

This summary (briefing) is aimed at managers and practitioner working with children and families in Leicester. Key findings/conclusions from the audit and information about FGM is presented. Please share this summary (briefing) with colleagues.

Background

- Working Together to Safeguard Children (2015) requires Local safeguarding Children Boards to evaluate multi-agency working through joint audits of case files.
- Female Genital Mutilation (FGM) is a priority for the LSCB.
- Locally, there is a need to understand the scale and needs of children and young people vulnerable to FGM to safeguard them from the risk to FGM.
- A multi-agency LSCB audit on FGM was conducted in July 2016, to check compliance and seek assurance to the application of the LLR LSCB multi-agency safeguarding procedures; partner agency identification and response to cases where FGM is a theme; identify learning to improve practice in safeguarding children and young people vulnerable to FGM.
- The audit report will be presented to the LSCB Performance, Analysis and Assurance Group (PAAG).

Methodology

The audit process, sample and selection of cases, scope and audit tool was discussed and agreed by the LSCB Lead Audit Commissioners group representatives from the following agencies:

- Clinical Commissioning Group
- Leicestershire Police
- Children Social Care, Safeguarding Unit, Leicester City Council
- Leicestershire Partnership Trust (LPT)
- LSCB office

The audit included accuracy of case details, referrals and response and identification of FGM and underpinning this was the 'voice of the child' and compliance to procedures.

Seven cases were selected from a list supplied by Leicestershire Partnership Trust (LPT) to the LSCB office. Two of the cases were siblings. Not all 7 cases were known to the agencies (other than LPT), and although the sample was small the audit identified good practice and areas for improvement and learning.

The audit was completed by: Safeguarding Unit (Children Social Care); School (Learning Services); Leicestershire Partnership Trust (LPT), Clinical Commissioning Group (CCG), University Hospitals of Leicester (UHL), Leicestershire Police.

Definition of FGM

The World Health Organisation (WHO) defines female genital mutilation (FGM) as: *"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, 2014). FGM is physical abuse, and it is also a form of sexual violence.

Internationally FGM is recognised as a violation of the human rights of girls and women.

Legislation

The FGM Act introduced in 2003 came into force in 2004:

- Makes it illegal to practice FGM in the UK;
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country;
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad;
- Has a penalty of up to 14 years in prison and/or a fine.

The FGM Act 2003 was amended by the Serious Crime Act 2015 and now includes:

- An offence for failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Order which can be used to protect girls at risk
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

Conclusion

Although a small number of FGM cases were audited, the audit evidenced variability in relation to the quality of practice.

- Case recording of demographic information remains an issue particularly in relation to recording accurate details and of language, ethnicity and religion.
- The voice of the child/lived experience was lacking within practice. It was unclear whether siblings, cousins and other female members of the family and extended family were spoken to, as there might have been female children within the family and/or community who might have been vulnerable to FGM.
- There was no evidence of contingency planning for children vulnerable to FGM in the future, and a need was identified for direction/guidance from the LSCB and partner agencies on the way forward in relation to this issue.

The audit found that the compliance to LLR LSCB procedures was variable:

- Where strategy discussions took place these were timely and the appropriate practitioners were invited, however, there is need for GPs to be informed and invited to strategy discussions.
- Where FGM was identified/known at GP practices, FGM was recorded on the mother's and child's case notes and alerts noted on the child's case notes.
- Interpreters were not used for all the cases where this was required. However, cultural perspectives were considered by social care in the cases audited by Children's Social Care.
- Within UHL and LPT there was compliance to the practice of routinely questioning women in relation to FGM, but there was a need identified to embed use of the FGM tool in clinical practice in UHL and training of practitioners in LPT to use the FGM tool.
- Children's Social Care did not always provide feedback on the outcome of their decision to the referrals made by partner agencies, and partner agencies did not follow up for feedback when none was received, which showed a lack of compliance to the LLR LSCB multi-agency safeguarding procedures.

Recommendations

- Awareness of the LLR LSCB procedures including FGM (and the FGM assessment tool) should be raised by agencies. This should include awareness of the 'Whole family' approach to identify and speak to family and extended family members when undertaking assessments as there might be other female children within the family, extended family and community who might be vulnerable to FGM.
- Partner agencies have in place processes and management oversight to ensure that practitioners within their agencies are compliant with the LLR LSCB multi-agency safeguarding procedures.
- LSCB partner agencies should consider the issue of contingency planning (and guidance) for children where families where FGM has been identified to reduce the risk posed to these children and young people in the future.
- Future FGM audits should be conducted jointly with the LSAB.

Further Information

- LSCB Websites: <http://www.lcitylscb.org/> and <http://lrsb.org.uk/>
- LLR LSCB Multi-agency Safeguarding Procedures: <http://llrscb.proceduresonline.com/chapters/contents.html>
- LLR LSCB Resolving Practitioner Disagreements and Escalation of Concerns: http://llrscb.proceduresonline.com/chapters/p_res_profdisag.html