



North East FGM
Partnership Board

**Female Genital
Mutilation (FGM)**

Multi Agency Guidance



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This guidance has been developed in the true sense of partnership by services who are committed to improving outcomes for victims. FGM is an abuse of human rights, we must continually strive to eradicate this practice from our communities and protect those who are at risk.

The North East FGM Partnership board have developed a multi-agency referral pathway which should not be used as a substitute for statutory or mandatory reporting, but indeed for strengthening the capacity for partners who receive disclosures to identify the required process, intervention and support for FGM victims.

Our North of England Partnership Board aims to identify barriers for FGM victims and provide a platform by which services can share learning and resources to improve outcomes for those most affected by FGM. This FGM tool-kit will help improve the way we work in partnership and help us to identify barriers moving forward. I would like to thank all the members for their help, support and guidance and look forward to working in partnership to end violence against women and girls.

Yasmin Khan

Chair North East FGM Partnership Board



Introduction

This multi-agency guidance aims to help professionals and those with safeguarding responsibilities to protect and support children and adults, to identify and assess the risks of FGM. It should be read in conjunction with the HM Government FGM Multi-Agency Practice Guidelines.

The information in this guidance may also be relevant to organisations working with women and girls at risk of FGM or dealing with its consequences.

FGM is a severe form of abuse and should be treated in line with existing child and adult protection policies, procedures and strategies.

What is FGM?

FGM is a socio-cultural practice: a procedure where the female genital organs are injured or changed and there is no medical reason for this. FGM has no health benefits and is painful, traumatic and harmful to girls and women. The practice constitutes an extreme form of child abuse, as well as violence and discrimination against women and girls and an abuse of human rights.

Types of FGM

The World Health Organisation (WHO) has classified FGM into four types:

Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).

Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Type 4 – Other: all other harmful procedures to the female genitalia for nonmedical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Who Practices It

FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East and in some countries in Asia in various forms across all major faiths. It is estimated that approximately 137,000 girls and women who have migrated to the UK are living with the consequences of FGM.

UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians, Eritreans and Ethiopians. However, women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian, Malaysian, Pakistani and Indian women.

Estimated Prevalence of FGM

The 2015 study (Prevalence of FGM in England and Wales: Macfarlane A, Dorkenoo E) reported that no local authority area in England and Wales is likely to be free from FGM entirely.

Legislation

FGM is illegal in the UK under the Female Genital Mutilation Act 2003. A person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's labia majora, labia minora or clitoris.

Any person found guilty of an offence under section 1, 2, or 3 of the 2003 Act is liable to a maximum penalty of 14 years imprisonment or a fine (or both).

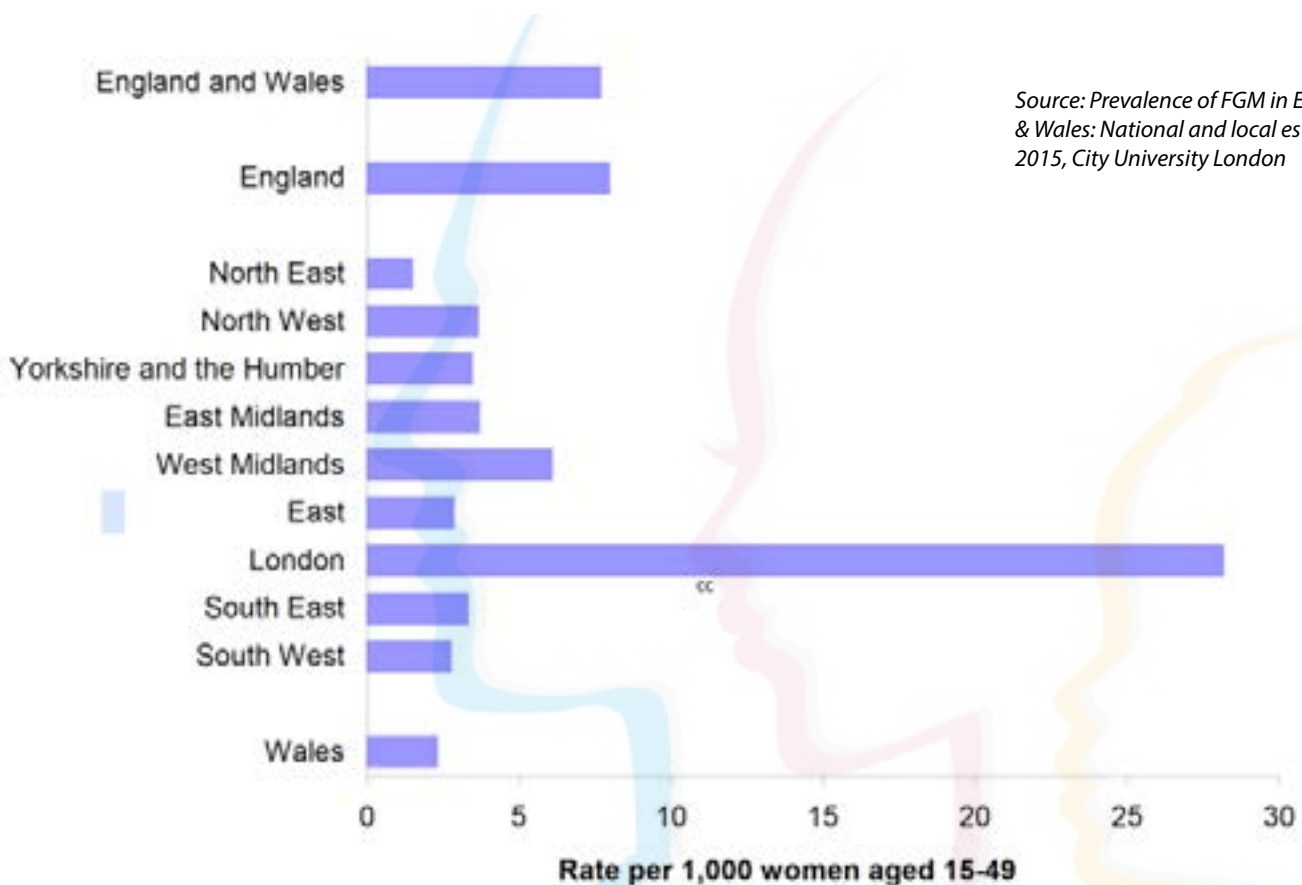
As amended by the Serious Crime Act 2015, the FGM Act 2003 now includes

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK.
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk: and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.



Estimated prevalence of FGM among women aged 15 - 49 by region

Source: Prevalence of FGM in England & Wales: National and local estimates, 2015, City University London



Health Impact

FGM has no health benefits, and it can cause immediate and long-term health complications. It is frequently a very traumatic and violent act for the victim and can cause severe pain, mental health problems and difficulties in childbirth. Men and women in practicing communities may be unaware of the potential harmful and welfare consequences of FGM.

Motives of FGM

FGM is a crime and child abuse and although no explanation or motive can justify it, FGM is a deeply embedded social norm, practiced by families for a variety of complex reasons including:

- Bringing status and respect to the girl
- Preserving a girl's virginity/ chastity
- It's a rite of passage
- Upholding the family honour
- To fulfil a religious requirement which is believed to exist
- Social pressure: give a girl social acceptance, especially for marriage.
- Custom and tradition: communities that practice FGM maintain their customs and preserve their cultural identity by continuing the tradition.

Risk Factors

The most significant factor to consider when deciding whether a girl or woman may be at risk of FGM is whether her family has a history of practicing FGM. In addition, it is important to also consider

- Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family;
- Any female who has a relative who has already undergone FGM must be considered to be at risk;
- The socio-economic position of the family and the level of integration within UK society can increase risk.
- A girl talking about a long holiday to her country of origin or another country where the practice is prevalent.

This is not an exhaustive list of risk factors. There may be additional risk factors specific to particular communities. If any of these risk factors are identified professionals will need to consider what action to take. If unsure of the level of risk discuss the case with the designated safeguarding lead.

If the risk of harm is imminent, emergency measures may be required.

If FGM has already taken place, the child may have a prolonged absence from school with noticeable behaviour changes, other signs include

- Longer / frequent visits to the toilet
- Some girls may find it difficult to sit still or complain of pain between their legs
- Girls may talk about a 'special procedure' which they cannot talk about
- Not wanting to participate in PE
- Recurrent Urinary Tract Infections (UTI)

Professionals should not assume that all women and girls from a particular community are supportive of, or at risk of FGM. Women who recognise that their ongoing physical and/or psychological problems are a result of having had FGM and women who are involved or highly supportive of FGM advocacy work and eradication programmes may be less likely to support or carry out FGM on their own children. However, any woman may be under pressure from her husband, partner or other family members to allow or arrange for her daughter to undergo FGM. Wider family engagement and discussions with both parents, and potentially wider family members, may be appropriate.

Part One (a): Pregnant Woman (or has recently given birth)

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			

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			
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			

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)

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			

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
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			

Indicator	Yes	No	Details
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/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 Two: Child / Young Adult (Under 18 years old)

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			
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			

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
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			

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 Three: Child / Young Adult (Under 18 years old)

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			

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			
Girl asks for help			
Girl confides in a professional that FGM has taken place			
Mother/family member discloses that female child has had 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.

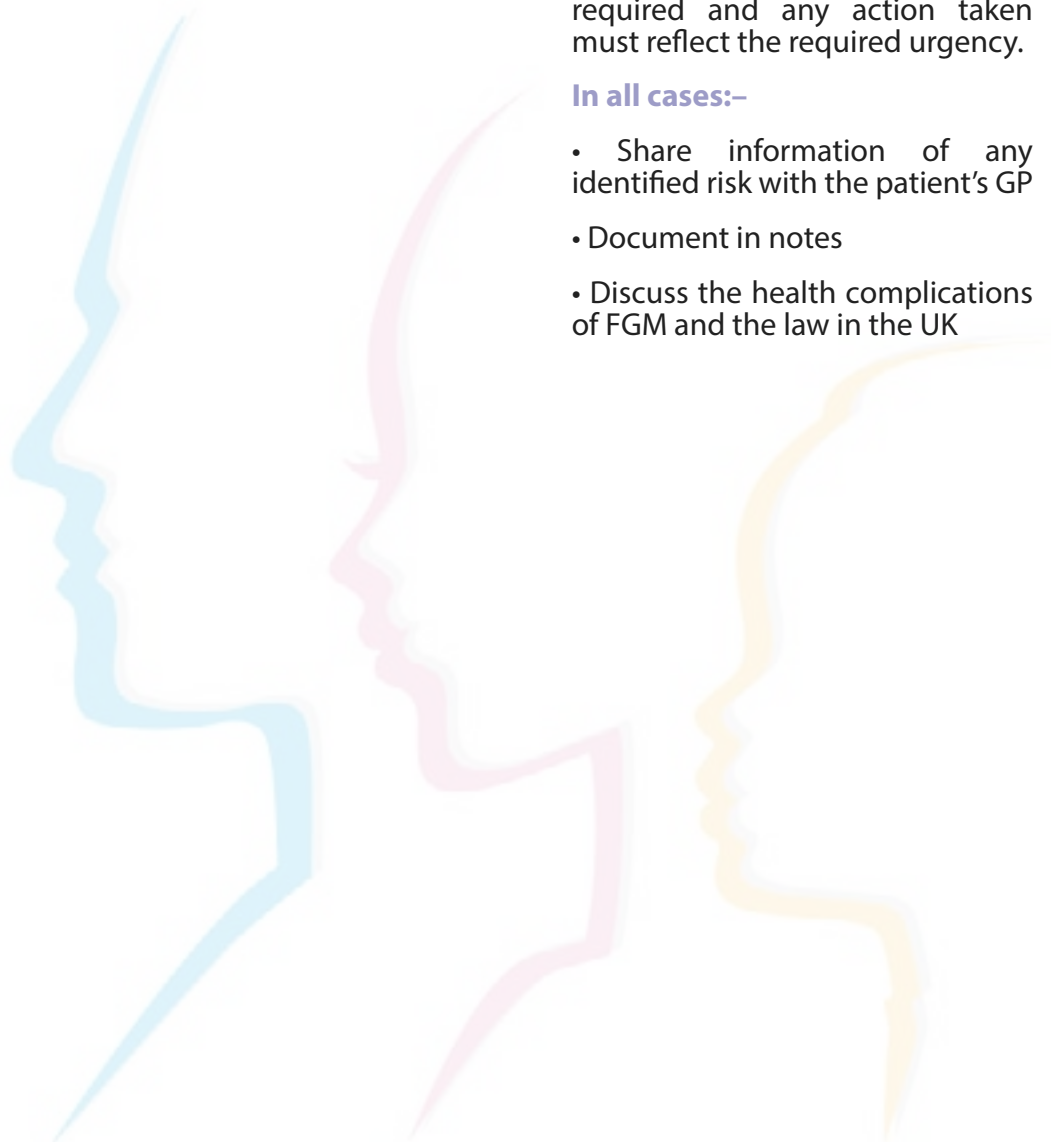
Consider risk – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/designated safeguarding lead.

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



1 Mandatory Reporting

The mandatory reporting duty requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty applies to any teacher who is employed or engaged to carry out 'teaching work', whether or not they have qualified teacher status.

A report to the police should be made where, in the course of their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Report to the Police by calling '101', the non-emergency number, within 48 hours where possible.

Full details of the mandatory reporting duty can be found in the Home Office and Department of Education document: Mandatory Reporting of FGM.

2 Recording and Information Sharing

Information relating to safeguarding concerns should routinely be shared with other key professionals within the child's life. In practice this means that concerns identified should be shared with the patient's GP and her Health Visitor or school nurse, depending on the age of the child who is potentially at risk of FGM.

The Risk Indicator System (FGM RIS) should be part of wider safeguarding processes. This is a new national IT system for health that allows clinicians across England to note on a girl's record within the NHS Summary Care Record application that they are potentially at risk of FGM. The FGM RIS allows the potential risk of FGM to be shared confidentially with health professionals across all care settings until a girl is 18 years old.

The HM Government Multi-Agency Statutory Guidance on FGM stresses working across agencies is essential to effective safeguarding efforts. The importance of sharing information between practitioners and between agencies must not be under-estimated, this information is vital to all agencies involved, to inform decisions on what the best course of action is to protect anyone at risk of FGM.

3 Enhanced Data Set for Health

Acute and mental health trusts and GP practices are required to collate and submit information to the Health and Social Care Information Centre (HSCIC) on a monthly basis. HSCIC collect and publish anonymised statistics on behalf of the Department of Health and NHS England. The information is used nationally and locally to improve the NHS response to FGM and to help commission the services to support women who have experienced FGM and safeguard women and girls at risk of FGM

4 Safeguarding Referral

FGM should be dealt with as part of existing child and adult protection procedures i.e. through local authority safeguarding structures, with the additional mandatory reporting duty to police for confirmed FGM in children under 18.

The level of safeguarding intervention needed will depend on how imminent the risk of harm is. An appropriate course of action should be decided on a case-by-case basis and be based upon the needs of the girl or woman identified at risk with expert input from all relevant agencies.

Referral: child under 18 years has undergone FGM

Where a child has undergone FGM, professionals should report to both the police and Children's Social Care in order to initiate a strategy meeting between professionals to assess support needed and wider safeguarding implications. Report to the police by calling '101' within 48 hours.

Referral: child under 18 years is at risk of FGM

If any professional suspects that a girl (under 18) is at risk of FGM, be alert to the need to act quickly to prevent the child being abused through the FGM procedure in the UK or from being taken abroad to undergo the procedure.

Every attempt should be made to work with parents on a voluntary basis to prevent the abuse, however, the child's interest is always paramount.

Where there is an imminent or serious risk, an emergency response may be required, consider whether to apply for an FGM Protection Order which may include the surrendering of passports. Or if required, an Emergency Protection Order could be made under Section 44 of the Children Act 1989 enabling a child to be removed to a place of safety if there is evidence that a child is in imminent danger.

In all cases, professionals should also consider risk to other children and women in the family. In addition ensure:

- There is a record of the discussion
- Information is shared with the relevant local authority's children's social care
- Within the healthcare settings, information is shared with the girl's GP, health visitor or school nurse and potentially other professionals delivering care to the child and the FGM Risk Indication System is updated as appropriate.

Referral: pregnant adult woman has undergone FGM

The midwife should complete a FGM maternity risk assessment and if this indicates the unborn child may be at risk of significant harm, a referral should be made to Children's Social Care. This, however, should not be introduced as an automatic response when identifying a pregnant adult woman with FGM, and each case should be individually assessed.

Referral: Adult woman has undergone/at risk of FGM

There is no requirement for automatic referral of adult women with FGM to adult social services or the police. In the case of a vulnerable adult, an initial referral should be made to adult social services.

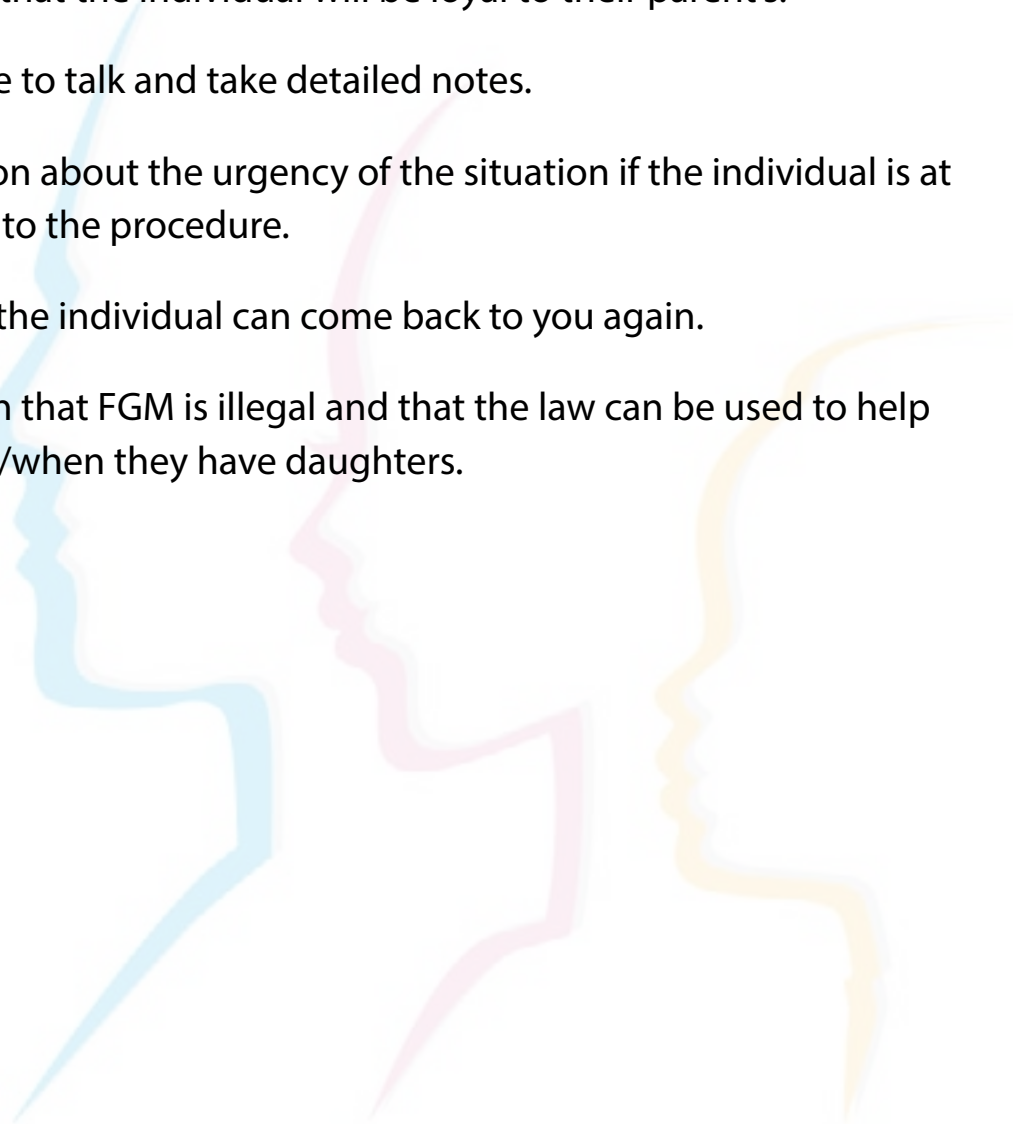
Professionals should seek to support women by offering referral to community groups who can provide support, or other services as appropriate.

Using Translators

An accredited female interpreter may be required. Any interpreter should ideally be trained in relation to FGM, and in all cases should not be a family member, not be known to the individual, and not be someone with influence in the individual's community.

Do

- Create an opportunity for the individual to disclose, seeing the individual on their own.
- If an interpreter is required, they should be female, appropriately trained in relation to FGM and must not be a family member or known to the individual. You **MUST** also know their views on FGM to ensure they advocate for the safety of the girl at risk.
- Use simple language and ask straightforward questions.
- Use terminology that the individual will understand, e.g. the individual is unlikely to view the procedure as 'abusive'.
- Be sensitive to the fact that the individual will be loyal to their parent's.
- Give the individual time to talk and take detailed notes.
- Get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure.
- Give the message that the individual can come back to you again.
- Give a clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters.



Don't

- Promise complete confidentiality (blanket confidentiality cannot be given to the individual as this is a crime and child abuse and MUST be reported).
- Although 'mutilation' is the most appropriate term, it might not be understood or it may be offensive to a woman from a practising community who does not view FGM in that way.
- Use a male interpreter when talking to women.
- Use family members, friends, neighbours or those with influence in the community as interpreters. People may not feel comfortable in making a disclosure and can sometimes place the person at risk of FGM in further danger. An interpreter may deliberately mislead practitioners and/or encourage the person to drop the complaint and submit to their family's wishes.

Always

- Ensure all discussions are approached directly but in a sensitive and non-judgemental manner.
- Document all actions in the patient's healthcare record (within healthcare) and share this information with the patient's GP and for children, with their school nurse and health visitor.
- Inform the patient and their family FGM is illegal in the UK and is child abuse. Explain the negative health consequences of practising FGM.
- Ensure that any further action complies with all statutory and professional responsibilities in relation to safeguarding, the mandatory reporting duty and meets local processes and arrangements.
- Remember that this guidance does not replace the need for professional judgement in relation to the circumstances presented.

NHS FOUNDATION TRUSTS

PLEASE NOTE THAT WHERE FGM IS SUSPECTED IN CHILDREN ACROSS TEES, CASES ARE DISCUSSED WITH THE PAEDIATRIC FORENSIC NETWORK (PFN) AT NEWCASTLE RVI IF AN ASSESSMENT IS TO BE CONSIDERED.

NAME & CONTACT NUMBER FGM LEAD for CHILDREN AT THE PFN

Karen Rollinson - Tel: Paediatric Forensic Network 0191 2824753

NORTH TEES & HARTLEPOOL NHS FOUNDATION TRUST (NTHFT)

NAME & CONTACT NUMBER FGM LEAD ADULTS

Dr. Gouk / Janet Mackie - Women and children's services - Tel: 01642 617617

SOUTH TEES NHS FOUNDATION TRUST

NAME & CONTACT NUMBER FGM LEAD ADULTS

Dr Kusnah Mohammed - Obs & Gynae - Tel: 01642 850850 ext 54857

NEWCASTLE RVI

NAME & CONTACT NUMBER FGM LEAD ADULTS

Sophia Webster - Tel: Obs and Gynae 0191 2336161 EXT 25640

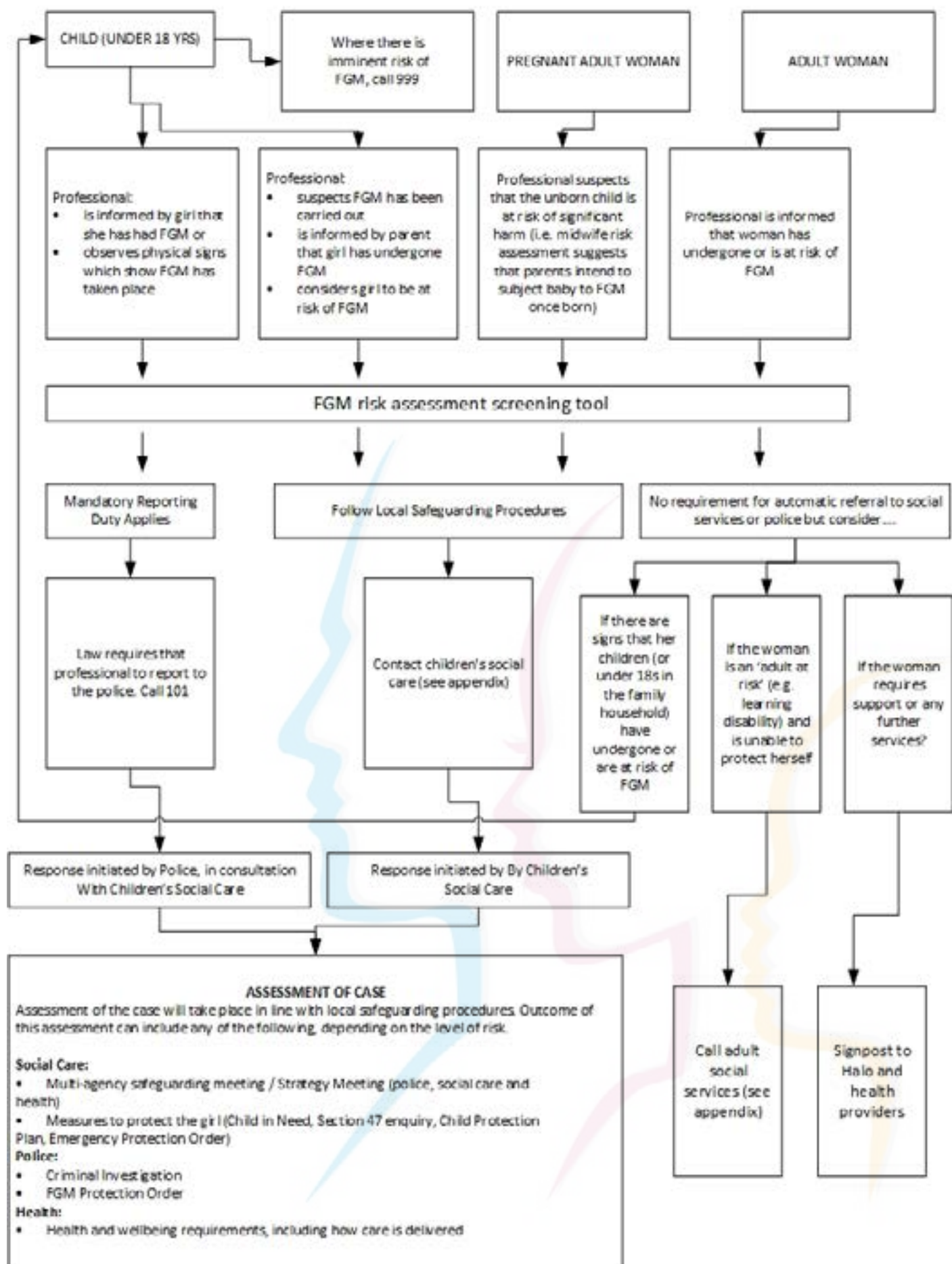
North East LSCBs (Procedures) and Children's Social Care Contacts

	Hyperlink to FGM Procedure	LSCB Website	Children's Social Care Contact Details
Darlington	Click Here	Visit Now	01325 406222 childrensaccesspoint@darlington.gcsx.gov.uk
Durham	Click Here	Visit Now	03000 267 979
Gateshead	Click Here	Visit Now	0191 433 2653
Hartlepool	Click Here	Visit Now	01429 284284 childrenshub@hartlepool.gcsx.gov.uk
Middlesbrough	Click Here	Visit Now	01642 726004 firstcontact@middlesbrough.gcsx.gov.uk
Newcastle	Click Here	Visit Now	0191 277 2500
North Tyneside	Click Here	Visit Now	0345 2000 109
Northumberland	Click Here	Visit Now	Contact details for all CSC offices in Northumberland
Redcar & Cleveland	Click Here	Visit Now	01642 771500 firstcontact@redcar-cleveland.gcsx.gov.uk
South Tyneside	Click Here	Visit Now	0191 424 5010
Stockton-on-Tees	Click Here	Visit Now	01429 284284 childrenshub@hartlepool@gcsx.gov.uk
Sunderland	Click Here	Visit Now	0191 520 5560

North East SAB contact details

Local Authority	Social Care Contact	Safeguarding Adult Board Contact and website
Darlington	ssact@darlington.gcsx.gov.uk 01325 406111	01325 406459 LSCB@darlington.gcsx.gov.uk
Durham	03000 267 979	www.safeguardingdurhamadults.info 03000 268 198 safeguardingadults@durham.gov.uk
Gateshead	0191 433 7033 adultsocialcaresdirect@gateshead.gov.uk	Gateshead safeguarding Adults Board
Hartlepool	01429 523390 fsch@hartlepool.gcsx.gov.uk	Teeswide Safeguarding Adults Board 01642 527263 www.tsab.org.uk
Middlesbrough	01642 726004 adultsafeguardingalert@middlesbrough.gov.uk	Teeswide Safeguarding Adults Board 01642 527263 www.tsab.org.uk
Newcastle	0191 278 8377	Newcastle Safeguarding Adults Board 0191 278 8156
North Tyneside	0191 643 2777	North Tyneside Safeguarding Adults Board
Northumberland	01670 536 400 Socialcare@northumbria.nhs.uk	01670 622 672 Northumberland County Council - Safeguarding adults
Redcar & Cleveland	01642 771500 contactus@redcar-cleveland.gov.uk	Teeswide Safeguarding Adults Board 01642 527263 Tsab.businessunit@stockton.gov.uk www.tsab.org.uk
South Tyneside	0191 424 4049 adultsocialcare@southtyneside.gov.uk	0191 424 4049 Safeguarding Adults Board - South Tyneside Council
Stockton-on-Tees	01642 527764 firstcontactadults@stockton.gov.uk	Teeswide Safeguarding Adults Board 01642 527263 www.tsab.org.uk
Sunderland	0191 520 5552 enquiries@sunderland.gov.uk	0191 5618989 www.sunderlandsab.org.uk

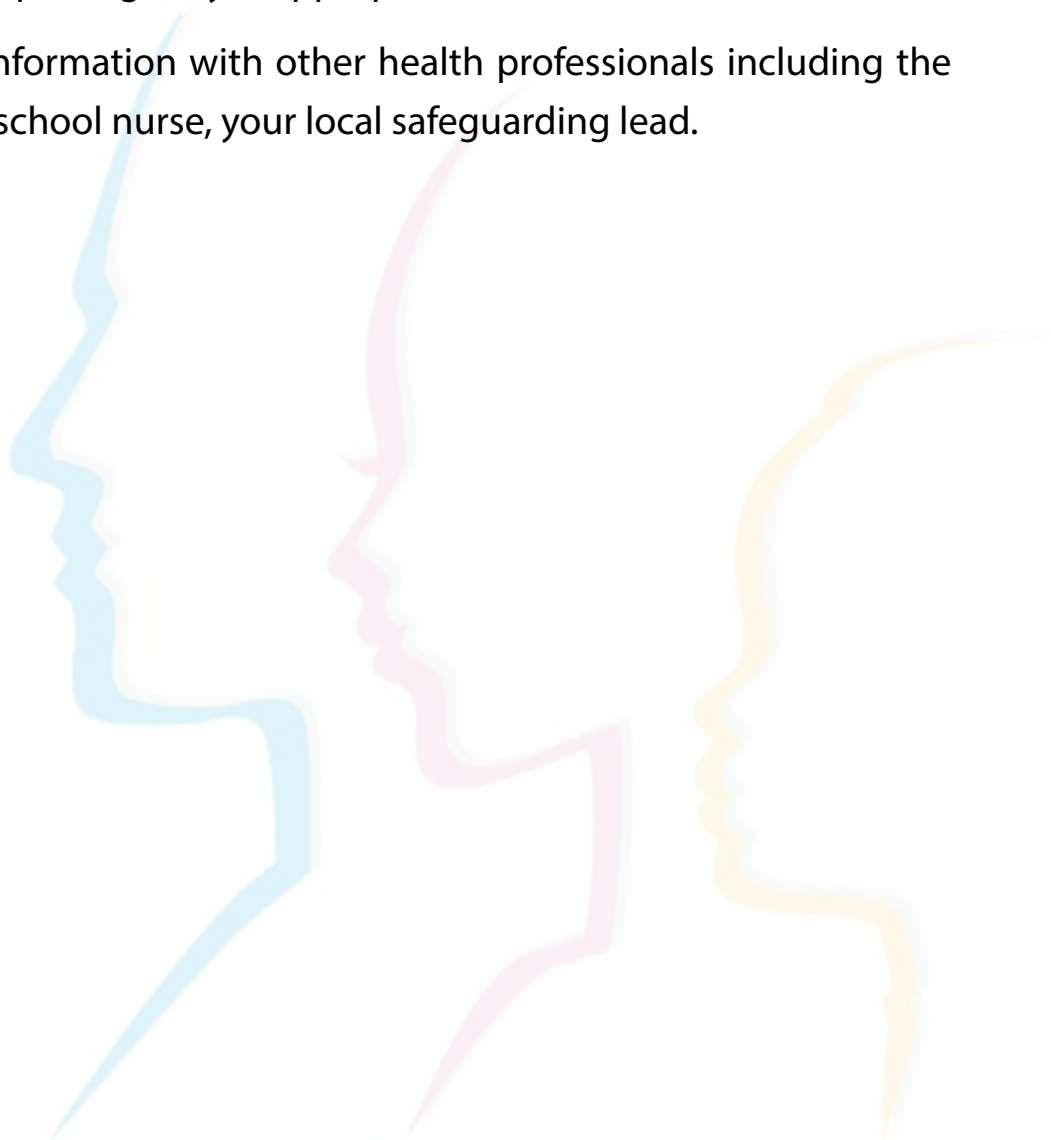
This referral pathway can be used by all professionals including schools, health, local authority and voluntary sector



(Department of Health FGM Safeguarding and Risk Assessment Jan 2017)

Have you:

- Discussed FGM with the patient and their family.
- Completed an FGM risk assessment template.
- Recorded your actions and the outcome of the assessment.
- Followed your local safeguarding process and made a referral to children's social care, if appropriate.
- Reported a known case of FGM to a child under 18 to the police under the FGM mandatory reporting duty, if appropriate.
- Shared relevant information with other health professionals including the GP, health visitor, school nurse, your local safeguarding lead.



Angelou Centre

Area – Newcastle / Northumberland

Email - Rosie@angelou-centre.org.uk

Phone - 0191 226 0394

Services offered

We have a dedicated FGM project. Mama and Binti. Activities include:

- Individual support and advocacy for women and girls affected by FGM.
- Awareness raising training and support to women's community organisations affected by FGM.
- The development of FGM community champions from affected communities.
- Awareness raising events and activities with professionals.
- Development of a network for women and girls affected by FGM

Halo Project

Area – North East Region, Cleveland, Durham and North Yorkshire

Email - info@haloproject.org.uk

Phone - 01642 683 045

Services offered

- FGM Specialist Advocacy and Support Programme.
- Circle of Friends Survivor network-offers FGM victims with a safe and confidential be-friending Network for victims to share their experiences and seek support from from Partner agencies.
- FGM guidance and awareness training to Providers to help them recognise the potential signs of FGM and give professional advice to agencies in order to protect and safeguard individuals who may be at risk.
- Specialist FGM Intervention Programme working with families to raise awareness of the harms and UK laws surrounding FGM.
- Chair and Founder of The North East FGM Partnership board which identifies barriers for FGM victims and survivors and provides a platform for services who can share learning and resources to improve outcomes for those affected by FGM.
- Offering FGM and harmful practices awareness and advice.
- Halo Hope Community Education Programme- 6 week Community Awareness programme for FGM victims and those at risk to seek help and prevent FGM, HBV and FM.

Purple Rose

Area – North East

Email - Purplerose6611@hotmail.co.uk

Phone - 07984 222 236

Services offered

Purple Rose is a community organisations set up to raise awareness about issues affecting BME women.

Rape Crisis Tyneside and Northumberland

Area – Tyneside & Northumberland

Email - enquiries@rdn.org.uk

Phone - Admin 0191 222 0272

Helpline 0800 0352794

Services offered

Rape Crisis Tyneside and Northumberland is a charitable organisation which provides information, support and counselling for women aged 16 and over who have been raped or sexually abused.

Shine

Area – Newcastle

Email - Roya.rezaee@newcastle.gov.uk

Phone - 0191 2772048 / 07825833074

Services offered

- One to one support for affected family members.
- Advice and information
- Training for men and women affected by FGM.
- Awareness raising for professionals.
- (currently developing drop in sessions for affected families)
- Direct training for men and women affected by FGM.
- Awareness raising for workers/supported by existing community champion)
- One to one support for affected family members.
- Provision of up to date advice and information.
- Support development of local policies.
- Development of Community Champions to support awareness raising within communities and work with identified FGM cases.
- Future Plan:
 - Establishing drop in sessions for affected families including male family members and older adults.
 - Developing appropriate awareness raising material for use in secondary schools.

Straight Forward

Area – Middlesbrough

Email - Straightforward421@yahoo.co.uk

Phone - 07949592688 or 0746279955

Services offered

Confidential Non-judgemental and respectful service to the communities on the issue of FGM in the same token we empower and support vulnerable female community members in Tees Valley Area.

Terms Used for FGM in Other Languages

Country	Term Used for FGM	Language
CHAD – The Ngama Sara subgroup	Bagne Gadia	
EGYPT	Thara Khitan Khifad	Arabic Arabic Arabic
ETHIOPIA	Megrez Absum	Amharic Harran
ERITREA	Mekhnishab	Tigreigna
GAMBIA	Niaka Kuyango Musolula karoola	Mandinka Mandinka Mandinka
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu
IRAN	Xatna	Farsi
KENYA	Kutairi Kuitairi was Ichana	Swahill Swahill
NIGERIA	Ibi/Ugwu Didabe fun omobirin/ila kiko fun omobirin	Igbo Yoruba
SIERRA LEONE	Sunna Bondo Bondo/Sonde Bondo Bondo	Soussou Temene Mendee Mandinka Limba
SOMALIA	Gudiniin Halalays Qodin	Somali Somali Somali
SUDAN	Khifad Tahoor	Arabic Arabic
TURKEY	Kadin Sunneti	Turkish

HELPLINES

NSPCC FGM Helpline: 0800 028 3550

The NSPCC runs a free 24-hour helpline which will provide advice and support to protect UK children from female genital mutilation (FGM). Callers' details can remain anonymous, but any information that could protect a child from abuse will be passed to the police or social services. If you are worried that a child may be at risk of FGM, contact our 24 hour helpline anonymously on 0800 028 3550 or email fgmhelp@nspcc.org.uk. The NSPCC has also produced a FGM Factsheet.

www.nspcc.org.uk/preventing-abuse-and-neglect/female-genital-mutilation-fgm

email: fgmhelp@nspcc.org.uk

POLICE

Police forces

www.gov.uk/contact-police

Metropolitan Police Service

Project Azure Partnership team: 020 7161 2888

Project Azure, set up by the Metropolitan Police Service's Child Abuse Investigation Command, aims to prevent FGM happening to girls in London. It also gives advice and training to other police forces around the country on how to deal with cases. Their mission is to work together with partners to prevent FGM and to identify and protect victims from harm and identify and prosecute offenders.

GOVERNMENT

FGM Unit

The FGM Unit, based at the Home Office, Co-ordinates work on FGM across government and offers outreach support to local areas. Please note the unit does not handle individual cases.

fgmenquiries@homeoffice.gsi.gov.uk

OTHER ORGANISATIONS

For a list of other organisations who can provide advice and support on FGM see the 'Contact, helplines and clinics' section of the FGM resource pack:

Local organisations can be found at www.gov.uk/female-genital-mutilation.

FGM clinics

A list of specialist FGM clinics in the UK is available on the NHS website.

References

HM Government Multi-Agency statutory guidance on FGM (April 2016)

Department of Health (2016) FGM: Risk and Safeguarding – Guidance for professionals

Home Office Mandatory Reporting of Female Genital Mutilation – procedural information

Department of Health FGM Safeguarding and Risk Assessment (Jan 2017)

FURTHER RESOURCE AND GUIDANCE:

FGM Resource Pack:

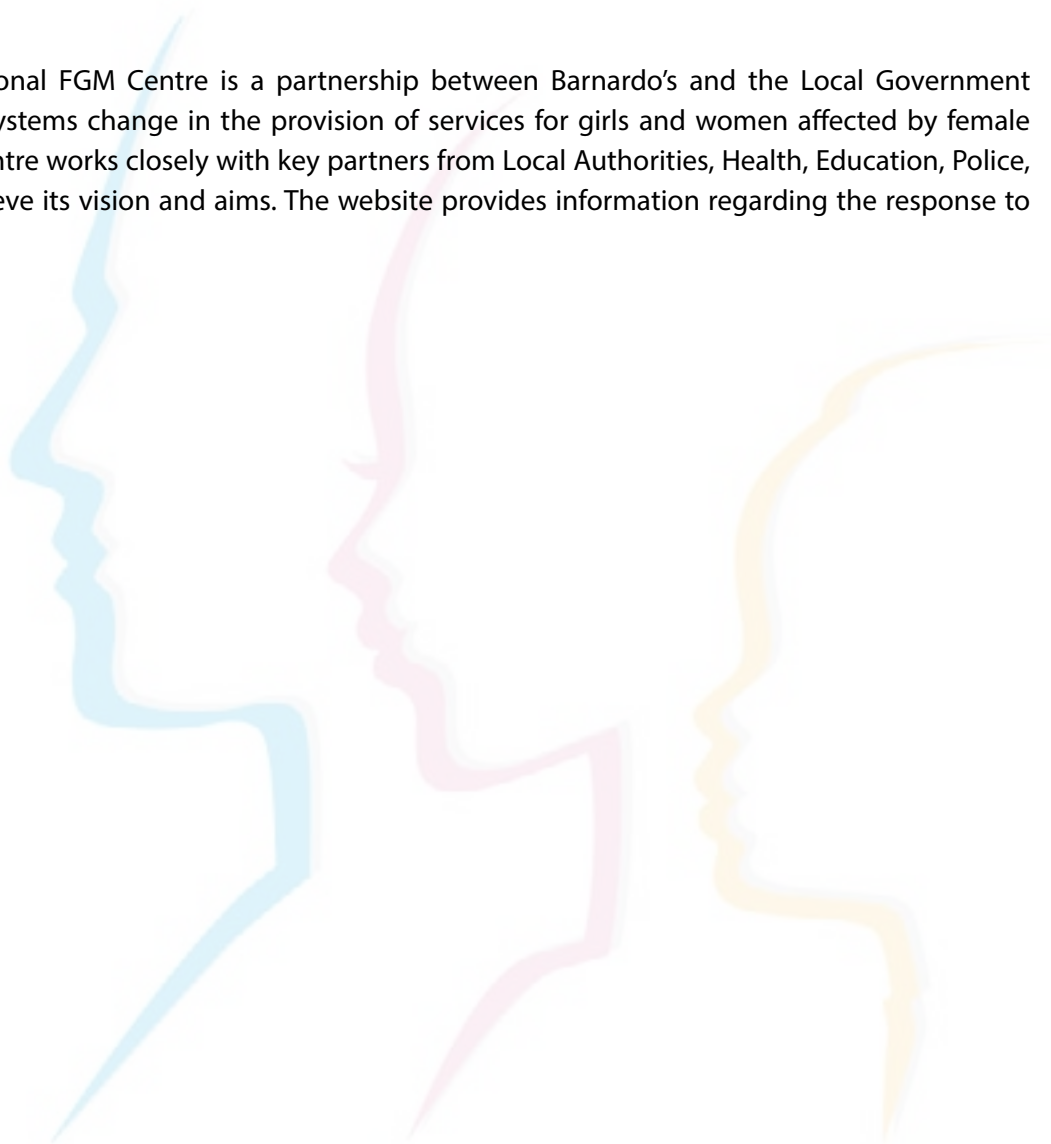
<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack>.

The e-pack provides a number of resources for all agencies including education, health, police and children's social care professionals.

You can find out more about FGM through the e-learning package, Recognising and preventing FGM.

The government's Multi-Agency practice guidelines should be read in conjunction with these resources. The guidance and further advice about FGM is available from the Home Office website: Multi-Agency Statutory Guidance on Female Genital Mutilation

National FGM Centre: The National FGM Centre is a partnership between Barnardo's and the Local Government Association (LGA) to achieve a systems change in the provision of services for girls and women affected by female genital mutilation (FGM). The Centre works closely with key partners from Local Authorities, Health, Education, Police, and the voluntary sector to achieve its vision and aims. The website provides information regarding the response to FGM.



I am a victim

thousands more **WILL** suffer

I was unable to **BREAK** tradition

I must live with **THE** pain

I will suffer in **SILENCE**

Who will speak up **AGAINST** this abuse

Together we can end **FGM**

HALO PROJECT
Break the Silence

www.haloproject.org.uk

