



Bracknell Forest Strategy for Tackling Female Genital Mutilation

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act¹ introduces a mandatory reporting duty which 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 from 31 October 2015 onwards.

‘Known’ cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2) (a) or (b) of the [FGM Act 2003](#). A failure to report the discovery in the course of their work could result in a referral to their professional body.

This Action Plan outlines how the BF LSCB sub-group aims to raise awareness of FGM in an attempt to prevent FGM from happening, improve how services and professionals in Bracknell Forest respond to women and girls who have suffered or are at risk of suffering FGM, and ensuring sensitive specialist support, information and advice is available to them and their family networks. Professionals and volunteers from all agencies have a legal duty to safeguard children from being abused through FGM. We will ensure that staff in the relevant agencies gain the skills and confidence needed to protect women and girls through raising a concern when needed and providing advocacy and support for our most vulnerable young people.

All our actions are aiming to:

- Act and intervene early to protect children and take actions necessary to protect children who are at risk of FGM; and
- Enable women to obtain access to effective information and support when needed.

The LSCB sub group would expect our actions to produce these outcomes:

- Informed faith communities, professionals, children and young people who are aware that FGM is illegal and how to access support and help
- Increased reporting of anyone at risk of FGM and a reduction in the incidence of girls experiencing FGM
- Multi agency raising awareness and training.

Female Genital Mutilation (FGM) Action Plan

Strand of work: Protect and Respond

Priority Area of action	How (and by when)	Lead Agency/ Agency support	What will be different or improved
<p>Protect 1 - ensure child protection procedures are in line with current government guidelines.</p>	<p>Check current LSCB Procedures Manual (Pan-Berks) guidance and information against National guidelines (Depts. of Health / Education).</p> <p><i>Check this has been completed.</i></p>	<p>Lead: LSCB Pan-Berks Policy and Procedures Sub-group were given the task by West Berks and Reading Task and Finish LSCB sub-group.</p>	<p>Staff are clear on how to access up to date information to improve decision making.</p>
	<p>Proposal to alter LSCB Procedures Manual if necessary.</p> <p><i>Complete task by end of July 16.</i></p>	<p>LSCB Pan-Berks Policy and Procedures Sub-group</p>	
<p>Protect 2 – create and agree shared referral pathways for:</p> <p>a) Female with (female) children (plus pregnant women) who have experienced FGM.</p>	<p>Shared pathway created at Health led East Berkshire Task and Finish Group in 2015.</p> <p>This has now been adapted in Bracknell Forest to include MASH and is available on the LSCB website.</p>	<p>Children’s Social Care</p>	<p>Pathway written that provides clarity on expectations of actions.</p>
	<p>Health professionals have devised a protocol for midwives to ask all pregnant women if they have suffered FGM.</p>	<p>Nursing / Midwifery staff</p>	
<p>b) Child who is at risk or experiencing FGM.</p>	<p>BF Pathway will be added to the LSCB and the JSNA website and disseminated at CP training sessions.</p> <p><i>Task completed by end of June 16.</i></p>	<p>Leads for specific pathways noted above</p>	<p>Improved staff confidence.</p> <p>Improved service offer in place for families experiencing FGM.</p>

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<p>Protect 3 – to agree and have in use a standard risk assessment tool across key agencies, in particular community and maternity health.</p>	<p>National risk assessment tools (FGM and Safeguarding, DOH Guidance for Professionals, March 2015).</p> <p>Agreed at the Health led, Multi-agency East Berks FGM Task and Finish Group 2015.</p> <p>Adult and child Safeguarding training will highlight duty to report; where to get information and support and who to refer to. Will also signpost to FGM e-learning</p> <p><i>To be added in July 2016.</i></p> <p>Guidance available and information online.</p> <p><i>Completed task June 16.</i></p>	<p>FGM Task and Finish group</p>	<p>Standardised tools used to identify risk.</p>
<p>Protect 4 – to update and implement information sharing agreement that will also be applicable for FGM.</p>	<p>Updating existing pan Berkshire agreement (from Bracknell Forest) that is compliant with new legislation and practice is currently under consideration at the Berkshire LSCB Child Protection Procedures Sub-group.</p>	<p>Berkshire LSCB CP Procedures Sub group.</p>	<p>To know how to share information on a safe and regular basis to improve the safeguarding of children and women in the community.</p>
<p>Protect 5 –to ensure awareness raising training is available to all staff in adult and children’s settings.</p>	<p>The free Home Office On line training is available to all staff through Boris, the LSCB and JSNA websites.</p> <p>Referral pathways and e-learning will be promoted to all staff on children’s safeguarding training.</p> <p>Midwives, health visitors, school nurses and sexual health staff have or will receive FGM training.</p>	<p>Learning and development teams in all agencies.</p>	<p>Staff are clear on the risks of FGM to children and adults and their duty to report.</p>

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	<p>Department of health online training is used for all health practitioners.</p> <p>Designated education leads receive a full days training on FGM. It is also discussed in their termly meeting and a longer time was dedicated to the subject at their meeting in February. FORWARD (who work in the UK, Europe and Africa to safeguard girls at risk of FGM and support women affected) provided information for this group. 30-40 minutes on the topic is included in the all school staff safeguarding training provided by their Safeguarding Lead.</p> <p>TVP have mandatory e-learning in place in respect of FGM.</p> <p>Berkshire Women's Aid staff have all been trained in respect of FGM.</p> <p>As a result of this Task and Finish Group FGM is part of the mandatory safeguarding training for all adult and children's workers in BF.</p> <p><i>Tasks completed by end of May 2016 except adult training which will be ready for July 2016.</i></p>		

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<p>Protect 6 –ensure faith groups are aware of the risks of FGM.</p>	<p>Explore faith groups' knowledge of FGM and provide guidance /training as needed.</p> <p><i>Complete task by end of October 2016.</i></p>	<p>Children's Social Care</p>	<p>All faith groups are aware of the risks of FGM and how to report known or suspected cases.</p>
<p>Protect 7– to understand the range of scale of FGM prevalence in the LA.</p>	<p>Explore what the local demographics issues are to provide greater understanding of the scale of the issue in LA.</p> <p><i>Complete task by end of May 2016.</i></p>	<p>Public Health team</p>	<p>Update JSNA on FGM prevalence to improve decision making going forward.</p>
<p>Response 1 – to identify an appropriate resource to be able to medically examine children who have experienced FGM.</p>	<p>The child should follow the same pathway as any case of sexual abuse i.e. in need of urgent medical care/ bleeding-straight to the nearest emergency department. Otherwise, if under 13 years old they should be referred to community paediatrics for assessment. Those 13 years and over should go to the SARC (unless paediatric assessment seems more appropriate e.g. severe learning disability – this can be discussed with paediatrician or SARC if in doubt).</p> <p>Timing of examination depends on history, forensic considerations etc. and should be decided by multi agency strategy meeting with appropriate medical input to guide planning.</p>	<p>CCG/health services</p>	<p>A clear option in place to be able to speedily medically exam a child if required under CP procedures.</p>
<p>Response 2 – to ensure there is clear support in place for adults who have experienced FGM. This will enable them to cope with the trauma and physical aspects that they have</p>	<p>Explore current provision and using updated JSNA to identify any gaps.</p> <p><i>Complete by end of June 16.</i></p>	<p>Adult services, plus CCG, VCS and BHFT</p>	<p>Support arrangements are available.</p>

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experienced.	<p>Any adult can be referred to Dr Fatima Husain at Wexham Park Hospital (01753 633000) who sees women to discuss their options and can also signpost them for support. This has been included on the JSNA page and added to the adult safeguarding training.</p> <p><i>Complete by end of June 2016</i></p> <p>There are two support groups being set up in Slough and Reading and these can be shared when the details are available.</p>		
<p>Response 3 – to ensure there is clear support in place for children who have experienced FGM to enable them to cope with the trauma they have suffered.</p>	<p>Identify any gaps.</p> <p><i>To be complete by end of July 16.</i></p>		<p>Support arrangements available.</p>