



Bristol Safeguarding
Children Board

making safeguarding everybody's business

Female
Genital
Mutilation
Safeguarding
Strategy

2017

2019

Contents

Contents..... 1

Introduction..... 2

Purpose of this strategy..... 3

 Prevalence of FGM 4

The aim of the strategy..... 6

 Prevention 6

 Community engagement 8

 Protection 8

 Provision 9

 Health 9

 Local Authority..... 10

 Education 10

 Police..... 11

Measuring success..... 12

Potential barriers 12

Communication strategy 12

 Summary..... 13

Action Plan 2017 - 2019..... 1

Introduction

Female Genital Mutilation (FGM) is recognised as a violation against a woman and girls human rights. In the UK there has been a specific law that protects women and girls from FGM since 1985 and this was amended in 2003 and further amended in 2015¹ with the changes to legislation brought in by the Serious Crime Act 2015². Following these changes the Government have revised the Multi-agency statutory guidance on female genital mutilation 2016³

All of these changes have come out of the 'International Girl Summit 22nd July 2014'⁴ on Ending FGM and Early and child Forced Marriage in a generation. This Summit was held in the UK and the government pledged to implement policies that would lead to improved protection for women and girls and ensure all professionals and organisations are working to the same goals.

Female Genital Mutilation (FGM) is defined by the World Health Organisation as:

'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organ for non-medical reasons'

The WHO have categorised FGM into 4 types⁵:

Type 1- **Clitoridectomy**

Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and or the prepuce (the fold of skin surrounding the clitoris).

Type 2- **Excision**

Partial or total removal of the clitoris and the labia minora, (the vagina has two skin fold which protect the vagina. The labia minora are the inner skin fold sometimes called 'lips' that surround the vagina).

Type 3- **Infibulation/ Pharaonic circumcision**

Narrowing of the vaginal opening by removing the labia minora and majora (the labia majora are the outer lips that protecting the vagina) to leave a small hole about 5mm. This hole allows for urine flow, menstrual flow, intercourse and child birth.

Type 4 **Unclassified /Other**

All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

¹ FGM Act 2003- http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf

² Serious Crime act 2015- <https://www.gov.uk/government/collections/serious-crime-bill>

³ Multi-agency statutory guidance on FGM 2016-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

⁴ Girls summit 2014- <https://www.gov.uk/government/news/girl-summit-2014-outcomes-and-commitments>

⁵ WHO definition and types of FGM fact sheet- <http://www.who.int/mediacentre/factsheets/fs241/en/>

Purpose of this strategy

Female Genital Mutilation (FGM) is an issue that affects both women and girls, but it should not be seen in isolation. Those who experience FGM are part of wider families and communities and we all need to take responsibility for identifying the risks and protecting women and girls from FGM.

This strategy will ensure there is a joint and strategic safeguarding approach developed across both Bristol Safeguarding Children Board (BSCB) and the Bristol Safeguarding Adult Board (BSAB).

The strategy will acknowledge the national work on FGM and implement our local response to meet the needs of Bristol women and girls who have experienced FGM or are at risk from FGM. The FGM Delivery and Safeguarding Partnership will coordinate the FGM work across Bristol. As part of this Strategy it will produce quarterly updates on the agreed FGM strategy and an annual report of the wider activity of the group. It will function like a working group of the safeguarding boards. This group will also inform the wider VAAWG (Bristol Domestic and Sexual Abuse Strategy Group) agenda which includes FGM. Appendix 1 has a flow chart which highlights how FGM is integrated into the Bristol Domestic and Sexual Abuse (DSA) strategy.

The FGM Delivery and Safeguarding Partnership includes multi-agency representation from key statutory partners, educational establishments including Universities and members of FGM affected communities and charitable groups working on the FGM agenda. The work has evolved since 2006. A multi-agency FGM working group was formed to write the first BSCB FGM guidelines. This group developed training, supported community engagement and pathways around safeguarding girls affected by the issues related to FGM. This way of working has been nationally recognised as 'The Bristol Model' and Bristol held a conference on this in October 2014. Information about the 'Bristol Model' can be accessed from the FGM web page on the Bristol Against Violence and Abuse website⁶.

This strategy does not aim to duplicate the national guidance on FGM or any local policies, protocols, procedures or pathways. The aim of this document is to set out how Bristol aims to raise awareness of the risks of FGM, while improving our ability to safeguard and protect women and girls from these risks. The strategy will focus on 3 key areas:

- prevention,
- protection and
- provision

The strategy will give a brief overview of the national picture on FGM, the size of the risk in Bristol, the engagement from FGM affected communities, how the voices of all communities, genders and age groups are heard and any barriers that may impact on implementing this

⁶ Bristol Against Violence and Abuse (BAVA) - <http://www.bava.org.uk/types-of-abuse/female-genital-mutilation/>

strategy. This will also include an effective communication strategy and how we can measure success. Finally the strategy will present both the BSCB and the BSAB with a 2 year action plan on how this will be achieved.

Prevalence of FGM

The prevalence of FGM in the UK is difficult to estimate because of the hidden nature of the crime. Studies in the UK (2014)⁷ (2015)⁸ estimated that:

- approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM; and
- approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM.
- In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

The above study looked at population data and estimated the levels of FGM using prevalence data from their country of origin. In Bristol we have used a similar approach to estimate the number of girls who could be at risk of FGM in Bristol. The data used included school census data and population data to estimate this local prevalence. It is recognised that this is a crude tool and relies on the accuracy of ethnicity data collected. It can only be a guide to the potential size of risk and should not be used as data to evidence actual risk.

It estimated there are 1328 girls who are come from FGM affected communities attending Bristol schools (data from 2013 school census and Public Health England exploration of available data 2014). There have been 49 cases of FGM referred to the police (2009-14). These involved over 5 different African countries. 95% of the information shared with social care involving FGM risk indicators comes from health.

In Bristol our largest community affected by FGM is the Somalian population. Up to 98% of women and girls in Somalia will have experienced some form of FGM. Some Bristol Somalian women's groups have been active campaigners to end all forms of FGM and protect their girls from any form of child abuse.

The Department of Health commissioned NHS Digital⁹ to collect anonymised information and publish the data on the prevalence of FGM in acute Hospitals mental health trusts and GP practices in England. This mandatory data collections set publishes quarterly reports

⁷ FGM in England and Wales: Updated statistical estimates of numbers of affected women living in England and Wales and girls at risk July 2014 - https://www.city.ac.uk/_data/assets/pdf_file/0020/266033/FGM-statistics-report-21.07.14-no-embargo.pdf

⁸ Prevalence of FGM in England and Wales: national and local estimates July 2015- https://www.city.ac.uk/_data/assets/pdf_file/0004/282388/FGM-statistics-final-report-21-07-15-released-text.pdf

⁹ NHS Digital FGM data collection- <http://content.digital.nhs.uk/fgm>

which highlight recorded cases of FGM in the nominated Health providers and reports this by provider, localities and regional data.

For the period from April- June 2016 on NHS Digital¹⁰ data recorded there were:

- 1,293 newly recorded cases of FGM reported nationally;
- In the last year there has been an average of 1,200 newly recorded cases of FGM every quarter
- Outside of London, an average of 10 or more newly recorded cases per month were recorded in Birmingham (120 women and girls), Bristol (75), Manchester (65) and Sheffield (50) Local Authorities.- page 4
- 65 cases of FGM recorded by University Hospital Bristol (UHB). (NBT have not submitted any data during this quarter)

From a local perspective North Bristol Trust (NBT) and University Hospital Bristol (UHB) recorded treating 634 women affected by FGM for 2015. This was 46% of the total number of cases recorded for the same time period in the South of England NHS Commissioning region.

NBT were the highest recording acute trust in the South Region and were in the top ten trusts recording FGM in England. This does not mean Bristol is in the top ten areas with the highest risk of FGM. It indicates that the acute trusts and mainly the midwifery teams in Bristol have engaged with recognising and recording data related to FGM which allows them to support this women and girls affected by FGM.

Both nationally and locally it is recognised that the data collected may not be truly reflecting the levels of FGM cases accessing health services but it is an improvement on the previous lack of data. This data should help local commissioners develop FGM services to meet the needs of their local FGM affected communities. It should also inform all BSCB , BSAB and Bristol DSA strategy partners when they are reviewing their commissioning processes and support them in recognising their workforce development plans in relation to the FGM agenda.

There has been international investment in helping areas that practice FGM to understand the damage FGM causes to the physical and emotional health of women and girls. These change management programs support communities to end FGM in a generation. The UK Government have also pledge over £270,000 to UK charities to work with individuals, families , communities and professionals to end FGM.

In Bristol Public Health have funded a local project supported by FORWARD¹¹ (National FGM campaigning charity) from 2010-June-2017. Bristol Clinical Commissioning Group has funded a community health FGM service for women who have had type 3 FGM. Integrate UK¹² is a Bristol based charity supporting young people to raise the profile around the FGM agenda,

¹⁰ April-June 16 FGM mandatory data set report- <http://content.digital.nhs.uk/catalogue/PUB21528/fgm-apr-2016-jun-2016-exp-rep.pdf>

¹¹ Foundation for women's health research and development –(FORWARD)- <http://forwarduk.org.uk/>

¹² Integrate UK- <http://integrateuk.org/>

educate young people, professional and the community about the risks associated with FGM and challenging policies makers to hear the voice of young people and influence policy development. Integrate UK have received one of the governments grants and through this investment they have delivered training to over 4000 people both peer training and professional training during 2016.

The aim of the strategy

This strategy will focus of three main areas to support women and girls at risk of or experiencing FGM and develop an effective workforce who can recognise and respond to the safeguarding needs of FGM affected communities. The three areas are:

- Prevention
- Protection
- Provision

The strategy will look at each area individually and identify any key actions for both safeguarding boards.

Prevention

FGM is a sensitive and taboo subject and it is important with any prevention strategy that any work which is developed is done in partnership. It is important to hear the voice of a range of people who are affected by FGM including women, girls and men. It is equally important that all views are heard and respected. The work must also recognizes the statutory and mandatory work that professionals must adhere to as well as reflecting the needs of the local communities. The FGM Delivery and Safeguarding Partnership provides a space for all these views to be heard and joint decision made.

The FGM Delivery and Safeguarding Partnership will work to develop a 2 year plan around the prevention agenda for FGM. This work will include the annual events already in place. These include:

- International FGM Zero Tolerance day every February
- The Bristol FGM Summer campaign which involves educational settings schools, GP surgeries, youth programs, FGM campaigning groups, police and other statutory partners.
- Reviewing BSCB FGM Guidelines
- Responding to any national consultations.
- BSCB multi-agency training on FGM
- Supporting the education and recruitment of community health advocates who campaign against FGM and work with local communities
- Supporting the need for Funding the partnership work between FORWARD and local groups to support the 'end FGM campaign'

- Hear and respond to the voice of young people who campaign and teach both locally and nationally on the FGM agenda.

The children's safeguarding work has been developed over the last 10 years. Prevention will always have a stronger focus on the work of the BSCB because the majority of FGM cases are performed on children and therefore the prevention agenda will focus on this age group.

No prevention work can happen in isolation to the families the children live with. It is important that any prevention work should also include working with parents, siblings and the wider communities affected by FGM. No one solution in isolation will end FGM in a generation.

Specific prevention work for women must include the issues of re-infibulation. If a woman has had type 3 FGM sometimes called 'Closed', then the opening to the vagina is too small to deliver the baby safely. Health Professionals will work with the mother to identify a maternity plan that will safely deliver her baby. Part of the prevention agenda will be to help the woman and her partner understand the law in relation to FGM and that the vagina cannot be sutured closed after the delivery of the baby. This re-closure is called re-infibulation. The parents will also receive information and advice about how they can safeguard any girls they have. This education will also include highlighting the need to safeguard any other women and girls in the extended family who may be at risk of FGM.

Another strand of the prevention agenda is working with women who are new in to the country and may not be familiar with English law related to child protection and FGM. These women may also be experiencing symptoms and health problems related to the FGM they have experienced. The prevention work is to highlight that they can get help for their own health needs and recognise how they can protect their future children or extended families from the potential health risks associated with FGM. This will include the risks of prosecution if FGM is practiced.

This strategy will also develop the adult workforce so they understand their duty to recognise the safeguarding risks for children or the wider family when they are working with adults who come from FGM affected communities. These adult workers may be the only professionals seeing the family and will be in a key position to support the wider FGM prevention agenda. It is well recognised that older female relatives may hold strong beliefs around the practice of FGM and they may influence the decisions on FGM within the family.

The prevention strategy will develop a list of resources, training and services which can support professionals in achieving a coordinated and effective prevention strategy

The Prevention strategy will include

- Identifying key champions in each agency to support single agency training around FGM especially for Health, social care, police and education,

- Providing Multi-agency training on how to recognise and respond to women and girls at risk from FGM.
- Review the Local FGM guidelines in light of national changes in legislation or guidance related to FGM
- Hear the voice of young people and victims of FGM and respond to their views on prevention.
- Using an evidenced based approach to work with all communities to end FGM.
- Provide education, support and advice to FGM affected communities through community engagement work, schools, health services and migrant services.
- Supporting any research related to knowledge, skills and understanding of FGM including engaging FGM affected communities and young people.

Community engagement

Bristol has had a history of good community engagement with women and young people and these need to continue. This engagement has been supported by funding. For the long term effectiveness of this strategy there will need to be better engagement from other groups these include;

- Men married to women from FGM affected communities
- Engaging with community leaders from FGM affected communities
- Faith schools

This wider engagement may also require some investment. The current community FGM work has also supported learning and development in other public health issues helping communities and professionals to think holistically about the needs of FGM affected communities and not just about the one issue of FGM.

Protection

To safeguard the physical safety and emotional health of girls and women who have undergone FGM; and girls at risk, by ensuring services, agencies and professionals:

- Identify and assess risk indicators present in children and in pregnant/non-pregnant women who have experienced FGM
- Establish a multi-agency consultation process in which all cases where there is evidence of FGM are reviewed
- Investigate individual cases of abuse and children suspected to be at high risk of FGM

These objectives will be supported by

- Developing a specialist operational group of FGM leads in Health, Children's Social Care, Education and Police. This will include engaging with FGM affected communities and advocates.
- strengthening referral and care pathways to implement more effective procedure
- Having consistent agreed pathways for referrals, strategies and medicals when there are safeguarding concerns

- training for practitioners in relation to FGM, including how to sensitively ask women and girls about FGM and know how to respond appropriately.
- Ensure staff seek appropriate legal advice and guidance on protecting those at risk of FGM
- Supporting the police in the detection, investigation and prosecution of perpetrators of FGM. These can be direct perpetrator or those who by omission do not protect women and girls from FGM

Provision

The most recent discussions about tackling FGM have focused on Police, prosecution and health responses and the provision of appropriate services. As with the other areas identified in this strategy, a multi-agency approach is the most effective and ensures ownership of this strategy by all agencies who support the BSCB, the BSAB and the DSA strategy.

This part of the strategy will understand the national FGM policies and guidance for each agency. This includes physical and emotional health needs as well as the social and legal responses to cases of FGM.

Health

The Department of Health and NHS England have produced clear guidance to local commissioners about what health services need to be considered to meet the needs of women and girls affected by FGM. When FGM is found or suspected the individual will need an assessment of their needs and identification of the support that can be offered, this should also include an assessment of any safeguarding issues.

Any FGM provision for health services should include:

- How to meet the physical health needs of a patient with FGM.
- How to meet the mental health needs of a patient with FGM.
- Safeguarding assessment for the woman/girl, and children of the patient, and consideration to other children within the family unit
- Children with FGM seen within dedicated paediatric surroundings.
- The vast majority of FGM patient groups have indicated FGM services should not be located with Sexual Abuse Referral Centres (SARC) or sexual health services.
- Children under 16 should be seen in in a **paediatric setting with in safeguarding services**. However girls aged 16-18 years who may be pregnant will need JOINT MANAGEMENT with maternity services (pg 11)¹³

There is a FGM risk assessment tool developed by the Department of Health¹⁴ which can support health professionals in their management of risk and decision making. This tool will be included in all FGM safeguarding training for health providers.

¹³ DH commissioning services to support women and girls with FGM- (March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418549/2903842_DH_FGM_Commissioning_Accessible.pdf

¹⁴ FGM guidance for healthcare staff 2017- <https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm>

Local Authority

The Local Authority, Councillors and social care have also been given guidance about how they should respond to the FGM agenda¹⁵:

- Provision of knowledgeable, competent, skilled services and social workers to safeguard women and girls at risk of FGM
- Support young people and communities in changing attitudes that can support the ending of FGM¹⁶
- Ensuring effective legal provisions are in place to safeguard and protect girls with the use of FGM protection orders and other legal provisions available to social care
- Recognising the need to work with all groups to end FGM especially young people, women and men as parents. This work will also engage a range of people who can influence and change FGM affected communities.

Education

Education Settings have the legal duty to safeguard and promote the welfare of children under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Non-Maintained Special Schools (England) Regulations 2015.

Education have been given guidance on how to respond to FGM and this will be monitored through Ofsted inspections laid out in '[Keeping children safe in education 2016](#)'¹⁷. Particular reference to duties for FGM are located in Annex A. This documents also references Multi-agency statutory guidance on female genital mutilation 2016¹⁸.

Some educational settings (Private/ voluntary institutes) who are not covered by Keeping Children Safe in Education 2016, should be complaint with this guidance in line with their duties to act in accordance with arrangements made by their Local Safeguarding Children Board.

Educational settings are encouraged to reflect FGM awareness, and legal actions required under the Mandatory Reporting Duty in their Child Protection/ Safeguarding Policy. All staff in the setting should have an awareness of what is FGM, the signs of what to look out for and what action to take when concerns have been identified. The settings Designated Safeguarding Lead should make arrangements for all members of staff to receive FGM awareness training.

In addition to staff training, it is important that children and young people are also taught about

¹⁵ Local Government Association Feb 2015- FGM- a councillor's guide- http://www.local.gov.uk/publications/-/journal_content/56/10180/6601295/PUBLICATION

¹⁶ Local Government Association- Community engagement on FGM- dec 2016- http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/8080003/PUBLICATION

¹⁷ Keeping children safe in education 2016- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

¹⁸ HM Gov April 2016- Multi-agency Statutory Guidance on FGM- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

FGM on the curriculum as part of PSHE. For Primary and Early years settings this could be the NSPCC Speak out Stay Safe and PANTS campaigns. For Secondary resources, this could be resources created by Integrate UK¹⁹. It is important that settings involve and consult with their governors and communities when delivering FGM on the curriculum and have robust procedures to respond in the event a child will make a disclosure. In Bristol this can be accessed by a several routes. The Bristol Ideal is an effective approach for schools to receive support on a range of issues related to gender based violence including FGM.²⁰

There has been guidance of support and processes given to all education settings across Bristol as part of the annual FGM summer campaign. This includes when and how to make a referral to social care and the police issued by the Local Authority Safeguarding in Education Team. This team can provide help and support and their contact details are:

Safeguarding in Education Team safeguardingineducationteam@bristol.gov.uk

Tel: 0117 9222710

Police

Police have FGM authorised professional practice, and guidance on child abuse investigations <https://www.app.college.police.uk/> ;

- All new police officers and newly appointed Detective Constables and Detective Inspectors receive an extended classroom based input on FGM.
- Additional support and training is provided to staff working in the Constabulary's Safeguarding and Co-ordination Units in response to changing legislation and guidance. This unit provides the initial response to FGM concerns.
- During the higher demand FGM risk management period (May-September) additional resource is identified to staff the joint response in conjunction with Social Care.
- Investigative Teams work closely with the Constabulary Legal Team and Specialist Barristers to secure FGM Protection Orders to manage higher risk cases
- Police will engage with communities and community representatives within the FGM Delivery Group to seek and act upon feedback in relation to their response to FGM risk referrals.
- All FGM criminal investigations will be overseen by both a Detective Inspector and the Constabulary's FGM Subject Matter Expert.
- During such investigations, Police will be supported by a Senior CPS Lawyer as per the national Police/CPS FGM protocol.

This FGM strategy will review with these key agencies how they are achieving these key goals and ensure the areas which involve cooperation and planning are monitored by the BSCB and the BSAB.

¹⁹ Integrate UK –education and training- <http://integrateuk.org/what-we-do/book-a-session/>

²⁰ The Bristol Ideal webpage- <http://www.bristolideal.org.uk/>

Measuring success

The final goal for this strategy will be to have no women or girl born in the UK since 2003 living, visiting or attending schools in Bristol having experienced FGM. There is no international ban on FGM and therefore Bristol will still need to be vigilant to new cases of FGM from women and girls who come from other countries where FGM is practiced.

Due to the nature of FGM, initial indications of success would likely be increasing numbers coming to the attention of relevant agencies in the immediate short term. Other tangible measures of success would be effective inter-agency working to address FGM, effective record keeping on FGM, increased awareness among health and social care professionals, teachers and communities, and the establishment of active community organisations against FGM

Mandatory reporting of FGM for girls under 18 years to the police will also be another way to monitor success and as there will be a clear process of safeguarding and protection which is truly multi-agency. These figures will be monitored and reported to both safeguarding boards.

While a prosecution for FGM may be seen as a mark of success in ending FGM it must be recognized that a girl will still have experienced this gender based violence. The aims of all those involved in the end FGM work and this strategy is to Prevent, Protect and have Provision to educate. Prosecution will be used if these strategies have not effectively safeguarded girls.

Potential barriers

There are a number of barriers to achieving this strategy but the ones below are some of the ones which should be considered as a priority;

- Inadequate information systems which can record and retrieve FGM cases across agencies.
- Lack of funding to adequately support the strategy and voluntary interventions.
- Lack of clarity about all professionals responsibility relating to FGM
- Some communities feeling unfairly targeted
- Not having volunteers who are credible across FGM affected communities
- A lack of coordinated prevention campaigns

All barriers which impact on the success of the FGM strategy for Bristol will be highlighted through the FGM safeguarding and delivery group and reported to the BSCB and BSAB through exception reporting so key partners can work on coordinated solutions

Communication strategy

Bristol has been successful in communicating the multi-agency coordinated approach to the FGM agenda. To ensure the success of this wider FGM strategy this coordinated approach should continue with any communication or press releases involving all key partners and the

voluntary groups work with Bristol on the FGM strategy.

Summary

This strategy and the attached action plan aims to set out the work around the Bristol FGM agenda for 2015-2018. The action plan will be reviewed at the quarterly FGM safeguarding and delivery group meeting and any exception reports highlighted to the BSCB and BSAB. If there are any major legislative changes the group will review this strategy and identify any new issues to the boards.

FGM Safeguarding Strategy Action Plan 2017 - 2019.



Bristol Safeguarding
Children Board

making safeguarding everybody's business

Prevention

Protection

Provision

Objective	Action	Supporting guidance	By whom	Outcome	By when	Progress
Prevention						
Coordinate and support 2 FGM campaigns a year relating to International Zero Tolerance and the Summer campaign	To have multi-agency engagement for both campaigns		FGM network	<ul style="list-style-type: none"> Front line staff have an opportunity to hear about the work happening around the FGM agenda in Bristol Staff are made aware of periods of high risk relating to FGM 	<ul style="list-style-type: none"> Zero tolerance- 6th Feb Mid may Both events annually	
To have FGM guidelines that reflect national and local requirements and need	<ul style="list-style-type: none"> To ensure guidelines are formally revised every 	<ul style="list-style-type: none"> Home office – mandatory Multi-agency Guidelines for 	FGM network	<ul style="list-style-type: none"> There is a comprehensive and agreed approach to managing cases of FGM 	Spring 2017	

Objective	Action	Supporting guidance	By whom	Outcome	By when	Progress
	3 years <ul style="list-style-type: none"> Guidelines are revised annually or more frequently if changes in legislation 	FGM 2015		either suspected or known		
Develop an agreed FGM strategy	For the FGM network to agree the strategy and share with the BSCB and BSAB for final agreement	FGM: a councillors guide 2015-		The FGM strategy give Bristol a clear, measured and coordinated approach to the work around the FGM agenda	March 2017	
There are key staff who know how to manage FGM concerns in all agencies/ departments	<ul style="list-style-type: none"> Key staff in each agency are identified as needing FGM training FGM training is delivered to these staff Agencies or areas where training has not happened 	FGM: a councillors guide 2015- Serious Crime Act 2015 DH FGM risk and safeguarding 2015	Education Henry Chan- Police DCI Leanne Pook Health Jackie Mathers Public Health	The BSCB and the BSAB are assured that there is a comprehensive training strategy for each agencies Specific staff groups feel confident to manage any FGM concerns Staff understand their duty around mandatory reporting known cases of	September 2017	

Objective	Action	Supporting guidance	By whom	Outcome	By when	Progress
	and no key staff identified will be reported to the agency and the safeguarding boards		Kate Cooke Social Care Verity Felles/ Anne Farmer	FGM for anyone under 18 year Staff understand their duty around mandatory reporting known cases of FGM for anyone under 18 year		
FGM affected communities are involved in all aspects of the FGM strategy. This includes young people , parents and appointed leaders	Any FGM commissioned service needs to include accessing a number of FGM affected communities To identify how work with men on the FGM agenda can be captured and inform the wider strategy Ensure the voice of young people is heard and	FGM: a councillors guide 2015- DH FGM risk and safeguarding 2015 Home affairs select committee; FGM ; a case for national action 2014	FGM network	The FGM prevention work in Bristol includes the voice of FGM affected communities.		

Objective	Action	Supporting guidance	By whom	Outcome	By when	Progress
	contributes to the wider FGM strategy					
Protection						
To have a consistent and agreed pathways for making referrals/ sharing concerns and managing FGM cases	Each agency will develop their care pathway and this will be included in the FGM guidelines	FGM: a councillors guide 2015- Keeping children safe in education 2016 ²¹ DH FGM risk and safeguarding 2016 ²² Home office – Multi-agency statutory Guidance on FGM 2016 ²³	Leads form Police , social care, education, health	Staff can feel confident in the management of the FGM concerns they identify	Dec 2017	

²¹ Keeping children safe in education 2016- <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

²² DH FGM Risk and safeguarding guidance for prof 2016-

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf

²³ FGM guidelines 2016 - <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Objective	Action	Supporting guidance	By whom	Outcome	By when	Progress
Staff are trained see section under Prevention				Staff understand their duty around mandatory reporting known cases of FGM for anyone under 18 year		
There is an agreed risk assessment tool for FGM	To review existing tools and develop one for Bristol	DH FGM risk and safeguarding 2016 Home office – Multi-agency statutory Guidance on FGM 2016	FGM group	The assessment tool will support staff to manage informed and consistent decision about the FGM risks for women and girls	Dec 2017	
Social care and Legal services are familiar with the legal approaches available to safeguard and protect girls from FGM	Legal services need to brief the FGM group on how they will respond to FGM cases and how they will use FGM protection orders	Home office – Multi-agency statutory Guidance on FGM 2016 Serious crime act 2015 ²⁴ FGM act 2003	Social care and BSCB Legal representative	Women and girls are protected from FGM and wider consideration and risk to other families members are considered. The number of FGM protection orders made		

²⁴ Serious crime act fact sheet FGM 2015- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416323/Fact_sheet_-_FGM_-_Act.pdf

Objective	Action	Supporting guidance	By whom	Outcome	By when	Progress
		(including changes from 2015)				
Provision						
The health and well being board and both BSCB and NSAB have any understanding of the size and risk of FGM in Bristol	The annual JSNA should include data on the local FGM affected community	FGM: a councillors guide 2015- pg 13 ²⁵	Public Health	All agencies can use this data to ensure they commissioning appropriate services to meet the needs of FGM women and Girls	Annual	
Community safety Partnership include FGM in their annual assessment	Safer Bristol will consult with FGM affected communities and include their views in the Annual assessment. This will feed into the wider VAAWG strategy	FGM: a councillors guide 2015- pg 14	Safer Bristol	FGM is considered equally with other forms of gender based violence, considering the needs of both women and Girls	Annual	
To have		DH commissioning	Bristol CCG/	All Girls at risk of FGM are reviewed in a paediatric		

²⁵ LA FGM a councillors guide -2015- http://www.local.gov.uk/publications/-/journal_content/56/10180/6601295/PUBLICATION

Objective	Action	Supporting guidance	By whom	Outcome	By when	Progress
		services for FGM 2015 ²⁶		<p>setting .</p> <p>If aged 16-18 and pregnant any review must include a paediatric consultation together with any midwifery care</p> <p>Adults who need specialist support around FGM can access a service that considers their emotional and physical needs</p>		
There is a nominated FGM lead in all the key statutory agencies who is competent and knowledgeable and suitable senior to engage with the FGM strategy and FGM group	<p>Each agency to identify a lead</p> <p>Each agency will ensure the staff are supported to engage and deliver on the FGM strategy</p>	FGM: a councillors guide 2015- pg 14	BSCB board lead for health , education, social care (adults and children) and police	<p>There is leadership from all agencies around the FGM strategy</p> <p>The strategy has full Multi-agency engagement</p>		

²⁶ DH Commissioning services to support women and girls with FGM 2015-
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418549/2903842_DH_FGM_Commissioning_Accessible.pdf

ZERO TOLERANCE CITY

