

Item No.	Classification: Open	Date: 15 June 2015	Meeting Name: Children's Services and Education Scrutiny Committee
Report title:		Overview of the work in place and planned to tackle Female Genital Mutilation (FGM)	
Ward(s) or groups affected:		All	
From:		Rory Patterson, Director, Children's Social Care	

RECOMMENDATION(S)

1. That the Children's Services and Education Scrutiny Committee note the overview provided in this report on the work being undertaken and planned to tackle FGM in Southwark

BACKGROUND INFORMATION

2. The World Health Organization (WHO) defines FGM as procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is said to occur in 28 countries in Africa and in a few countries in Asia and the Middle East. FGM is illegal in the UK. However, the NHS estimated that 20,000 girls under the age of 15 are at risk of FGM and over 66,000 women and girls living in Britain have experienced it.¹ It is usually carried out on girls between the age of 0 and 15 years old.
3. There are a variety of sources of data and methods for estimating the prevalence of FGM and all have significant limitations. Maternity services indicate that 4-6% of women in Southwark have been subject to some form of FGM. Estimates of the numbers of girls at risk locally are crude at best because we do not have collated data on the number of daughters born to mothers who have had FGM and it is difficult to make assumptions about these parents' attitudes towards FGM.
4. Since 2014, NHS services record FGM of pregnant women they see and report this to Children's Social Care if following their discussions with the parents about their attitude to FGM there is an indication of potential risk to the baby daughter post birth. Similarly schools are a key referrer, as young people themselves indicate a concern (often it is an older sibling or a friend who raises the concern). Recent referrals have come from mothers in mixed relationships where mothers from non-FGM practicing communities have a child with someone from a practicing community. These mothers may not be aware of the level of risk to their child from the paternal family. When a referral highlighting concerns about FGM is received by Children's Social Care, a qualified social worker completes a risk assessment which includes partnership working with relevant agencies i.e.

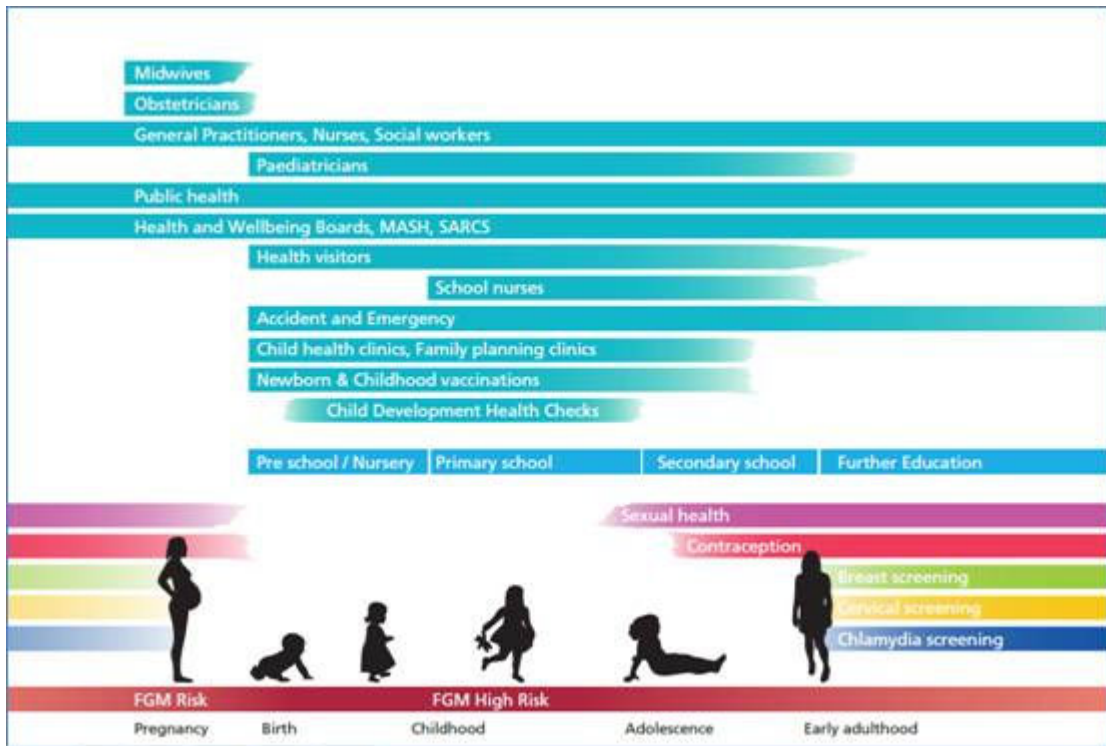
¹ [FGM health services for women - Sexual health services - NHS Choices](#)

police, education and health – but this assessment is at best a snapshot in time. If there is no evidence to support it having happened or parents deny their intention to carry out FGM and social care are satisfied this is an honest intention, then the case is closed and universal services are informed of the outcome. There is insufficient evidence in many cases to trigger ongoing child protection measures and the ongoing involvement of statutory child protection services. To date there has been no effective way of tracking and reviewing risk of FGM throughout a girl's minority, especially at risk points e.g. Christmas and the Summer Holidays when they can take trips abroad for extended periods .

5. Recently, Southwark and Lewisham made a joint bid to the DfE Innovations Programme – the vision was to form a multi-agency team that would use a community engagement approach to changing practice and preventing FGM whilst also supporting and managing risk to girls and women who have either experienced FGM or are identified as being at risk. The SSCB supported this bid. Whilst we failed to gain the bid and will no longer be looking to develop a team, the key principles of the proposal and purposes still remain relevant and achievable. The purposes outlined in the proposal were:
 - To gather and collate information and intelligence on FGM at a local level to better understand the problem and develop systems to track vulnerable girls throughout their minority to prevent FGM;
 - To ensure robust multiagency risk assessment tools are available and the workforce are confident in their application;
 - To work with affected individuals to ensure that they receive support and protection to reduce the risk of future FGM and support women and families already subjected to FGM; and
 - To work closely with affected communities to open dialogue and change community attitudes towards FGM where it is still an accepted practice.

6. A key aspect of the proposal included developing the means to track the young person through their minority – ensuring key universal services professionals would have flagged on their systems all female children whose mothers have had FGM, or children on whom CSC had undertaken an assessment (as outlined above) and closed the case. These professionals could then ensure targeted conversations happen with family members at various intervals until the child reaches adulthood. The conversations would focus on their ongoing views on practicing FGM, as well as act as a reminder to the family of the consequences and impact. Similarly, and more importantly, conversations can be had with the child / young person themselves, where professionals can be checking whether they have any worries, and that they have an understanding of what FGM is and can be empowered to disclose, should they fear this is going to happen to them. The diagram below depicts the stages of a child and those professionals who can support the monitoring of the young person throughout their minority. Incidentally in February 2015 (just after our bid was submitted) the DFE held their UN Government Zero Tolerance to FGM Summit. It was announced there that they are developing a new Tracking system in Health in order for children and young people at risk to be tracked through their minority. This is due in September and guidance will be issued.

7.



8. The FGM National Clinical Group is based at Guy's and St Thomas' hospital (GSTT), in Southwark. They are a registered charity dedicated to working with women who have been affected by FGM and other related difficulties.
9. Southwark Safeguarding Children Board (SSCB) plays an important role in challenging safeguarding practice and assesses how effective these services are in relation to FGM.
10. The Schools Safeguarding Coordinator regularly emails over 500 designated and deputy designated safeguarding leads, which includes all maintained schools, academies, some free schools and other independent schools as well as a number of alternative education providers. Over the past year the following emails have been sent:
 - a) Metropolitan Police's latest guidance for schools on female genital mutilation (FGM).
 - b) The Home Office free online training for frontline professionals in identifying and helping girls at risk of female genital mutilation (FGM).
 - c) Female genital mutilation: multi-agency practice guidelines to support and assist frontline professionals, in safeguarding children and protecting adults from the abuses associated with FGM.
 - d) FGM support materials: Resources including awareness-raising materials, lesson plans, assessments and guidelines.

- e) FGM: resource pack: Pack featuring case studies where FGM has been experienced by girls and women in the UK, including links to support organisations, clinics and helplines that can help people who think they might be at risk.

FGM WORK BEING LED BY SOUTHWARK SAFEGUARDING CHILDREN BOARD (SSCB)

11. In order to address FGM all partner agencies with a responsibility for safeguarding need to work together effectively. The SSCB has statutory responsibility for ensuring this happens.
12. FGM is a priority for the SSCB. The SSCB is improving how Health, Social Care, Police and Education and the community work in partnership to assess risk in order to prevent FGM occurring and provide effective support to girls, women and their families who are affected by FGM.
13. Health is the key agency in tackling FGM particularly with midwives and obstetricians, who can identify and support victims of FGM early on. The SSCB Health Subgroup is taking the lead on FGM on behalf of the SSCB.
14. In July 2014 there was a SSCB 'Lunch time FGM learning' session attended by professionals from a range of agencies. In addition designated safeguarding leads held a forum in 2013 to learn from FGM expert Dr Comfort Momoh who was a guest speaker.
15. An audit proposal was accepted in principle pending ethical clearance from Health Boards and the methodology being refined and scope widened. The Designated Nurse prioritised this work following her appointment in early 2015. Public Health has now addressed the ethical issues and there is now anonymised data on FGM referral and treatment pathways to date. This will provide a base line audit which can be used to measure impact when further audit activity is undertaken. It is anticipated themes will also emerge from the audit which will inform action plans and new developments. Public Health is leading on the FGM audit as they have access to the data. A report on the audit will be presented to the SSCB September 2015
16. The Police Child Protection Investigation team have an identified Lead who will work with the partnership ensuring awareness and use of new police powers under the Serious Crime Act 2015 offering lifelong anonymity to girls and women disclosing FGM and the application of the new FGM Civil protection Orders.
17. There is an SSCB FGM Steering Group which met for the first time on 3 June 2015. The work plan for the group is included in the SSCB work plan which will be considered at the 30 June SSCB meeting. The work plan will include:
 - a) Scoping the scale of FGM.
 - b) Sharing good practice between partner agencies to safeguard children at risk of FGM and to promote their welfare.
 - c) Developing an FGM Health and Social Care Referral Pathway and risk assessment tool in line with the DoH FGM Risk and Safeguarding Guidance 2015.
 - d) Agreeing protocols for sharing information and tracking girls at risk of, or girls who have already undergone, FGM with health partners, social

care, education and the police. This will be in accordance with the forthcoming Guidance expected to be issued by the Home Office in September 2015

- e) Active engagement with communities, empowering women, men and young people to report concerns about FGM, particularly among faith groups.
 - f) Raise awareness of FGM within agencies, identify training needs and disseminate examples of good practice.
 - g) Monitor and review provision and practice including resource implications for the implementation of the FGM Strategy and Policy.
 - h) Highlight any specific areas of need and/or risk.
18. The SSCB Community Engagement and Awareness Forum has been established, chaired by the Chief Executive of Community Action Southwark (CAS). This group will take a lead on improving awareness of FGM within the community and integrating this into the overall community engagement work on violence against women and girls (VAWG). There is also clear evidence that in order for individuals to act on their decision to abandon FGM there must be social pressure and also other motivators (which may include law enforcement) which enable whole communities to act collectively.
19. An SSCB e-learning FGM training package commissioned from the Virtual College is about to be launched.
20. The SSCB commissions Dr Comfort Momoh from GSTT National Centre for FGM to run 4 training/awareness events as part of the SSCB training offer for the multi agency professionals.

KEY ISSUES FOR CONSIDERATION

20. Social Care with its partners will be looking at how they will take the positive work proposed in the bid forward and ensure that assertive action is taken through community engagement, better coordinated working as well as child protection planning; care proceedings and ultimately where necessary the prosecution of offenders as FGM is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls.

Policy implications

21. Government policy on Female Genital Mutilation Risk and Safeguarding; Guidance for professionals, expects all organisations to ensure that their approach to safeguarding against FGM is multi-agency and multi-disciplinary. It also notes that any girl identified as being at risk of FGM will need to be responded to as a 'child in need' or a 'child in need of protection' and appropriate safeguarding actions/measures should be followed. Organisations should work with partners including Children's social care and the police to meet the needs of this vulnerable group. This fits well the Councils Fairer Future for All – Best start in life. The work planned by Social Care will be reflected in the Assessment and Intervention Improvement Plan and the Achieving Excellence Plan.

Resource implications

22. There are no direct budget implications as the work being undertaken and planned will be met from additional resources.

Background Papers	Held At	Contact
Female Genital Mutilation Risk and Safeguarding; Guidance for professionals. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf	Online document	FGM Prevention Programme Room 311, Richmond House, 79 Whitehall London SW1A 2NS FGM@dh.gsi.gov.uk

AUDIT TRAIL

This section must be included in all reports.

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Natasha Sharmah – Policy Officer, Children's & Adults' Services	
Version	Final	
Dated	18 June 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
List other officers here		
Cabinet Member	YES	No
Date final report sent to Constitutional Team/Community Council/Scrutiny Team	19 June 2015	

Note: Consultation with other officers

If you have not consulted, or sought comments from the director of legal services or the strategic director of finance and corporate services, you must state this in the audit trail.