Newcastle Safeguarding Children and Adults Board

Female Genital Mutilation (FGM) Safeguarding Strategy 2016/19

1. INTRODUCTION

The Newcastle Safeguarding Adult Board (NSAB) and the Newcastle Safeguarding Children Board (NSCB) recognise that FGM is illegal in the United Kingdom and causes serious short and long term medical and psychological complications both for children following the procedure and for women long term. FGM is considered to be a physically abusive act.

2. AIM

This strategy aims to assist Newcastle agencies, services and professionals improve the protection of women and girls from FGM.

In addition, the strategy reflects the need for the provision of safe and high quality health services for children and women who have been subjected to FGM and for Health to work with partner agencies who also provide services.

All acts of FGM are a crime and the girls and women subjected to FGM are victims of this crime. The act of FGM to female children under the age of 18 is also a form of child abuse and Safeguarding Children procedures apply. Safeguarding Adult procedures also apply to adult females who come under the Care Act 2014 definition of an Adult at Risk. These groups of children and adults will have differing needs for support, therapeutic intervention and protection and different safeguarding pathways apply.

This Strategy does not detail procedure and operational policy/guidance related to the response required for the management of safeguarding issues relating to children and adults who may be at risk of FGM or those that have undergone the procedure. Please see the local Multi Agency Practice Guidance for details of operational response. This operational guidance ensures that appropriate safeguarding services to respond to victims of FGM are in place and include clear and effective referral pathways, effective information sharing and joint risk assessments.

This Strategy looks to direct and support statutory partners, providers and voluntary agencies to fulfil their roles and responsibilities.

Other documents which need to be considered are:

- National Multi-Agency Practice Guidelines: Female Genital Mutilation
- Violence Against Women and Girls National Strategy
- Violence Against Women and Girls Regional Strategy
- Intercollegiate FGM report 2013
- NSCB Policy & Procedures
- NSCB Training Strategy

3. DEFINITION

The World Health Organisation (WHO) defines FGM as:

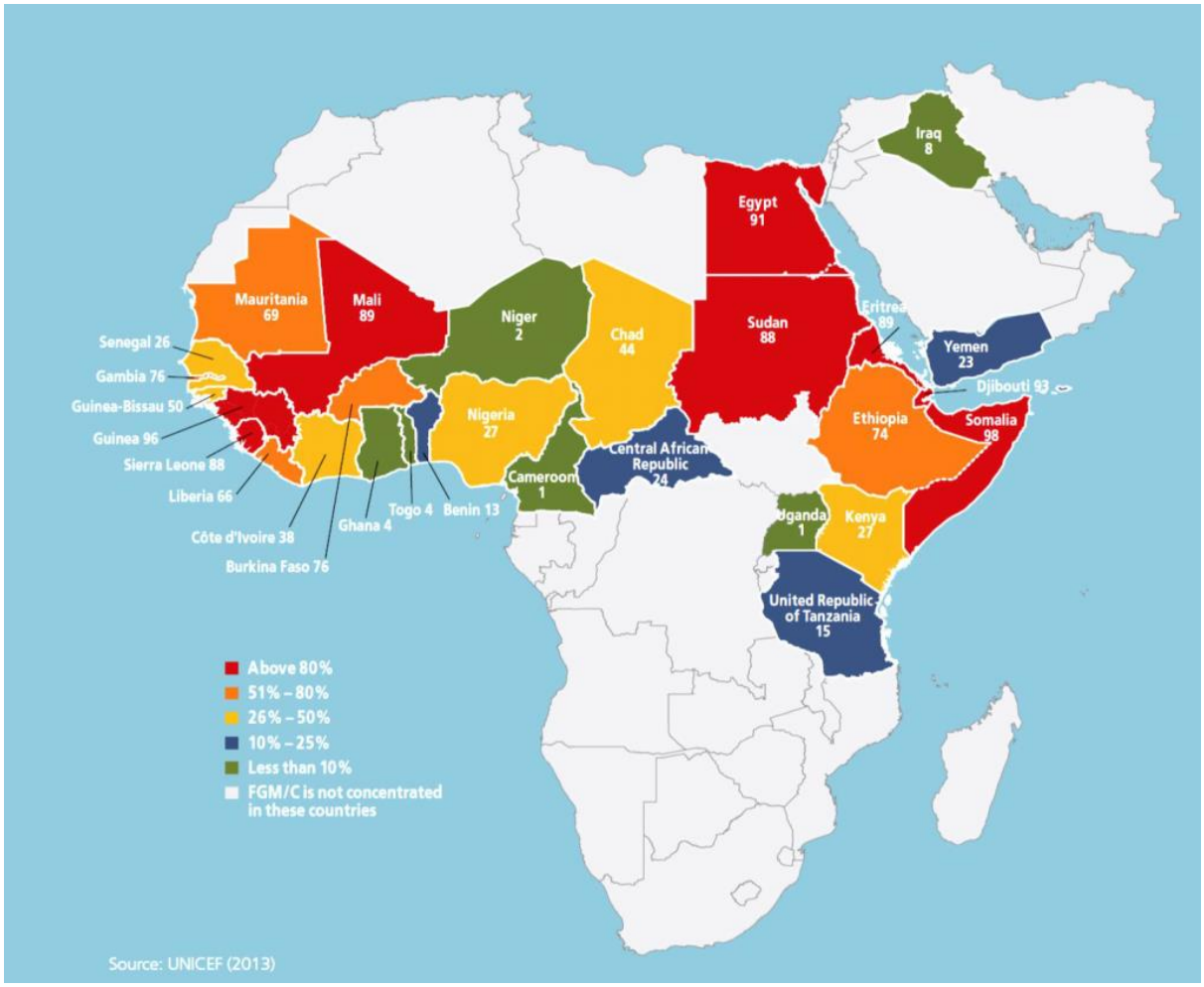
Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, UNICEF, UNFPA, 1997).

FGM is Classified into Four Major Types

1. 'Clitoridectomy' which is the partial or total removal of the clitoris and, in rare cases, the prepuce (the fold of skin surrounding the clitoris);
2. 'Excision' which is the 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 1 and II account for 75% of all worldwide procedures;
3. 'Infibulation' which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris; Type III accounts for 25% of all worldwide procedure and is the most severe form of FGM;
4. All other types of harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

4. NATIONAL & LOCAL PREVELANCE

The World Health Organisation estimates that between 100 and 140 million girls and women worldwide have experienced FGM and around 3 million girls undergo some form of the procedure each year in Africa alone. FGM has also been documented in communities in Iran, Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan



Due to the increase in international migration, FGM is also practised among migrant communities in many countries, including in the UK and in other parts of Europe.
There is some evidence that FGM is being performed at a younger age in some settings in response to preventive agendas. In 2005, UNICEF reported that the median age of FGM had reduced in five countries (Burkina Faso, Cote D'Ivoire, Egypt, Kenya and Mali),

arguably to better avoid detection. Amongst groups who practise Type III FGM (infibulation), there is evidence that it may repeatedly be performed during the course of a woman's life, e.g. 're-infibulation' after birth. Although it is difficult to ascertain exact figures for the number of women and girls who have been subjected to or are at risk of FGM in Newcastle, our Public Health Department estimates that the numbers are significant.

5. THE LAW AND OUR VISION

The Prohibition of the Female Circumcision Act 1985 made FGM a criminal offence; Section 1 of the Act makes it a criminal offence to excise, infibulate, or otherwise mutilate the whole or any part of a girl's labia majora, labia minora or clitoris. Although the Act refers to "girls", it also applies to women. The Act was replaced by the Female Genital Mutilation Act 2003 which extended the legislation to cover acts committed by UK nationals outside of UK boarders.

The Serious Crime Act 2015 introduced the following new measures:

- The extension of extra-territorial liability to 'habitual' UK residents
- Lifelong victim anonymity
- Parents' and guardians' liability for failing to protect a child from FGM
- Civil protection orders for FGM
- Mandatory reporting for relevant professionals.

The NSCB and NSAB are committed to the national agenda of eliminating violence and other harmful practices such as FGM that negatively impact upon the lives of girls and women and which might prevent them from reaching their full potential. We recognise that to achieve our strategic vision the Boards need to ensure that we continue to strengthening effective partnership working between the statutory and voluntary agencies locally. We acknowledge that engagement with the affected communities to reduce the tolerance/support of the practice of FGM is fundamental to eradicating FGM. The NSCB and NSAB support working with community engagement projects to ensure that the communities, girls and women, most affected are involved in and engaged with this strategy.

6. HOW TO ACHIEVE THIS.

This strategy does not alter current safeguarding arrangements. Instead, it complements the existing arrangements both national and local; building on prevention, information sharing, protection and support of children, young people and adults affected by FGM.

Partner Agencies working to achieve the strategy include:

- NSAB and NSCB
- Local Authority (Public Health, Children's Social Care, Domestic and Sexual Violence Co-ordinator)
- Police
- Crown Prosecution Service
- Education / Schools
- CCG (Children & Adults)
- NUTH (Paediatrics, Obstetrics & Gynaecology, Safeguarding Team, Maternity Service, Sexual Health Service, Health Visiting and School Nursing Services)
- Voluntary Sector (Angelou Centre and SHINE)
- Primary Care

This document strengthens our commitment to tackling FGM locally. We will achieve this by ensuring the following:

- **Prevention** of FGM from happening by changing community views about the practice
- **Service provision** which is appropriate to the needs of girls and women affected by FGM but also ensures a firm safeguarding response as well as an appropriately culturally sensitive therapeutic intervention
- **Working in Partnership** with other agencies (statutory and voluntary) and communities to ensure that services to tackle FGM are in place.

- **Training** which meets the needs of a range of services / partners, communities and children
- **Prosecution** of those who are responsible for perpetrating this crime and sending a clear message that the practice of FGM will not be tolerated.

7. PREVENTION

There are many facets to eradicating the practice of FGM. The Boards believe that early intervention to prevent the practice from happening in the first place is essential.

Although there is an early intervention strategy in Newcastle which links to the Newcastle Children & Young People's Plan 2015 – 2020 and includes the Common Assessment Framework. FGM may be the only issue of concern in the affected families who would therefore not be covered by these processes. It is important that work carried out in key health care settings and schools continues. Routine Enquiry is in place in the ante natal setting and selective enquiry should be in place in other health settings. Routine Enquiry may be extended to other health care settings.

Schools play a vital role in educating young girls, building their resilience and safeguarding them as potential victims. They are also in the best position to alert both the Police and Children's Social Care to any emerging concerns about the potential safety of a child.

The NSCB will continue to support ways to engage schools to deliver sensitive age appropriate education to girls and young people through Personal Health and Social Education (PHSE). This can be done within or as part of sex and relationships education or as part of a topic on personal safety. Pupils should be given time to explore issues which may impact on their personal safety or the safety of others; and where appropriate to discuss cultural practices and attitudes to a range of issues including FGM.

We are committed to engaging communities where FGM is prevalent in discussing the issues, emphasising the criminal nature of the practice and the harm which results from FGM. This will include engaging with female community champions as well as community

leaders. It is vital that these communities understand and are also committed to eradicating this harmful practice.

8. SERVICE PROVISION

We are committed to ensuring that local services meet the complex needs of women and girls who are affected by FGM. To achieve this the Boards will support partner agencies to identify girls and women who have suffered from FGM. Where FGM is uncovered or reported, victims will often be the subject of safeguarding services where appropriate, as well as therapeutic services to help them overcome the health and social impact of living with this problem. The specific areas of work that we will prioritise will include:

- Being committed to provide evidence-based commissioning which focuses upon outcomes for victims and their families
- Actively ensuring that the views of service users and survivors of FGM inform future commissioning of service delivery
- Ensuring the provision of a therapeutic response to FGM which includes access to specialist services for information, advice, support and necessary ongoing health treatment and empowering women to access these services

9. WORKING IN PARTNERSHIP

The Boards agree to supporting robust information sharing and working together to protect families who are at risk and to use national and local data to understand prevalence and to inform local services.

Robust partnership working includes:

- Services for prevention, detection and response to FGM are informed by local data intelligence and data analysis.
- Agreed local safeguarding arrangements for both children and adults
- The development of clear information sharing requirements at key times e.g. transition into school, movement to another area.
- Working together with statutory, voluntary and community services to enable a common goal, the sharing of best practice and agreement of local priorities and

outcomes.

- Effective support and services for victims and their families
- All partners being clear about the need to hold perpetrators to account for their actions – FGM is a criminal offence
- Supporting the Police and CPS to prosecute those responsible for perpetrating the practice of FGM.

10. TRAINING

A wide range of front line professionals require training to ensure that they develop the knowledge, skills and competencies to enable a safe, effective and sensitive response to FGM and are able to recognise the risk of FGM and respond appropriately.

Health professionals usually those working in Maternity Services, Gynaecology, Paediatrics, Sexual Health Services and Primary Care are more likely to encounter a girl or woman who has been subjected to FGM. This means that health professionals should take a lead role in targeted enquiry and mandatory reporting of FGM. Schools are also vital partners in responding to early indicators that a child may be at risk of FGM or has been subjected to FGM.

All professionals but particularly those involved in the health and education sectors need to be aware of the issue of FGM and what to do if they are concerned. Training packages can be accessed online (Home Office and Department of Health ELFH), more in depth face to face training can be accessed either through the NSCB, SHINE or via agencies in-house training programmes.

11. PROSECUTION

The Police and Crown Prosecution Service will robustly seek to prosecute all perpetrators of criminal acts relating to FGM.

Health professionals, Social Care professionals and Teaching staff are required to make a report to the Police 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

12. OUTCOMES

The Boards desired outcomes are to:

- Ensure that all children and vulnerable adults at risk of FGM are subject to safeguarding procedures to ensure their safety and reduce the risk of FGM being performed
- Support and train all partners in health, social care, education, voluntary sector and the criminal justice sector in securing effective responses for those people who are affected by FGM.
- Engage with affected communities so that they understand the harm that FGM does and also become committed to eradicating this harmful practice.
- Analyse partnership data to identify patterns, trends and prevalence within Newcastle.
- Identify ways of sharing practice to help partners learn from the management of FGM cases.