Working together to tackle FGM

Supporting Healthcare Professionals to Tackle FGM

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NHS England FGM national lead
Outline of Presentation

• National developments
• Supporting health professionals who are directly working with women and girls that may be at risk or have been victims of FGM
• FGM Risk Indication System
• Next steps
2014

• Data recording for acute, mental health and GP practices
• Mandatory reporting to police
• Enhanced legal powers – including FGM protection Orders
• Policy developments
• Strengthening Safeguarding – new DH safeguarding guidance
• Training
• Risk Indicator System
• Nationals conferences/workshops
• FGM booklets
• Economics report
• Nurse survivor workshop
• Mental health e-learning module
• Building body of evidence
• Commissioning guidance
• Sexual Health/Travel Health FGM guidelines

2015

2016

2017
### Female Genital Mutilation (FGM)
**July 2016 – September 2016 (England)**

<table>
<thead>
<tr>
<th>Commissioning Region</th>
<th>Total Attendances</th>
<th>Newly Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>National England</td>
<td>1,971</td>
<td>1204</td>
</tr>
<tr>
<td>London</td>
<td>860</td>
<td>540</td>
</tr>
<tr>
<td>Midlands and East of England</td>
<td>420</td>
<td>265</td>
</tr>
<tr>
<td>North of England</td>
<td>350</td>
<td>255</td>
</tr>
<tr>
<td>South of England</td>
<td>340</td>
<td>140</td>
</tr>
</tbody>
</table>

- 44% of women and girls live in London
- 83 NHS trusts and 29 GP practices submitted one or more FGM attendance record
- 39 girls recorded under the age of 18
- Self reports* is most common
- Where country of birth known East Africa has the highest volume of cases
- Highest recorders; midwifery, and gynaecology
- Most common types; unknown followed type 1, 2, 3, 4

Statistics available at: [www.hscic.gov.uk/fgm](http://www.hscic.gov.uk/fgm)
Data highlights (2015-2016)

- Over 50% of all England FGM cases are recorded in London
- Age of higher risk of FGM is between 5 and 9
- Self-reporting is the most frequent method of FGM identification (3/4 cases)
- Only 2% of all FGM cases reported are under 18
- First attendance for FGM largely coinciding with pregnancy (~90%)
- 90% of all FGM cases are from Africa
- 1 in 3 FGM cases from Somalia as country of birth
- FGM type 1 and 2 of known types had highest incidence (1/3 each)
Female Genital Mutilation (FGM)
Newly recorded cases identified at Region Level

<table>
<thead>
<tr>
<th>Region</th>
<th>% of newly recorded cases by Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>(51.5%)</td>
</tr>
<tr>
<td>North of England</td>
<td>(19.8%)</td>
</tr>
<tr>
<td>Midlands &amp; East of England</td>
<td>(17.8%)</td>
</tr>
<tr>
<td>South of England</td>
<td>(10.9%)</td>
</tr>
</tbody>
</table>

Data period: Apr 2015 - Mar 2016
Source: NHS Digital – FGM Enhanced dataset
FGM Newly recorded cases* identified
London CCGs FY 2015/16

Source: NHS Digital – FGM Enhanced dataset
Safeguarding

It is an offence to:

• perform FGM (including taking a child abroad for FGM)
• help a girl perform FGM on herself in or outside the UK
• help anyone perform FGM in the UK
• help anyone perform FGM outside the UK on a UK national or UK resident
• fail to protect a girl for whom you are responsible from FGM (FGM Act 2003, Serious Crime Act 2015)

• FGM can be carried out at any age, safeguarding surveillance may have to be put in place up to the age of 18 – significantly different profile to other safeguarding measures

• Women may be under pressure from her husband or other family members to allow or arrange for a daughter to be cut – wider family engagement may be required.

• Ensure authorised accredited interpreter used if required

• Statement opposing FGM leaflet (Health passport), pocket sized document setting out the law and potential criminal penalties can be used by families when visiting abroad – www.FGMEnquiries@homeoffice.gsi.gov.uk

• Mandatory to record information and share appropriately (FGM Mandatory duty, RIS, Enhanced Dataset)
FGM Safeguarding Pathway

Presentation prompts clinician to suspect/consider FGM e.g. repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure e.g., young girl from community known to practice FGM discloses she will soon undergo ‘coming of age’ ceremony.

**INTRODUCTORY QUESTIONS:** Do you, your partner or your parents come from a community where cutting or circumcision is practised? (It may be appropriate to use other terms or phrases)

No – no further action required

Do you believe patient has been cut?

No – but family history

Yes

Patient is under 18 or vulnerable adult

If you suspect she may be at risk of FGM:

- Use the safeguarding risk assessment guidance to help decide what action to take:
  - If child is at imminent risk of harm, initiate urgent safeguarding response.
  - Consider if a child social care referral is needed, following your local processes.

Patient is under 18

Ring 101 to report basic details of the case to police under Mandatory Reporting Duty. Police will initiate a multi-agency safeguarding response.

Patient is over 18

Does she have any female children or siblings at risk of FGM? And/or do you consider her to be a vulnerable adult?

Complete safeguarding risk assessment and use guidance to decide whether a social care referral is required.

FOR ALL PATIENTS who have HAD FGM

1. Read code FGM status
2. Complete FGM Enhanced dataset noting all relevant codes.
3. Consider need to refer patient to FGM service to confirm FGM is present, FGM type and/or for distribution.
   a) If long term pain, consider referral to uro-gynaec specialist clinician.
   b) If mental health problems, consider referral to counselling/other.
   c) If under 18 refer all for a paediatric appointment and physical examination, following your local processes.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible OR
- Share information with multi-agency partners to initiate safeguarding response.

Contact details

Local safeguarding lead:

Local FGM lead/clinic:

NSPCC FGM Helpline: 0800 028 3560

Detailed FGM risk and safeguarding guidance for professionals from the Department of Health is available [online].

FOR ALL PATIENTS:

1. Clearly document all discussion and actions with patient/family in patient’s medical record.
2. Explain FGM is illegal in the UK.
3. Discuss the adverse health consequences of FGM.
4. Share safeguarding information with Health Visitor, School Nurse, Practice Nurse.

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

**REMEMBER:** Mandatory reporting is only one part of safeguarding against FGM and other abuse.

*Always ask your local safeguarding lead if in doubt.*
Risk Indicator System

- A 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 - something which current systems do not cater for.
- Supports prevention of FGM.
- The FGM RIS can be used at any appropriate time during the delivery of care to check whether the girl has been assessed as being potentially at risk of FGM.
- The FGM RIS strengthens safeguarding frameworks and processes.
Mandatory duty to report (under 18)

- FGM is child abuse and illegal
- Regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18-year-olds to the police.
- FGM Duty came into force October 2015
- Personal duty – professional who identifies FGM/ receives disclosure must make the report
FGM Mandatory reporting duty

Are you concerned that a child may have had FGM or be at risk of FGM?

- The child / young person has told you that they have had FGM.
- You have observed a physical sign appearing to show your patient has had FGM.
- Her parent / guardian believes that the girl has had FGM.
- You consider the girl to be at risk of FGM. To consider what action to take, refer to the DH FGM safeguarding and risk assessment guidance (see link below).

Mandatory reporting duty applies

Professional who initially identified the FGM (you call 111 (police) to make a report.

Remember:
- Keep all decisions, advice prepared for police officer to ask
- Best practice is to report before COP meet ending day
- Update your local safeguarding lead

You will have to provide:
- girl’s name, Date and address
- your contact details
- contact details of your safeguarding lead

Follow local safeguarding procedures and refer to children’s social care

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. Always ask your local safeguarding lead if in doubt.
Moving forward

- Mental health workshops
- Training strategy
- Communications strategy
- Economics report/commissioning
- FGM mapping of provision, commissioning pathways and quality standards – physical and mental health
- RIS roll out
- Health and social care interface
- Research/body of knowledge
- FGM week of action 6-10th Feb