Flowchart for Safeguarding Children at Risk of Female Genital Mutilation (FGM)

GATESHEAD safeguarding children partnership

Risk of FGM identified in a female under 18 years or an unborn baby

Risk is assessed as NOT being Imminent

- Assessment and outcome to be documented in records e.g. BADGER/EMIS/ SystemOne.
- Information shared with appropriate partners, e.g. Midwife, Health Visitor, School Nurse, GP, Education.
- Flag to be placed on mother and child's records

NO

Any disclosure or Indicator of INCREASED Risk

Such as:-

- Increased involvement by relatives deemed a risk/ or coming to visit for a holiday.
- Travelling to attend a celebration.
- A change in the level of engagement.
- Lack of clarity about future plans.

(this is not an exhaustive list)

YES

Risk is assessed as being Imminent

Report to the Police

Immediate risk: 999
Non-immediate risk 101

AND

Refer to Children's Social Care

IRT (front door)

Area of increased risk must be clearly identified

Working hours: 01914332653
Out of hours: 01914470844

Multi- Agency Strategy Meeting

held to consider the risk to the child, siblings and younger female relatives.

Outcome

*S47/CIN assessment *Early Help *Pass to appropriate professional

Police will investigate to determine if a crime has been committed.

Consideration will be given to the need for a FGM Protection Order

Regular Review of the Risk to the Child

Core Professional responsibilities

MIDWIVES

On notification of FGM status

- Information documented on Gateshead Hospital Foundation Trust (GHFT) records (BADGER).
- Antenatal Booking Summary Information will be shared with 0-19 service and with GP practice. FGM status will be clearly recorded under Sensitive Risk Factors and medical issues. This will include the details of additional children and their sex.
- On identification of FGM a copy of the full Department of Health FGM assessment will be sent to the GP and 0-19 service. Use GP practice safeguarding meetings as a forum for sharing/ updating information.

After delivery

- Postnatal discharge summary information including information about the mothers FGM status and the sex of the new-born baby, will be sent to 0-19 service and GP practice.

GP SERVICES

On notification of FGM status

- Mothers records to be coded as having undergone FGM.
- GP practice to ensure that identified female children's records are also coded appropriately depending on the information shared. Alerts/flags are recommended for children's records.
- Use GP practice safeguarding meetings as a forum for sharing/ updating information.

After delivery

- Records of female children born to mothers who have undergone FGM should be coded as being at risk of FGM. Alerts/flags are recommended for children's records.
- Risks associated with FGM to be considered during subsequent consultations.
- Use GP practice safeguarding meetings as a forum for sharing/ updating information.

HDFT 0-19 SERVICE

On notification of FGM status

- Mothers SystemOne records to be recorded and flagged as having undergone FGM.
- Practitioner to ensure that any identified female children's records are also flagged appropriately depending on the information shared.
- Risks associated with FGM to be considered during subsequent assessments.

After delivery

- SystemOne records of female children born to mothers who have undergone FGM should be recorded and flagged as being at risk of FGM.
- Where it is identified that a child may be at risk of FGM the health visitor will ensure that a verbal handover is undertaken with the School Nurse. This will also be recorded on the Health Visitor to School Nurse handover template.
- At all key contacts practitioners must review the ongoing potential risk of FGM, specifically at 4-5yrs and 10-11 yrs.
- Risks associated with FGM to be considered during subsequent assessments.
- Following reviews of school age children, should the risk be seen to have increased it is advised that this is discussed with the parents with regard to sharing the risks with the Education setting.