Female Genital Mutilation updates (May 2016)

encompassing Borough Pathways: Mandatory Reporting and Safeguarding Duty

This document and encompassing pathway replaces the existing:

- Wandsworth Female Genital Mutilation: Identification, Support and Prevention Strategy (April 2014)
- Wandsworth Female Genital Mutilation: Prevention Guidelines (April 2014)

Upon review, it has been determined that the local prevention strategy and guidelines (as listed above) are no longer up-to-date with nationally issued guidance and legislative changes. These documents will now be archived.

Wandsworth will instead be adopting nationally issued guidance documents (as listed below).

Wandsworth maintains its commitment to eradicating FGM and working with affected communities and partner agencies to reduce the risk of harm to those vulnerable to FGM and meeting the healthcare needs of those who are affected by this practice.

Legal framework on FGM

The following legislation is applicable to Wandsworth's response to FGM:

- The Data Protection Act 1998
- Human Rights Act 1998
- The Crime and Disorder Act 1998
- The Freedom of Information Act 2000
- Female Genital Mutilation Act 2003
- Domestic Violence, Crime and Victims Act 2004
- The Children Act 2004
- Serious Crime Act 2015

This does not act as an exhaustive list of legal responsibilities governing FGM.

Regional strategies, documents and guidance

The following documents underpin Wandsworth's multi-agency pathways and support the effective delivery of preventative measures and best practice guidance for professionals.

HM Government (Including Home Office, Department of Health, etc...)
- Multi-agency statutory guidance on female genital mutilation (HM Government, April 2016)
- Working Together to Safeguard Children: Inter-agency working to safeguard and promote the welfare of children (March 2015)
- Multi-Agency Practice Guidelines: Female Genital Mutilation (2014)
- Mandatory Reporting of Female Genital Mutilation - Procedural information (Oct 2015)
- Commissioning services to support women and girls with FGM (DoH, March 2015)
- Female Genital Mutilation Risk and Safeguarding Guidance for Professionals (DoH, March 2015)

Royal College of Nursing
- Royal College of Nursing Female genital mutilation (2015)

Royal College of General Practitioners & NSPCC:
- Safeguarding Children and Young People: A Toolkit for General Practice (Aug 2014)

Royal College of Obstetricians & Gynaecologists:
- Female Genital Mutilation and its Management - Green-top Guideline No. 53 (July 2015)
British Medical Association
- **BMA Ethics: Female Genital Mutilation: Caring for patients and safeguarding children (2011)**
  *this publication is currently under review to take into account recent legislative and policy developments. Please refer to the BMA for further information. The BMA’s website links to HM Government Multi-agency statutory guidance on FGM, April 2016 (see above for link)*

General Medical Council
- **Protecting Children and young people: the responsibilities of all doctors (Sept 2012)**

Deviating from Government issued guideline
Where a **statutory** duty applies, individual agencies may deviate from nationally issued guidelines to reflect a more effective locally adapted process. This does not exempt any professional / agency from fulfilling duties as mandated by law or regulation.

Review
This document will be periodically reviewed to update it with any updates to national policy, strategy or legislative change.

Attached to this document
- Risk Identification Poster
- Borough-Pathways

Document authors
This document is managed by the Community Safety Division, Public Health

Community Safety Division
Public Health, Wandsworth Council
Wandsworth Town Hall
Wandsworth High Street
London
SW18 2PU

e-mail: communitysafety@wandsworth.gov.uk
telephone: (020) 8871 6437
Regulated Professionals
- Health and social care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care (with the exception of the Pharmaceutical Society of Northern Ireland). This includes those regulated by:
  - General Chiropractic Council
  - General Dental Council
  - General Medical Council
  - General Optical Council
  - General Osteopathic Council
  - General Pharmaceutical Council
  - Health and Care Professions Council (whose role includes the regulation of social workers in England)
  - Nursing and Midwifery Council
- Teachers - this includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions, and, in Wales, education practitioners regulated by the Education Workforce Council.
- Social care workers in Wales

Unregulated Professionals / Concerned Individual
- Speak to your safeguarding lead or call MASH (020) 8871 6622

Assessment and Intervention (MASH):
- Measures to protect girl / others identified as ‘at risk’ (social care)
- Possible criminal investigation (police lead)
- Health & wellbeing requirements of girl / others including how care is delivered (health lead)

Ensure that you:
- Accurately record all interventions noting date, full name and role of person making the recording, and sign
- Consult with your safeguarding lead

For free, impartial and confidential advice call the 24 hour NSPCC Helpline on 0808 028 3550

MASH / Children's Social Care
Wandsworth Council, Town Hall SW18 2PU
mash@wandsworth.gov.uk | 020 8871 6622

Neighbouring Safeguarding Boards (for non-Wandsworth residents)
Croydon: 020 8726 6464 Richmond 020 8831 6323
Kingston: 020 8831 6323 If the borough you are looking for
Lambeth: 020 7926 3344 is not listed here, please visit the
Merton: 020 8545 4226 website of the relevant authority

MANDATORY REPORTING DUTY APPLIES
A girl under 18 discloses FGM (Sunna, cut, or any other word which is used to describe FGM)

Immediate action for identified victim or other girl(s) at risk

MANDATORY REPORTING DUTY APPLIES
You observe physical signs which appear to show FGM has been carried out on a girl under 18

SAFEGUARDING DUTY APPLIES
Girls’ parent/guardian discloses that she has had FGM

Response initiated by police, in consultation with Children’s Social Care

Response initiated by Wandsworth Children’s Social Care

You consider a girl to be at risk of FGM or suspect FGM has been carried out

Contact your safeguarding lead
Refer to your organisation’s specific procedure
If a girl is at immediate risk, call 999
If you suspect that a child is at risk of FGM:
- S sensitively and informally ask the child/family/parents/carer (as appropriate) questions such as:
  - If they are going on holiday:  
    - Where are they going and who with? (Is it somewhere FGM is potentially practiced?)  
    - How long they plan to go for? Is there a celebration planned?  
  - Do they know what FGM is and the health consequences of undergoing FGM?  
  - Are they aware that FGM is illegal in the UK even if performed abroad?  
    (If they are unaware of this you must advise them of the law on, the health consequences of and the support services available for FGM)  
  Note: A female relative could be coming from abroad to perform FGM on a girl or many girls at the same time. Ask the child/family/parents/carer (as appropriate) what the purpose of a visit by someone abroad is.

If you suspect that a child has undergone FGM:
- Pick up cues from the child then sensitively ask the child/family/parents/carer (as appropriate) questions such as:
  - Your family is from a country where girls are ‘circumcised’ or ‘cut’ – do you think you have gone through this?  
  - Has anything been done to you? Did you have a ‘special ceremony’ whilst you were on holiday – what was this for?  
  - Did any of your children undergo an FGM-related procedure while away?  
  - Do you know the health consequences of undergoing an FGM-related procedure for your child?  
  - Do you want some support for your child to deal with the consequences of having had FGM?  
  These questions and advice are guidance and each case should be dealt with sensitively and considered individually.
  Consult with your safeguarding lead and liaise with the child’s health visitor and GP  
  Always offer help for the child to minimise the consequences of FGM and encourage uptake of services  
  Reiterate to parents that you do need to report this.

The mandatory duty to report FGM does not apply to ‘at risk cases’. It is limited to ‘known cases’. For ‘at risk’ and suspected cases, follow your Safeguarding Duty.

The mandatory duty to report FGM applies to known cases of FGM (i.e. visibly identified/disclosed). This does not mean that you must be 100% certain that FGM has been carried out or that a clinical diagnosis must have already taken place. You are not required to ‘verify’ that FGM has occurred for the duty to apply and a report to be made. If a girl needs to be referred for a clinical diagnosis, the Multi-Agency response will agree this.

Signs to look out for if you think that an infant or child may have undergone FGM
- Pick up cues from the child then sensitively ask the child/family/parents/carer (as appropriate) questions such as:
  - Difficulty in sitting/crawling/walking (as age appropriate)  
  - Behaviour changes in child and possibly in the adult  
  - Reluctance of child to participate in physical activities  
  - Taking longer to use the toilet (as age appropriate)  

Healthcare professionals: (i.e. Sexual Health, Mental Health, Maternity, A&E, GP Practices, Nurses, etc…)
- Ensure you familiarise yourself with procedures, such as (but not limited to):
  - Accurately recording FGM in clinical records including the type of FGM (if known) and clinical history  
  - Flagging an at risk child (i.e. RiO, EMI5, RaTE, K2, etc…)  
  - Offering an interpreter  
  - Speaking to the patient alone  
  - Offering FGM advice (health implications / information about legal status of FGM)  
  - Being vigilant to any health issue (e.g. recurrent urinary tract infections) that might suggest FGM  
  - Offering FGM advice to families requesting foreign travel vaccinations  
  - Consulting your safeguarding lead and following safeguarding procedures if you have concerns  
  - Discussing the possibility of de-infibulation (being opened) to women and girls who have had FGM through referral to the Opal Clinic in Wandsworth or another clinic in a neighbouring borough  
  - Examining women and girls who attend the GUM clinic for symptomatic sexual health screening for FGM

Think about other girls who may be at risk (such as siblings, cousins, etc…)
Think about and act on any immediate risk of harm to the girl or any other girl (call 999)
Inform the parents of any action you take (unless you think this poses a risk to a girl or anybody else)
Seek advice and consult with your safeguarding lead (if you don’t know who it is, ask your line manager)
Contact the NSPCC Helpline on 0808 028 3550 for advice or Wandsworth MASH on 020 8871 6622

May 2016 WBC CSD v2
Female Genital Mutilation (FGM)

Risk Identification

- Also known as cutting or circumcision (other names are: tahar, tahu, bolokoli, isa aru, sunna kashfa, xaladlays or gudniin)
- Frontline professionals can play a key role in preventing FGM by providing women with information about their rights, the harmful consequences and the legal implications of FGM
- FGM is dangerous to health
- FGM is illegal in the UK
  - Penalty: up to 14 years imprisonment
- It is also an offence to:
  1. Take a female child out of the UK to undergo FGM
  2. To arrange for a female child to undergo FGM both in the UK and abroad

Percentage of girls and women who have undergone FGM by country

- Somalia: 98%
- Guinea: 96%
- Djibouti: 93%
- Egypt: 91%
- Eritrea: 89%
- Mali: 89%
- Nigeria: 88%
- Gambia: 76%
- Burkina Faso: 75%
- Ethiopia: 74%
- Mauritania: 74%
- Djibouti: 71%
- Guinea-Bissau: 56%
- Chad: 54%
- Côte d’Ivoire: 45%
- Kenya: 42%
- Nigeria: 41%
- Senegal: 38%
- Central African Republic: 36%
- Yemen: 30%
- United Republic of Tanzania: 27%
- Benin: 24%
- Iran: 23%
- Ghana: 18%
- Togo: 16%
- Niger: 15%
- Cameroon: 8%
- Uganda: 1%

Factors suggesting a girl has undergone FGM:

- Prolonged absence from school without a medical indication and on return to school:
  1. Has difficulty in walking, sitting or standing
  2. Has noticeable behaviour changes
  3. Requests to be excused from physical exercise lessons

Confiding in a professional that FGM has taken place *

- Requesting help to manage any of the complications associated with the practice *

- Spending longer than normal in the toilet due to difficulties urinating

- Frequent urinary tract infections or menstrual problems

- Recent onset of signs of emotional and psychological trauma (e.g. withdrawal, depression and/or anger)

- Reluctance to undergo normal medical examinations (e.g. cervical smears)

Note: Occurrence of any one of these factors should prompt immediate action

Factors suggesting a girl is at risk of FGM:

- From “high risk” background (see chart) and:
  1. Aged 0-15 years old
  2. Withdrawn from Personal, Social, Health and Economic Education (PSHE) lessons by parents
  3. Parent or female child states the girl will be taken out of the country for an extended holiday
  4. Mother had FGM

Confiding in a professional about an impending ‘special procedure’ or special holiday or ceremony *

- Requesting help from a teacher or another professional or adult to avoid FGM *

- Older sister had FGM *

- A mother who had FGM requesting re-infibulation after de-infibulation *

- Talks about a long holiday to country of origin or another country where the practice is prevalent

- A professional hears reference to FGM *

If you suspect a girl has undergone, or is at risk of FGM you should contact:

- Children’s Social Care - 020 8871 6622 or 020 8871 6000 (after hours) and Local Police - 101

For further advice and support contact:

- The Child Abuse Investigation Team (CAIT) - 020 8785 8575
- Project Azure - 020 7161 2888
- NSPCC - 0800 028 3550
- FORWARD - 020 8960 4000

If the risk is urgent call 999