**Salford Multi-Agency Female Genital Mutilation (FGM) Screening Toolkit**

#

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# Salford Multi- Agency Female Genital Mutilation Screening Toolkit

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **Date of Birth** |  |
| **Completed by:** |  |
| **Designation/ Agency:** |  |
| **Address:** |  |
| **Telephone:** |  | **Email:** |  |
| **Date of Completion** |  |

**Initial Questions;**

1. **Has anyone in the family disclosed FGM is about to take place on a child**

***If yes refer immediately to Bridge. Do not inform family you are making referral***

**If No: Answer question (2)**

1. **Has any member of the family had FGM undertaken**

**If yes undertake the relevant questionnaire**

**AND**

**Make referral to Bridge. *NB: Do not discuss the referral with the family if you believe there is an imminent risk of harm to a child (Attach relevant completed tool to referral)***

**If No: Answer question (3)**

1. **Are family from a country where FGM is practised (Refer to Prevalence map on page 11)**

**or**

**Do you have a professional concern around the risk of FGM**

**If Yes: Complete relevant ASSESSMENT TOOL 1,2 OR 3**

**If risk factors identified discuss with Safeguarding Lead and/or Bridge/ Adult Social Care regarding whether a referral is required. Childrens Pathway [**[**Link**](https://safeguardingchildren.salford.gov.uk/media/1627/salford-fgm-pathway-0-18.pdf)**] Adults Pathway [**[**Link**](https://safeguardingchildren.salford.gov.uk/media/1629/salford-fgm-pathway-adults.pdf)**]**

***NB: Do not discuss the referral with the family if you believe there is an imminent risk of harm to a child (Attach relevant completed tool to referral)***

|  |
| --- |
| **ACTION** |
| **Significant or Immediate risk** – if one or more significant or immediate risks, or the other risks are, by your judgement, sufficient to be considered serious, immediately refer to **The Bridge [**[**Link**](https://www.salford.gov.uk/childconcern)**].** **Give consideration to whether you need to inform the Police**  |
| **Further discussion required** – 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 action required. If unsure whether the level of risk requires referral to **The Bridge[**[**Link**](https://www.salford.gov.uk/childconcern)**]** at this point, discuss with your Named/Designated Safeguarding Lead or contact **The Bridge** directly for advice on **0161 603 4500.** |
| **What is Working well –** If there are no risk factors identified complete checklist and attach to records as evidence discussion has taken place |

**Be mindful this is not a one off assessment and may require reassessment if new concerns arise**

# Assessment Tool Part 1: Women - To assist in making a decision whether an 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

**NB: If you identify any risk factors in red section ensure a referral is made to Bridge [**[**Link**](https://www.salford.gov.uk/childconcern)**]**

**If you identify any Adult Safeguarding concerns ensure a referral is made to Adult Social Care [****[Link](https://adultsportal.salford.gov.uk/web/portal/pages/safeguardingassess%22%20%5Cl%20%22assess)]**

* **Questions should not be viewed in isolation - a combination of questions determine the risk.**
* **If one or more indicators are identified in the amber section, consider action required.**
* **If unsure whether the level of risk requires referral to The Bridge/ Adult Social Care, discuss with your Named/Designated Safeguarding Lead or contact The Bridge directly for advice on 0161 603 4500 or Adult Social Care on 0161 631 4777.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Immediate referral required** | **Yes** | **No** | **Unable to confirm** | **Details** |
| 1 | Woman has undergone FGM herselfIf yes: When and where did this take place. Has she accessed an FGM Specialist Clinic? Give details |  |  |  |  |
| 2 | Woman/ husband/ family member expresses concern that FGM will be carried out on the child once born/ female children within the family |  |  |  |  |
| 3 | Woman already has daughters who have undergone FGM. If yes at what age did this take place, when and where? How old are they now?*Please note: - if they are under 18 years you have a professional duty of care to refer to The Bridge* |  |  |  |  |
| 4 | Woman’s nieces, siblings, in-laws and/or other female family members have undergone FGM. *Please note: - if they are under 18 years you have a professional duty of care to refer to The Bridge* |  |  |  |  |
| 5 | Woman/ Husband feel powerless to say no to FGM |  |  |  |  |
| 6 | Woman/ husband/ family members requesting re-infibulation following childbirth |  |  |  |  |
| 7 | Woman has been re-infibulated following previous delivery |  |  |  |  |
| 8 | Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment (if known) |  |  |  |  |
| 9 | Woman is considered to be an adult at risk and therefore issues of mental capacity and consent should be considered if she is found to have had FGM |  |  |  |  |
| 10 | Woman says that FGM is integral to cultural or religious identity |  |  |  |  |
| 11 | Woman/ husband believe not having FGM undertaken will bring dishonour on the family |  |  |  |  |
| 12 | Woman/ husband believe FGM is necessary to protect from witchcraft/ evil spirits |  |  |  |  |
| 13 | Family/ child are already open to social services – *if known, and you have identified FGM within a family, you must share this information with The Bridge* |  |  |  |  |
| **Further discussion with family required** | **Yes** | **No** | **Unable to confirm** | **Details** |
| 14 | Woman originates from a community known to practice FGM |  |  |  |  |
| 15 | Husband/partner originates from a community known to practice FGM |  |  |  |  |
| 16 | Issues of gender inequality including paternal/ maternal views/ controlling behaviour meaning one parent powerless to protect  |  |  |  |  |
| 17 | Woman’s husband/partner/other family member are very dominant in the family and have been present during consultations |  |  |  |  |
| 18 | A female family elder/ Grandmother (Maternal or Paternal) is influential in the family |  |  |  |  |
| 19 | A female family elder/ Grandmother (Maternal or Paternal) is involved/will be involved in care of children |  |  |  |  |
| 20 | Woman/ husband/ family influenced by community/ faith leader who advocates FGM  |  |  |  |  |
| 21 | Woman/ husband/ carers reluctant to talk openly about FGM |  |  |  |  |
| 22 | Woman/family have limited integration in UK community |  |  |  |  |
| 23 | Woman and/or husband/partner have limited/ no understanding of harm of FGM or UK law |  |  |  |  |
| 24 | Woman/ husband’s English is limited and there is a language barrier |  |  |  |  |
| 25 | Family claiming asylum and or have had their asylum claim refused and if returned to home country the girl may be at risk of FGM  |  |  |  |  |
| 26 | Woman is reluctant to undergo genital examination (*healthcare setting only*) |  |  |  |  |
| 27 | Concerns around parent/ carer’s mental health and well-being that may impact parenting |  |  |  |  |
| 28 | Parents avoidant and resistant to engage with mainstream services (health, school, other) |  |  |  |  |
| 29 | Concerns around disguised compliance |  |  |  |  |
| 30 | 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 |  |  |  |  |
| 31 | Parents evasive regarding reason for travel |  |  |  |  |

# Assessment tool Part 2: Child/ Young Person (Under 18 Years of Age) - at risk of FGM

**NB: If you identify any risk factors in red section ensure a referral is made to Bridge [**[**Link**](https://www.salford.gov.uk/childconcern)**]**

**If you identify any Adult Safeguarding concerns ensure a referral is made to Adult Social Care [**[**Link**](https://adultsportal.salford.gov.uk/web/portal/pages/safeguardingassess#assess)**]**

* **Questions should not be viewed in isolation - a combination of questions determine the risk.**
* **If one or more indicators are identified in the amber section, consider action required.**
* **If unsure whether the level of risk requires referral to The Bridge/ Adult Social Care, discuss with your Named/Designated Safeguarding Lead or contact The Bridge directly for advice on 0161 603 4500 or Adult Social Care on 0161 631 4777.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Immediate referral required** | **Yes** | **No** | **Unable to confirm** | **Details** |
| 1 | Child’s mother has undergone FGM herselfIf yes: has she accessed an FGM Specialist Clinic? Give details |  |  |  |  |
| 2 | Direct disclosure/ request for help received from child/ sibling as FGM will take place |  |  |  |  |
| 3 | Girl has confided in another that she is to have a ‘special procedure’. Girl has talked about going away ‘to become a woman’ or ‘to become like my mum and sister’ |  |  |  |  |
| 4 | Mother/ Father/ family member expresses concern that FGM will be carried out female children within the family |  |  |  |  |
| 5 | Mother/ Father already have daughters who have undergone FGM. If yes at what age, when and where did this take place? How old are they now?*Please note: - if they are under 18 years you have a professional duty of care to refer to The Bridge* |  |  |  |  |
| 6 | Mother/ Father’s nieces, siblings, in-laws and/or other female family members have undergone FGM. *Please note: - if they are under 18 years you have a professional duty of care to refer to The Bridge* |  |  |  |  |
| 7 | Mother/ Father feel powerless to say no to FGM |  |  |  |  |
| 8 | Mother/ Father says that FGM is integral to cultural or religious identity |  |  |  |  |
| 9 | Mother/Father believe not having FGM undertaken will bring dishonour on the family |  |  |  |  |
| 10 | Mother/ Father believe FGM is necessary to protect from witchcraft/ evil spirits |  |  |  |  |
| 11 | Plans for daughter to be married in near/ immediate future/ history of forced marriage or belief FGM required for marriage |  |  |  |  |
| 12 | Girl reports parents physically abusive for discussing FGM outside family home |  |  |  |  |
| 13 | Family/ child are already open to social services – *if known, and you have identified FGM within a family, you must share this information with The Bridge* |  |  |  |  |
| **Further discussion with family required** | **Yes** | **No** | **Unable to confirm** | **Details** |
| 14 | Mother originates from a community known to practice FGM |  |  |  |  |
| 15 | Father comes from a community known to practice FGM |  |  |  |  |
| 16 | Issues of gender inequality including paternal/ maternal views/ controlling behaviour meaning one parent powerless to protect  |  |  |  |  |
| 17 | Father/other family member are very dominant in the family |  |  |  |  |
| 18 | A female family elder such as Grandmother (Maternal or Paternal) is very influential within the family  |  |  |  |  |
| 19 | A female family elder such as Grandmother (Maternal or Paternal) will be heavily involved in the care of the girl |  |  |  |  |
| 20 | Parents/ carers influenced by community/ faith leader who advocates FGM |  |  |  |  |
| 21 | Parents/ carers reluctant to talk openly about FGM |  |  |  |  |
| 22 | Mother/Family have limited contact with people outside of family/ limited integration in UK community |  |  |  |  |
| 23 | Parents have poor access to information about FGM and do not know about the harmful effects of FGM or UK law |  |  |  |  |
| 24 | Mother/ Father’s English is limited and there is a language barrier |  |  |  |  |
| 25 | Family claiming asylum and or have had their asylum claim refused and if returned to home country the girl may be at risk of FGM |  |  |  |  |
| 26 | Girl is reluctant to undergo any medical examination- *NB examination when FGM suspected should be carried out by a specialist service* |  |  |  |  |
| 27 | Parents reluctant for child to undergo medical examination- *NB examination when FGM suspected should be carried out by a specialist service* |  |  |  |  |
| 28 | Concerns around parent/ carer’s mental health and well-being that may impact parenting |  |  |  |  |
| 29 | Child has disability/ additional needs and the family comes from a community known to practice FGM |  |  |  |  |
| 30 | Parents avoidant and resistant to engage with mainstream services (health, school, or other) |  |  |  |  |
| 31 | Concerns around disguised compliance |  |  |  |  |
| 32 | Parents reluctant for child to be seen alone |  |  |  |  |
| 33 | Girl withdrawn from PHSE lessons or from learning about FGM - *School Nurse or Teacher should have conversation with child* |  |  |  |  |
| 34 | FGM is referred to in conversation by the child, family or close friends of the child– the context of the discussion will be important |  |  |  |  |
| 35 | Sections missing from the Red book. Consider if the child has received immunisations, do they attend clinics etc (health professionals) |  |  |  |  |
| 36 | Girl has confided in another that she is to attend a ‘special occasion’- *Further exploration required as this may be a celebration with no links to FGM* |  |  |  |  |
| 37 | 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 |  |  |  |  |
| 38 | Girl has spoken about a long holiday to her country of origin/another country where the practice is prevalent  |  |  |  |  |
| 39 | Girl has attended a travel clinic or equivalent for vaccinations/anti-malarial medication and there are concerns regarding FGM |  |  |  |  |
| 40 | Parents evasive regarding reason for travel |  |  |  |  |
| 41 | Girl presents with symptoms that could be related to FGM If yes please specify: |  |  |  |  |
| 42 | Any other safeguarding alert already associated with the family. Always check whether family are already known to social care |  |  |  |  |

# Assessment tool Part 3: Child/ Young Person (Under the age of 18 Years) – when a child has had FGM

**NB: If you identify any risk factors in red section ensure a referral is made to Bridge [**[**Link**](https://www.salford.gov.uk/childconcern)**]**

**If you identify any Adult Safeguarding concerns ensure a referral is made to Adult Social Care [**[**Link**](https://adultsportal.salford.gov.uk/web/portal/pages/safeguardingassess#assess)**]**

* **Questions should not be viewed in isolation - a combination of questions determine the risk.**
* **If one or more indicators are identified in the amber section, consider action required.**
* **If unsure whether the level of risk requires referral to The Bridge/ Adult Social Care, discuss with your Named/Designated Safeguarding Lead or contact The Bridge directly for advice on 0161 603 4500 or Adult Social Care on 0161 631 4777.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Immediate referral required** | **Yes** | **No** | **Unable to confirm** | **Details** |
| 1 | Child’s mother has undergone FGM herselfIf yes: When and where did this take place? Has she accessed an FGM Specialist Clinic? Give details |  |  |  |  |
| 2 | Girl confides in a professional that FGM has taken place (*Mandatory reporting duty applies*) |  |  |  |  |
| 3 | Physical signs observed FGM taken place (*If seen on a child mandatory reporting duty applies*) |  |  |  |  |
| 4 | Mother/family member discloses that female child has had FGM |  |  |  |  |
| 5 | Girl has confided in another that she is to have a ‘special procedure’. Girl has talked about going away ‘to become a woman’ or ‘to become like my mum and sister’ |  |  |  |  |
| 6 | Mother/ Father already have daughters who have undergone FGM. If yes at what age did this take place? How old are they now?*Please note: - if they are under 18 years you have a professional duty of care to refer to The Bridge* |  |  |  |  |
| 7 | Mother/ Father’s nieces, siblings, in-laws and/or other female family members have undergone FGM. *Please note: - if they are under 18 years you have a professional duty of care to refer to The Bridge* |  |  |  |  |
| 8 | Mother/ Father feel powerless to say no to FGM |  |  |  |  |
| 9 | Mother/ Father says that FGM is integral to cultural or religious identity |  |  |  |  |
| 10 | Mother/Father believe not having FGM undertaken will bring dishonour on the family |  |  |  |  |
| 11 | Mother/ Father believe FGM is necessary to protect from witchcraft/ evil spirits |  |  |  |  |
| 12 | Plans for daughter to be married in near/ immediate future/ history of forced marriage or belief FGM required for marriage |  |  |  |  |
| 13 | Girl reports parents physically abusive for discussing FGM outside family home |  |  |  |  |
| 14 | Family/ child are already open to social services *– if known, and you have identified FGM within a family, you must share this information with The Bridge* |  |  |  |  |
|  | **Further discussion with family required** | **Yes** | **No** | **Unable to confirm** | **Details** |
| 15 | Mother originates from a community known to practice FGM |  |  |  |  |
| 16 | Father originates from a community known to practice FGM |  |  |  |  |
| 17 | Issues of gender inequality including paternal/ maternal views/ controlling behaviour meaning one parent powerless to protect  |  |  |  |  |
| 18 | Father/other family member are very dominant in the family |  |  |  |  |
| 19 | A female family elder/ Grandmother (Maternal or Paternal) is influential in the family |  |  |  |  |
| 20 | A female family elder/ Grandmother (Maternal or Paternal) is involved/will be involved in care of children |  |  |  |  |
| 21 | Parents/ carers influenced by community/ faith leader who advocates FGM |  |  |  |  |
| 22 | Parents/ carers reluctant to talk openly about FGM |  |  |  |  |
| 23 | Parents/ carers English is limited and there is a language barrier |  |  |  |  |
| 24 | Mother/Family have limited contact with people outside of family/ limited integration in UK community |  |  |  |  |
| 25 | Parents have poor access to information about FGM and do not know about the harmful effects of FGM or UK law |  |  |  |  |
| 26 | Girl is within an unregistered private fostering arrangement *NB: Please ensure Bridge aware of this even if no links to to FGM* |  |  |  |  |
| 27 | Girl is unaccompanied asylum seeker *NB: Please ensure Bridge aware of this even if no links to to FGM* |  |  |  |  |
| 28 | Girl is reluctant to undergo any medical examination *NB examination when FGM suspected should be carried out by a specialist service* |  |  |  |  |
| 29 | Parents reluctant for child to undergo medical examination- *NB examination when FGM suspected should be carried out by a specialist service* |  |  |  |  |
| 30 | Concerns around parent/ carer’s mental health and well-being that may impact parenting  |  |  |  |  |
| 31 | Child has disability/ additional needs and the family comes from a community known to practice FGM |  |  |  |  |
| 32 | Parents avoidant and resistant to engage with mainstream services (health, school, other) |  |  |  |  |
| 33 | Concerns around disguised compliance |  |  |  |  |
| 34 | Parents reluctant for child to be seen alone |  |  |  |  |
| 35 | Girl withdrawn from PHSE lessons or from learning about FGM - *School Nurse or Teacher should have conversation with child* |  |  |  |  |
| 36 | FGM is referred to in conversation by the child, family or close friends of the child– the context of the discussion will be important |  |  |  |  |
| 37 | Sections missing from the Red book. Consider if the child has received immunisations, do they attend clinics etc (health professionals) |  |  |  |  |
| 38 | Girl has confided in another that she is to attend a ‘special occasion’- *Further exploration required as this may be a celebration with no links to FGM* |  |  |  |  |
| 39 | Girl has spoken about having been on a long holiday to her country of origin/another country where the practice is prevalent |  |  |  |  |
| 40 | Parents evasive regarding reason for travel |  |  |  |  |
| 41 | Girl presents with symptoms that could be related to FGM If yes please specify: |  |  |  |  |
| 42 | Girl has difficulty walking, sitting or standing or looks uncomfortable |  |  |  |  |
| 43 | Girl finds it hard to sit still for long periods of time, which was not a problem previously |  |  |  |  |
| 44 | Girl presents to GP or A&E with frequent urine, menstrual or stomach problems |  |  |  |  |
| 45 | Increased emotional and psychological needs eg withdrawal, depression, or significant change in behaviour |  |  |  |  |
| 46 | Girl avoiding physical exercise or requiring to be excused from PE lessons without a GP’s letter |  |  |  |  |
| 47 | Girl spends a long time in the bathroom/toilet/long periods of time away from the classroom |  |  |  |  |
| 48 | Girl talks about pain or discomfort between her legs |  |  |  |  |
| 49 | Prolonged / frequent absence from school |  |  |  |  |
| 50 | Noticeable behavioural changes following long summer holiday or prolonged absence from school |  |  |  |  |
| 51 | 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 |  |  |  |  |

# Assessment Tool 4: What is Working Well

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Yes** | **No** | **Unable to confirm** | **Details** |
| 1 | Parent’s relationship with child is nurturing and stable |  |  |  |  |
| 2 | Both parents are against performing FGM on daughter |  |  |  |  |
| 3 | Parents speak good English and fully integrated into UK society |  |  |  |  |
| 4 | Parents aware of UK law around FGM |  |  |  |  |
| 5 | Parents talk openly about FGM and are against it |  |  |  |  |
| 6 | No previous involvement with Children’s Services |  |  |  |  |
| 7 | Parents have considered how they may keep daughter safe from FGM |  |  |  |  |
| 8 | Parents have taken active steps to protect daughter |  |  |  |  |
| 9 | Parent/ carer developing knowledge around human rights and can apply them to FGM |  |  |  |  |
| 10 | Girl developing knowledge around human rights and can apply them to FGM |  |  |  |  |
| 11 | Parents/ carers have supportive networks within the community who are against FGM |  |  |  |  |
| 12 | Parents/ carers are engaging with services and developing trust in professionals |  |  |  |  |
| 13 | Parents/ Carer have insight into FGM risks extended family and/or community members may pose to daughter |  |  |  |  |
| 14 | Parents able to identify potential risk indicators associated with FGM |  |  |  |  |
| 15 | Girl able to identify potential risk indicators associated with FGM |  |  |  |  |
| 16 | Parents able to identify potential health consequences associated with FGM |  |  |  |  |
| 17 | Girl able to identify potential health consequences associated with FGM |  |  |  |  |
| 18 | Girl aware of support services/ safety networks |  |  |  |  |

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| **Additional Comments***The above is not an exhaustive list. Please include any other strengths within the family that may assist in protecting the child/ren* |

**What needs to happen**

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| *As a minimum following referral a multi-agency discussion will take place between Children’s Services, Police and Health. Please indicate* 1. *any actions you have taken following your assessment*
2. *other actions you feel would be beneficial for the child/ family*
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| If you have completed any intervention with the family please review tool and record on your system**Remember to attach relevant completed tool to referrals made to Bridge** |

10/21