

Female Genital Mutilation (FGM) Screening Tool

The purpose of this tool is to support in the identification of girls and young women who are at risk of having, or who may have undergone FGM. It draws upon the Birmingham Against FGM Screening Tool <http://bafgm.org/education/guidance/> and Coventry's FGM Safeguarding Screening Tool http://www.coventry.gov.uk/downloads/download/4245/fgm_safeguarding_risk_assessment_tool . It should be read alongside the FGM pathway within the Designated Safeguarding Leads' Handbook, Solihull Metropolitan Borough Council <http://www.solgrid.org.uk/safeguarding/> .

The Solihull LSCB webpages provide comprehensive guidance and advice for frontline professionals and their managers, individual's in Solihull's local communities and community groups such as faith and leisure groups on:

- Identifying when a child may be at risk of being subjected to FGM and responding appropriately to protect the child;
- Identifying when a child has been subjected to FGM and responding appropriately to support the child; and
- Measures which can be implemented to prevent and ultimately eliminate the practice of FGM.

http://solihulllscb.proceduresonline.com/chapters/p_fem_gen.html#intro

All staff should be aware of risk factors, warning signs and indicators of FGM as part of their duties around safeguarding. As of the 31st October, 2015, a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under18s which they identify in the course of their professional work to the police came into force. Schools should also be aware of what to say (and what not to say) if a girl/young woman discloses that they are at risk of or have suffered FGM. Teachers, along with health and social care professionals, are required under a new mandatory duty in the Serious Crime Act (2015), to report any cases of known Female Genital Mutilation disclosed by anyone under the age of 18yrs to the police.

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

Where **Female Genital Mutilation** is **known** either through disclosure or the observation of physical signs (through normal day to day practice e.g. nappy changing, personal care etc., school staff should:

- Follow their school's child protection policy and report any case of known Female Genital Mutilation to the Designated Safeguarding Lead immediately, ensuring a written record of the concern or disclosure.
- The teacher should immediately make a report to the police (orally or in writing – recommended route: call 101) providing the following information:
 1. Explain that you are making a report under the FGM mandatory reporting duty.
 2. **Your details:**
Name
Contact details (work telephone number and e-mail address) and times when you will be available to be called back
Role
Place of work
 3. **Details of your organisation's designated safeguarding lead:**
Name
Contact details (work telephone number and e-mail address)
Place of work
 4. **The girl's details:**
Name
Age/date of birth
Address
- The report should be logged by the Designated Safeguarding Lead on the school child protection file or record, ensuring police notification is logged including the case reference number.

Where FGM is suspected or recognised as a risk, school staff should:

- Follow their school's child protection policy and report any case of known/suspected/at risk of Female Genital Mutilation to the Designated Safeguarding Lead immediately, ensuring a written record of the concern or disclosure.
- Refer the case to the Solihull Multi-Agency Safeguarding Hub (MASH). The referral should be of good quality clearly stating all known facts. All Female Genital Mutilation cases entering MASH go straight to a strategy discussion, police are informed as part of the multi-agency discussion who update their information and investigate as appropriate.

The MASH Team - 0121 788 4333

Emergency Duty Team (EDT - out of hours) - 0121 605 6060

<https://eservices.solihull.gov.uk/ChildrensSocialWorkServiceReferral/>

Birmingham

Children's Information and Advice Service - Telephone: 0121 303 1888

Emergency Duty Team (EDT - out of hours) - 0121 675 4806

http://www.proceduresonline.com/birmingham/scb/chapters/p_referrals.html

Useful Websites

- Birmingham Against FGM www.bafgm.org
- [UK Human Trafficking Centre \(UKHTC\)](http://www.soca.gov.uk) www.soca.gov.uk
- [UK Border Agency \(UKBA\)](http://www.ukba.homeoffice.gov.uk) www.ukba.homeoffice.gov.uk
- [Department for Education](http://www.education.gov.uk) www.education.gov.uk

The screening tool that follows aims to support individuals in assessing risk where FGM is suspected.

Name of child:

Date of birth:

Significant Risk Indicator	Please tick
Girl asks for help	
Parents of a child from a practicing community 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	
FGM is referred to in conversation by the child, family or close friends of the child (see Glossary for traditional and local terms) the context of the discussion will be important	
Girl presents symptoms that could be related to FGM	
A child or sibling asks for help	
A parent or family member expresses concern that FGM may be carried out on a 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 women' or 'to become like my mum and sister'	
Girl presents with frequent urine, menstrual or stomach problems and/or unpleasant body odours	
Increased emotional and psychological needs e.g. withdrawal, depression, crying, or significant change in behaviour. Behaviours include confrontation with peers and impulsivity	
Girl talks about/demonstrates pain or discomfort between her legs and lower abdomen	
Mother/family member discloses that another female child within the family has had FGM	
Husband's family practises FGM	
Child's mother has undergone FGM	
Comments	
Medium Risk Indicator	Please tick
Sections missing from the Red book. Consider if the child has received immunisations, do they attend clinic etc. (Early Years Setting)	
Girl withdrawn from PSHE lessons or from learning about FGM	
Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP's letter	
Child's mother has undergone FGM	
Comments	
Vulnerability Factors	Please tick
Other female family members have had FGM	
A family elder such as grandmother 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	
Any other safeguarding alert already associated with the family. Always check whether family are already known to Social Care	
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	
Parents come from a community known to practise FGM	
Family not engaging with professionals (health, school or other)	
Comments	