Job Title: **Named Nurse Safeguarding Children**

I, Lisa Tooth, the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: ***Lisa Tooth***

Date:
Name of Person Ratifying this document (Chief Officer or Nominee):
Job Title:
Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version CP67 Version 1.1	**Policy Title** **Identification and Management of Female Genital Mutilation Policy (FGM)**	
Reviewing Group	Trust Policy Group	**Date reviewed: January 2022**
Implementation lead: Lisa Tooth Named Nurse Safeguarding Children		
Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	NA	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	NA	
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	NA	
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Dissemination via Matron meetings, Team Brief, Specialist 2 hour Training to key areas such as Sexual Health dept and 0-19 professionals. Intranet and Safeguarding Adult and Children's pages on intranet	Lisa Tooth Training to be delivered throughout 2022. Policy update via Team Brief and safeguarding newsletter as soon as possible after ratification of policy.

Financial cost implementation Consider Business case development	NA	
Other specific Policy issues / actions as required **e.g. Risks of failure to implement, gaps or barriers to implementation**	NA	

Department of Health

FGM Safeguarding Pathway

Presentation prompts clinician to suspect/consider FGM e.g. repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g., young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony).

INTRODUCTORY QUESTIONS: Do you, your partner or your parents come from a community where cutting or circumcision is practised? (It may be appropriate to use other terms or phrases)

No – no further action required

Yes

Do you believe patient has been cut?

No – but family history

Yes

Patient is under 18 or vulnerable adult

If you suspect she may be at risk of FGM:

Use the safeguarding risk assessment guidance to help decide what action to take:

- If child is at imminent risk of harm, initiate urgent safeguarding response.
- Consider if a child social care referral is needed, following your local processes.

Patient is under 18

Ring 101 to report basic details of the case to police under **Mandatory Reporting Duty.**

Police will initiate a multi-agency safeguarding response.

Patient is over 18

Does she have any female children or siblings at risk of FGM?

And/or do you consider her to be a vulnerable adult?

Complete safeguarding risk assessment and use guidance to decide whether a social care referral is required.

FOR ALL PATIENTS who have HAD FGM

1. Read code FGM status
2. Complete FGM Enhanced dataset noting all relevant codes.
3. Consider need to refer patient to FGM service to confirm FGM is present, FGM type and/or for deinfibulation.
   a) If long term pain, consider referral to uro-gynae specialist clinic.
   b) If mental health problems, consider referral to counselling/other.
   c) If under 18 refer all for a paediatric appointment and physical examination, following your local processes.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible OR
- Share information with multi-agency partners to initiate safeguarding response.

FOR **ALL PATIENTS**:

1. Clearly document all discussion and actions with patient/family in patient's medical record.
2. Explain FGM is illegal in the UK.
3. Discuss the adverse health consequences of FGM.
4. Share safeguarding information with Health Visitor, School Nurse, Practice Nurse.

Contact details

Local safeguarding lead:

Local FGM lead/clinic:

NSPCC FGM Helpline: 0800 028 3550

Detailed FGM risk and safeguarding guidance for professionals from the Department of Health is available online

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse.
Always ask your local safeguarding lead if in doubt.

Part One (a): PREGNANT WOMEN

(OR HAS RECENTLY GIVEN BIRTH)

Date:_____ Completed by:_____

Assessment: Initial/On-going

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.

Indicator	Yes	No	Details
CONSIDER RISK			
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, siblings and/or in-laws have undergone FGM			
Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment			
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			
SIGNIFICANT OR IMMEDIATE RISK			
Woman already has daughters who have undergone FGM			
Woman or woman's partner/family requesting reinfibulation following childbirth			
Woman is considered to be a vulnerable adult and therefore 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			
Family are already known to social care services - if known, and you have identified FGM within a family, you must share this information with social services			

ACTION

Ask more questions - if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider risk - if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

Significant or Immediate risk - if you identify one or more serious or immediate risks, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/GAIT team/ Police/MASH, in accordance with your local safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

In all cases:-

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Please remember: any child under 18 who has undergone FGM must be referred to police under the Mandatory Reporting duty using the 101 non-emergency number.

Part One (b): NON-PREGNANT ADULT WOMAN (over 18)

Date: _____ Completed by: _____

Assessment: Initial/On-going

This is to help decide whether any female children are at risk of FGM, whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to her FGM.

Indicator	Yes	No	Details
CONSIDER RISK			
Woman already has daughters who have undergone FGM - who are over 18 years of age			
Husband/partner comes from a community known to practice FGM			
A female family elder (maternal or paternal) is influential in family or is involved in care of children			
Woman and family have limited integration in UK community			
Woman's husband/partner/other family member may be very dominant in the family and have not been present during consultations with the woman			
Woman/family have limited/no understanding of harm of FGM or UK law			
Woman's nieces (by sibling or in-laws) have undergone FGM			
Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment			
Family 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			
Woman/family believe FGM is integral to cultural or religious identity			
Woman already has daughters who have undergone FGM			
Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be triggered if she is found to have FGM			

Please remember: any child under 18 who has undergone FGM must be referred to police under the Mandatory Reporting duty using the 101 non-emergency number.

ACTION

Ask more questions - if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider risk - if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/designated safeguarding lead.

Significant or Immediate risk - if you identify one or more serious or immediate risk, or the other risks are, by your Judgement, sufficient to be considered serious, you should look to refer to Social Services/GAIT team/Police/MASH,in accordance with your local safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

In all cases:-

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Part 2: CHILD / YOUNG ADULT (under 18 years old)

Date: _____ Completed by: _ _ _ _____ _ _ __

Assessment: Initial/On-going

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

Indicator	Yes	No	Details
CONSIDER RISK			
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 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			
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 - School Nurse should have conversation with child			
Girls presents symptoms that could be related to FGM - continue with questions in part 3			
Family not engaging with professionals (health, school, or other)			
Any other safeguarding alert already associated with the family			

ACTION

Ask more questions - if one indicator leads to a potential area of concern, continue the discussion in this area.

Consider risk - if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

Significant or Immediate risk - if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services /CAIT team/ Police /MASH, in accordance with your local safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

In all cases: -

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Indicator	Yes	No	Details
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			
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			

Please remember: any child under 18 who has undergone FGM must be referred to police under the Mandatory Reporting duty using the 101 non-emergency number.

ACTION

Ask more questions - if one indicator leads to a potential area of concern , continue the discussion in this area.

Consider risk - if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

Significant or Immediate risk - if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services /CAIT team/ Police /MASH, in accordance with your local safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

In all cases:-

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Part 3: CHILD/ YOUNG ADULT (under 18 years old)

Date:_____ Completed by:_____

Assessment: Initial/On-going

This is to help when considering whether a child HAS HAD FGM.

Indicator	Yes	No	Details
CONSIDER RISK			
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 talks about pain or discomfort between her legs			

SIGNIFICANT OR IMMEDIATE RISK
Girl asks for help
Girl confides in a professional that FGM has taken place
Mother/family member discloses that female child has had FGM
Famliy/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

ACTION

Ask more questions - if one indicator leads to a potential area of concern, continue the discussion in this area.

Please remember: any child under 18 who has undergone FGM must be referred to police under the Mandatory Reporting duty using the 101 non-emergency number.

If you suspect but do not know that a girl has undergone FGM based on risk factors presenting, you should look to refer to Social Services / CAIT Team/ police/ MASH, in **accordance with your local safeguarding procedures.**

In all cases:-

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

Please remember: any child und er 18 who has undergone FGM must be referred to police under the Mandatory Reporting duty using the 101 non-emergency number.

The Royal Wolverhampton NHS Trust

Risk Assessment Checklist for FGM

Must be printed off and placed in records.

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Have you:

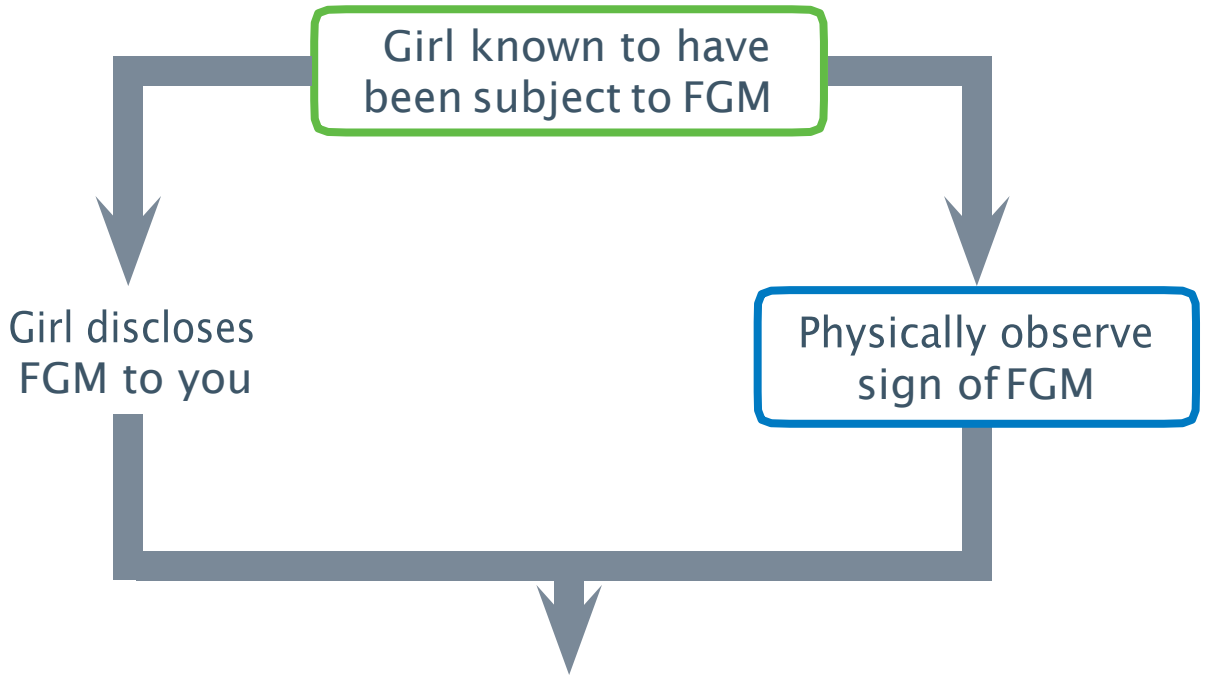
Action	Yes / No / Rationale	Sign/Date
Discussed FGM with the patient and/or family		
Completed an FGM risk assessment template		
Recorded actions and outcome of the assessment in patients' health care record		
Followed local safeguarding process and if there is a risk of FGM to the child, a referral is made to MASH		
Reported a known case of FGM to a child under 18 years to the police under the mandatory reporting duty		
Shared relevant information with other health professionals. List whom:		
Signpost to www.gov.uk, (search statement opposing female genital mutilation), for a copy of the health passport available in 11 languages.		

The Royal Wolverhampton NHS Trust

Mandatory Reporting Duty for Female Genital Mutilation (FGM)

For under 18-year olds only

Any adult assessment must consider the potential risks of FGM to any other women or girls living in the same family. In addition to general safeguarding duties, since October 2015 all registered health and social care professionals and qualified teachers have a personal professional duty to report FGM in girls under 18 years; professional registration can be affected by non-compliance with this duty.



Mandatory Reporting Duty

1. Ring police on 101 explaining you are reporting under the mandatory FGM reporting duty, you will receive a reference number which will need to be recorded
2. Record all decisions and actions in patient notes
3. Update Safeguarding Children Team
4. Follow local safeguarding procedures and refer to Multi Agency Safeguarding Hub
5. Ring 999 if you believe a girl has recently had FGM (cut) or she is at imminent risk of FGM

Appendix 5 CP67v1

HEALTH AND SOCIAL CARE FGM DATA REQUIREMENTS

Patient Label

Patient Name ..... Hospital Number.....

NHS Number..... Date of Birth .....

Organisation that provided care - RL403 Postcode of usual address.....

Country of Birth ....: ..... Country of Origin .....

Region of Country of Origin..... Name of GP Practice.....

Attendance

Care contact Date ..... Referral Organisation - NHS Organisation

Referral Organisation Code – RL403 Site of Treatment – RL403

Treatment Function Area - Obstetrics

Pregnancy Status—YES/NO/UNKNOWN/NOT STATED*

How was FGM Identified? - SELF REPORT/ON EXAMINATION/OTHER CLINICIAN/OTHER*

FGM Family History? - YES/NO/UNKNOWN/NOT STATED*

Number of Daughters the woman has under 18? .....

Advised of the Health Implications of FGM? YES/NO/UNKNOWN*

Advised of Illegalities of FGM? YES/NO/UNKNOWN*

Were any Daughters born at this Attendance? YES/NO*

Country of Birth Baby's Father? .....

Country of Origin Baby's Father? .....

FGM

FGM Activity Identified? FGM TYPE 1/FGM TYPE 2/FGM TYPE 3/HISTORY OF FGM TYPE 3/FGM TYPE 3—RE-INFIBULATION IDENTIFIED/FGM TYPE 4/UNKNOWN*

FGM Type 4 Qualifier - FGM TYPE 4- PRICKING/PIERCING/SCRAPING/INCISING/CAUTERISATION*

De-Infibulation Undertaken? YES-To Facilitate Delivery/YES – Not to Facilitate Delivery/No*

Age when FGM was Undertaken? AGE...../Patient did not, or would not say*

Country where FGM was Undertaken?.....

* Delete as appropriate