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Buckinghamshire Female Genital Mutilation Strategy

Version Control			
Version number	**Date**	**Author**	**Comments and nature of update**
V 0.1	March 2016	Sandra Parsons	First draft
V 0.2	June 2016	Matilda Moss	• Alignment to format of CSE strategy and draft of multi-agency guidance and FGM pathway • Greater reference to local context
V 0.3	August 2016	Matilda Moss	To incorporate feedback from multi-agency group working on updated FGM pathway

Contents

1. Introduction

Female Genital Mutilation (FGM) is considered child abuse in the UK and is a grave violation of the human rights of girls and women. It has intolerable long-term physical and emotional consequences for the survivors and has been illegal in the UK for over 30 years. It is estimated that 137,000 girls and women in the UK are affected by this practice,[1] but this is likely to be an underestimation.[2]

Despite the difficulties with obtaining accurate and reliable figures on FGM, we recognise that there are girls and women who live within Buckinghamshire who are at risk of or have been subjected to FGM.

This strategy sets out a coordinated, partnership approach to tackling FGM in Buckinghamshire, building on work already undertaken, statutory guidance, research and good practice from other areas of the country. It includes:

- Our joint vision for responding to FGM in Buckinghamshire
- How we will work together to achieve our vision and the best possible outcomes for those who are at risk or who have undergone FGM
- The roles and responsibilities that everyone will need to fulfil to help achieve this vision, from strategic through to operational level

This strategy is overseen by the Health and Wellbeing Board (HWB), which has the overall strategic lead for FGM in Buckinghamshire. However, although the HWB acts as the strategic lead, this strategy is supported by the Buckinghamshire Safeguarding Children Board (BSCB), the Buckinghamshire Safeguarding Adults Board (BSAB) and the Safer and Stronger Bucks Partnership Board (SSBPB). The success of this strategy will depend upon the strategic support of these Boards, and on the collective action of their constituent agencies. We recognise that only a co-ordinated, multi-agency approach will be effective in tackling FGM in Buckinghamshire. **Everyone has a role to play.**

This strategy is designed for staff across Buckinghamshire at all levels from Chief Executives and strategic managers to frontline, operational staff. It is supported by multi-agency guidance and procedures which will be helpful to practitioners in their everyday working environment.

2. Our vision

In the Serious Crime Act 2015, the Government legislated to place guidance on FGM on a statutory footing, recognising that an effective response to protecting women and girls from FGM is dependent on strong multi-agency working.

Agencies in Buckinghamshire are committed to eradicating FGM by developing a co-ordinated multi-agency approach that places the woman and child at the centre. This is not a straightforward process, as cultural practices such as FGM have been ingrained for many generations. Extensive work will be required with communities to change attitudes if we are to address the issues thoroughly and effectively.

Agencies in Buckinghamshire are committed to tackling FGM through the following 3 strands of work:

- **Prevent** FGM from happening by actively seeking and supporting ways to reduce the prevalence of FGM in practicing communities.
- **Protect** victims and girls at risk of FGM by ensuring that sensitive and specialist support, information and advice is available and that professionals know how to respond.
- **Pursue** and disrupt perpetrators and support victims to safely disclose where FGM is planned or has been undertaken.

Through this approach we are seeking to achieve the following outcomes:

Prevent:

1. There is a clear strategic lead and multi-agency vision for tackling FGM in Buckinghamshire
2. Females at risk of FGM or who have undergone FGM receive early and coordinated support
3. Universal and targeted education and awareness raising activity mean that Buckinghamshire communities can easily access information, advice and support around FGM and know how to report concerns
4. FGM affected communities understand all aspects of the law regarding FGM

Protect:

1. Data around FGM, and the views of women and girls who are at risk of or who have undergone FGM are used inform our local response
2. There are effective services in place to assess the needs of and provide support to victims and families
3. Relevant and up to date training, guidance and local procedures are available to support professionals to identify FGM / risk of FGM and to take the appropriate action.

Pursue:

1. All professionals understand the law regarding FGM and know what to do when it is identified
2. Perpetrators of FGM are brought to justice.

3. What is Female Genital Mutilation?

The World Health Organisation (WHO) defines female genital mutilation as: "*all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons*".

FGM has been classified by the WHO into four types:

- **Type 1 - Clitoridectomy:** Partial or total removal of the clitoris and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well.

- **Type 2 - Excision:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are 'the lips' that surround the vagina).

- **Type 3 - Infibulation:** Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner and sometimes outer labia, with or without removal of the clitoris. This is the most extreme form of FGM.

- **Type 4 - Other:** All other harmful procedures to the female genitalia for non-medical purposes for example, pricking, piercing, tattooing, incising, scraping and cauterising the genital area. Type 4 is noted by professionals to be common among practising communities. However, it is also the type that often goes unnoticed and therefore not recorded.

FGM is known by a number of names, including female genital cutting or circumcision. The names 'FGM' or 'cut' are increasingly used at the community level, although they are still not always understood by individuals in practicing communities, largely because they are English terms. Our local multi-agency guidance on FGM provides further information to help professionals talk about FGM with different communities, including the various names that may be used for FGM across different communities.

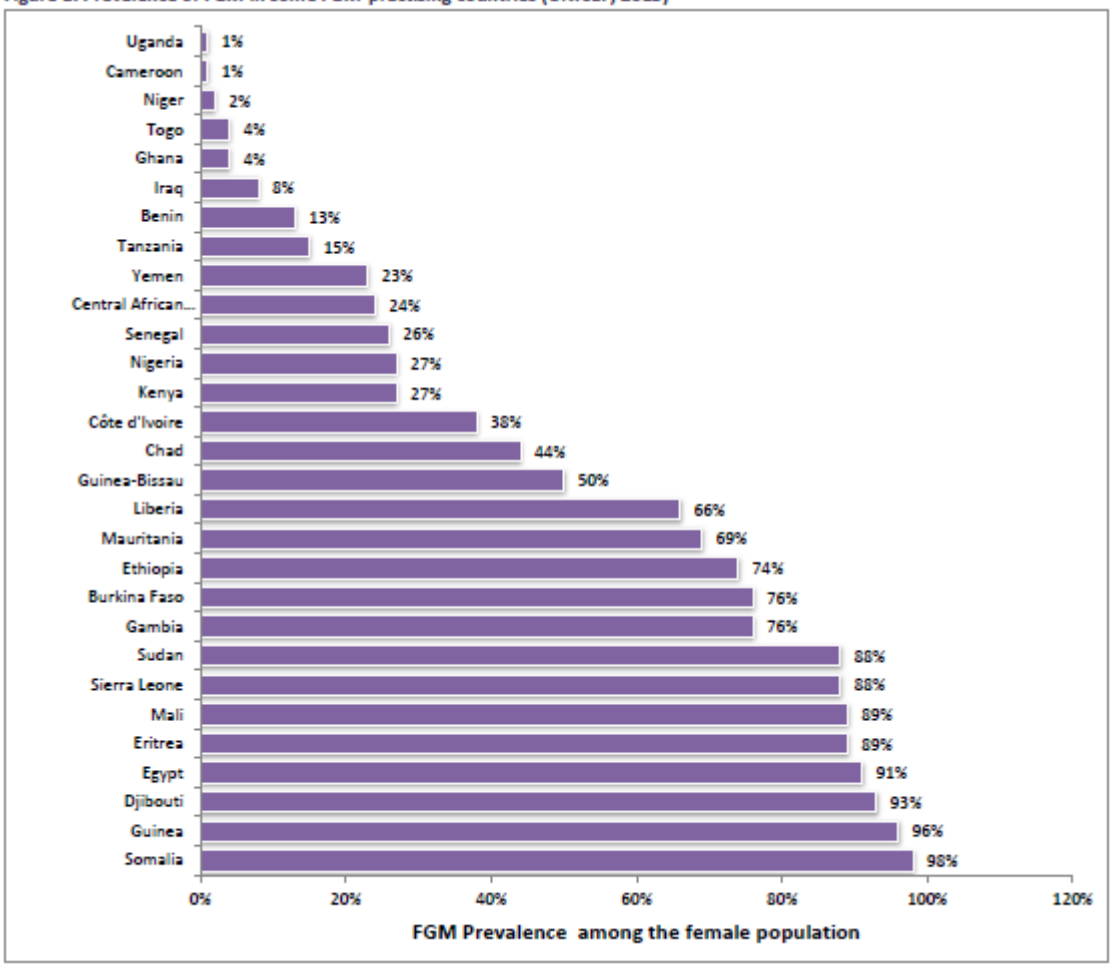
FGM has a number of short and long term consequences which are also detailed in the multi-agency guidance.

4. Prevalence of FGM

The International Picture

According to UNICEF's 2013 Statistical Survey, globally 100 – 140 million women and girls have undergone FGM and a further 3 million girls undergo FGM every year in Africa. [3] Most of the females affected live in 28 African countries, with some also from parts of the Middle East and Asia. In Somalia, Sudan, Djibouti, Egypt, Guinea and Sierra Leone, FGM prevalence rates are over 90%. In the UNICEF survey[4], FGM was conducted on girls under 5 years of age in half of the countries surveyed. In the rest of the countries, it was done between the ages of 5 and 14 years.

Figure 1: Prevalence of FGM in some FGM-practising countries (UNICEF, 2013)[3]



The National Picture

The prevalence of FGM in the UK is difficult to estimate because of its hidden nature. However, a report published in July 2014 by Equality Now and City University has estimated that in 2011:

- Approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM;
- 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;

- Combining the figures for the three age groups, an estimated 137,000 women and girls with FGM, born in countries where FGM is practised, were permanently resident in England and Wales in 2011.

The Local Picture

There is an uneven distribution of cases of FGM around the country, with more occurring in those areas of the UK with larger communities from the practising countries. Whilst this would not make Buckinghamshire an area of high FGM prevalence, there are some areas close by that are likely to have far more cases such as Oxford, Reading, Slough and Milton Keynes.

The Buckinghamshire Joint Strategic Needs Assessment (JNSA) has used 2011 census data to estimate the number of women aged 15-49 years in Buckinghamshire and within each of the four Districts who may have undergone FGM.[5]

Table 1 shows the population of Buckinghamshire, the estimated number of females aged 15-49 who were born in a country where FGM is practised, and the estimated number of women aged 15-49 years who may have undergone FGM. It is estimated that approximately 792 (0.16% of the total population) Buckinghamshire resident women aged 15-49 years may have undergone FGM. In addition there will also be women aged 50 and over who have undergone FGM who are not included in these estimates.

Table 2 breaks this down for each of the four Districts using the same methodology. The highest number of women aged 15-49 estimated to have undergone FGM live in Wycombe District Council, although the proportion of the total population is slightly higher in South Bucks than in other Districts. In Wycombe District Council there are estimated to be 257 women (0.15% of total residents) who have had FGM, 238 (0.14% of total residents) in Aylesbury Vale District Council, 161 (0.24% of total residents) in South Bucks District Council, and 136 (0.15% of total residents) in Chiltern District Council.

Table 1 Population of Buckinghamshire (2011 Census) and estimated number of females aged 15-49 who were born in a country where FGM is practised, and estimated number of females aged 15-49 years who may have had FGM

Country of Birth	Bucks resident population[α]	Estimated number of Females aged 15-49*	FGM prevalence #	Estimated number of Females aged 15-49 years who may have had FGM
Total Residents	**505,283**			
North Africa	745	227	39.3%	89
Ghana	392	120	3.8%	5
Nigeria	731	223	19.0%	42
Other Central and Western Africa	246	75	30.9%	23
Kenya	1,423	434	32.2%	140
Somalia	42	13	97.9%	13
South Africa	3,166	966	10.0%	97
Zimbabwe	1,847	563	10.0%	56
Other South and Eastern Africa	1,630	497	43.9%	218
Africa not otherwise specified	114	35	39.3%	14
Iran	478	146	50.0%	73
Other Middle East	933	285	8.1%	23
Total (% of total population)	**11,747 (2.3%)**	**3,583 (0.7%)**		**792 (0.16%)**

Table 2 Total resident population (2011 Census) and estimated number of females aged 15-49 who were born in a country where FGM is practised, and estimated number of Females aged 15-49 years who may have had FGM, by District Council in Buckinghamshire[6]

Country of Birth	FGM prevalence #	Aylesbury Vale		Chiltern		South Bucks		Wycombe	
		Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM
Total Residents		**174,137**		**92,635**		**66,867**		**171,644**	
North Africa	39.3%	84	33	32	13	35	14	76	30
Ghana	3.8%	54	2	9	0	14	1	42	2
Nigeria	19.0%	119	23	18	3	15	3	71	13
Other Central &Western Africa	30.9%	24	7	10	3	12	4	29	9
Kenya	32.2%	87	28	93	30	149	48	105	34
Somalia	97.9%	4	4	0	0	2	2	6	6
South Africa	10.0%	283	28	195	19	152	15	335	34
Zimbabwe	10.0%	245	24	60	6	38	4	220	22
Other South & Eastern Africa	43.9%	154	67	92	41	103	45	148	65
Africa not otherwise specified	39.3%	8	3	8	3	11	4	8	3
Iran	50.0%	21	10	29	14	33	17	63	32
Other Middle East	8.1%	87	7	44	4	56	4	99	8
Total (% of total population)			**238 (0.14%)**		**136 (0.15%)**		**161 (0.24%)**		**257 (0.15%)**

Since the mandatory reporting duty was implemented in October 2015, no cases of FGM in Buckinghamshire have been reported to Thames Valley Police that could be recorded as a crime under Home Office Counting Rules.

Data on FGM prevalence can also be derived from The Female Genital Mutilation (FGM) Enhanced Dataset (and prior to that the FGM Prevalence Dataset)[7]. This is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices. Datasets are available from September 2014 onwards. As of September 2016, all statistical releases relating to Buckinghamshire have data suppressed for statistical reasons, indicating between 0 and 4 reported cases for each reporting period.

It is important professionals understand how to follow relevant reporting procedures so that we have an accurate picture of the prevalence of FGM in Buckinghamshire. Professionals should also be aware that as the demographics of our community shift over time, it is possible that we will see an increase in residents from those countries where FGM is prevalent.

5. The Legal Framework

The momentum to end FGM has grown significantly in the last four years due to various campaigners raising awareness of the issue and the government strengthening its stance on FGM. The UK government is committed to eradicating this harmful practice within a generation and has strengthened the legal framework to help achieve this.

Mandatory Reporting Duty (October 2015): Introduced under Section 5B of the 2003 Female Genital Mutilation Act, the duty requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s to the police which they identify in the course of their professional work. See Section 12 of this guidance for further details

Serious Crime Act (2015): This strengthened the 2003 Female Genital Mutilation Act with the following measures:

1) **Created a new offence** of failing to protect a girl from FGM. Anyone with parental responsibility for a girl under 16 who was mutilated will be potentially liable if they did not take steps to prevent it.

2) **Granted** life-long anonymity for persons against whom a female genital mutilation offence is alleged to have been committed.

3) **Enabled** a court to grant an "FGM protection order" for the purposes of:
   a) protecting a girl against the infliction of a genital mutilation offence, or
   b) protecting a girl against whom any such offence has been committed.

Female Genital Mutilation Act (2003): This replaced the 1985 Act in England, Wales and Northern Ireland.[1]

Made the following an offence:
1) to aid, abet, counsel or procure a person who is not a UK national or permanent UK resident to undertake a relevant act of FGM outside the UK.
2) to aid, abet, counsel or procure a girl to excise, infibulate or otherwise mutilate the whole or any part of her own labia majora, labia minora or clitoris.
On conviction of indictment: a fine, or imprisonment for a term not exceeding 14 years, or both.

Prohibition of Female Circumcision Act (1985): It became an offence for any person:
a) to excise, infibulate or otherwise mutilate the whole or any part of the labia majora or labia minora or clitoris of another person.
b) to aid, abet, counsel or procure the performance by another person of any of those acts on that other person's own body.
On conviction of indictment: a fine, or imprisonment for a term not exceeding 5 years, or both.

6. Under-reporting of FGM

FGM has been illegal in the United Kingdom for over three decades, yet there have only been 2 prosecutions and no convictions to date.[8] The police have identified two main problems for the lack of investigations of FGM cases: a reliance on victims to report the crime and the failure of health, education, social care and other professionals to refer cases to the police where they suspect FGM to have taken place.[9] A number of identified factors that contribute to the low level of reporting by victims themselves are:[10]

- Victims are often very young, and unlikely to realise it was a crime at the time
- Older girls are normally taught that FGM is a positive thing (rite of passage into adulthood) and might not view the procedure as a crime
- The girls / women may be reluctant to give evidence against their parents and relatives
- For most the experience will have taken place in what is otherwise a loving and caring environment
- Victims may face social pressure from families and communities to remain silent, fearing reduced marriage prospects, ostracism, or violence if they try to speak out (this pressure may be increased for women who are new to the UK and so may already feel isolated)
- Language barriers
- Lack of knowledge about the legislation
- The prospect of giving evidence at trial has the potential to be hugely traumatic for the victim

- It is considered to be a once in a lifetime event with no future risk of it happening again.

Because of the lower likelihood of self-reporting, the police are reliant instead on referrals from health, education, social care professionals and others. It is therefore imperative that professionals understand the action they should take if they have any concerns that FGM is planned or has taken place.

7. Local Roles and Responsibilities

The Importance of Working Together

FGM is an unacceptable form of abuse. Working together closely with the police, health and social care professionals, voluntary organisations and local communities, we can send a very powerful message that FGM is a crime that will not be tolerated in Buckinghamshire.

All professionals have a role to play in identifying FGM or risk of FGM, sharing information and following relevant reporting and referral procedures. It is through identifying women who have already gone through the procedure that we can better help to prevent potential victims in the future from having to undergo the same practice. By reporting and sharing information, the necessary safeguarding strategies can be put in place and, when there are concerns that a child is at risk, the right action can be taken.

Information Sharing

Successfully tackling FGM requires good information sharing between professionals and agencies in order to identify victims of FGM and girls at immediate as well as future risk of FGM.

The Children Act 2014, amongst several other regulations, clearly stresses the legal duty and professional responsibility on agencies to share information. The BSCB Information Sharing Protocol outlines the principles and practice which govern the sharing of information between agencies, for the purposes of identifying, safeguarding and promoting the welfare and protection of all children and young people.

It is important that all professionals understand the importance of information sharing and are confident about when and how they can share information. All agencies are responsible for ensuring that their staff have sufficient confidence and competence in this regard.

Cascading Information

All staff working with children and vulnerable adults should be aware of and have easy access to relevant policies, procedures and guidance to support their work, including documents relating specifically to FGM. The BSCB will publish a multi-agency procedure and guidance document on their website. However, all agencies need to take responsibility for:

- cascading and embedding relevant information, including agency specific guidance or procedures on FGM
- making it easily accessible to their staff
- ensuring that further communication or awareness raising activity is undertaken within their own agency where there is an identified need.

Training

Organisations have a responsibility to ensure that all staff understand their agency's role in tackling FGM and have a level of knowledge and training appropriate to their role.

A short online awareness raising course is available free of charge via the BSCB website: www.bucks-lscb.org.uk/training/channel-e-learning-course/

Details of multi-agency training are also available on the BSCB website: www.bucks-lscb.org.uk/training/e-learning-courses-for-professionals/

Agencies should ensure they provide staff with more specialist training where this is relevant to their role.

Strategic and operational framework

1) Strategic Level roles and responsibilities

Partnership Body	Role in tackling FGM
Health and Wellbeing Board (HWB)	The action plan which accompanies this strategy includes elements which will be led through each of the strategic boards operating in Buckinghamshire. However, the Buckinghamshire Health and Wellbeing Board (HWB) is the strategic lead for FGM in Buckinghamshire and is responsible for overseeing the delivery of this strategy. This includes monitoring progress against the action plan and regular reporting to the HWB. The HWB produces the Joint Strategic Needs Assessment (JSNA) which analyses the needs of the local population to inform the commissioning process for health services, and encourages closer working between health and social care. The HWB will ensure that FGM is included as part of the JSNA.
Buckinghamshire Safeguarding Children Board (BSCB)	The Buckinghamshire Safeguarding Children Board (BSCBs) is a multi-agency partnership which is responsible for coordinating local arrangements for safeguarding and promoting the welfare of children and ensuring that these arrangements are effective. The BSCB will lead delivery against a number of areas of the action plan which focus on: • Ensuring there is an effective multi-agency response to FGM for children • Developing and maintaining multi-agency procedures and guidance
Buckinghamshire Safeguarding Adults Board (BSAB)	The Buckinghamshire Safeguarding Adults Board (BSAB) is responsible for coordinating and ensuring an effective and proportionate multi-agency response to concerns around adult safeguarding or the protection of adults at risk of harm. It can also hold partners to account for their activity in relation to the safeguarding of vulnerable adults. The BSAB will therefore have a role in ensuring there is appropriate provision in place for children as they transition into adulthood, and for adults disclosing FGM in their past.
Safer Stronger Bucks Partnership Board (SSBPB)	The Safer and Stronger Bucks Partnership Board (SSBPB) is responsible for promoting safer and stronger communities and crime and disorder reduction at the county level. The SSBP will play a key role in the 'pursue' strand of this strategy.

Police and Crime Commissioner	The Police and Crime Commissioner is a directly elected official responsible for creating a five-year policing plan based on local priorities, appointing the chief constable, deciding the police budget and council tax precept alongside commissioning for survivors of crime and commissioning groups to work on local priorities. FGM is one of the priorities for action in the Police and Crime Plan for Thames Valley Police (TVP) 2013-17.[11] Anthony Stansfeld, Police and Crime Commissioner for Thames Valley said: *"Female genital mutilation is now receiving the police action it requires. However nationally there have been no successful prosecutions for this crime. Through the Health and Wellbeing Boards, the NHS, and schools, which are the agencies that should be reporting this crime, I expect TVP to take whatever action is required to stamp out this practice in the small amount of minority ethnic communities in which it is perpetrated."* As the commissioners for victims' services, PCCs can ensure that specialist support for survivors of FGM is available. They can work with community groups on specific projects around the issues, and with community safety partnerships.

2) Operational Level – multi-agency groups

Multi- Agency Risk Assessment Conference (MARAC)	Multi-agency risk assessment conferences (MARACs) are regular meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. MARACs are attended by a number of representatives from different areas including the police, health, children's services, housing, independent domestic violence advisors (IDVAs), probation, mental health and substance misuse. They can also include other specialists from the voluntary sector. MARACs should be aware of FGM as a form of violence against women, and the possibility of adults being forced to have their children undergo the practice against their wishes.

Multi-Agency Safeguarding Hubs (MASH)	The multi-agency safeguarding hub (MASH), includes members from children's social care, the police, health and education as well as other local partners. The MASH facilitates early information sharing between agencies to help professionals identify children or vulnerable adults at risk of harm, and work together to ensure they are effectively safeguarded. Those who are at risk of FGM, or may have undergone FGM, may be referred to the MASH, and using the multi-agency protocols the MASH has in place a coordinated and cross-organisational response to FGM referrals can be made, in line with multi-agency procedures.

3) Operational Level: Single agencies and specialist services

Children's Social Care	Children's Social Care is the lead agency when it comes to safeguarding children and protecting them from harm. They therefore have a key role in leading an appropriate multi agency response for children at high or immediate risk of FGM or who have already undergone the procedure.
Health agencies	Health workers, including midwives, GPs, school nurses, health visitors etc., will have regular contact with women families and will therefore be in an excellent position to identify and support those who have undergone FGM and also those who are potentially at risk. Health principals must comply with the FGM Mandatory reporting duty which came into effect on 31st October 2015. This requires them to report all 'known' cases of FGM to the police (see Multi agency guidance for further details). Health professionals working in acute trusts, mental health trusts and GPs must also submit data on FGM to the FGM Enhanced Dataset (see Multi agency guidance for further details).
Police	The police's primary role in tackling FGM is to investigate suspected cases of FGM. The Police and Crime Commissioner has recognised that strong police action is required to stamp out FGM and that this will required partnership working through the Health and Wellbeing Board, Health, schools and other agencies.

Education	Schools, colleges and other educational establishments may be aware of pupils in their schools who are from affected communities and may have opportunities to identify those at particular risk. Educational establishments can help to make sure that pupils know about FGM and understand the legal and health implications arising from it. Educational establishments can ensure that pupils have access to information, appropriate advice and support if at risk of FGM. Teachers must comply with the FGM mandatory reporting duty which came into effect on 31st October 2015. This requires them to report all 'known' cases of FGM to the police (see Multi agency guidance for further details). Safeguarding leads should therefore be aware of the practice and the procedure for reporting.
Thames Valley Criminal Justice Board	The Thames Valley Criminal Justice Board bring together a number of criminal justice system agencies, including the police, the Crown Prosecution Service, the Courts and Tribunal Service, the Prison Service, Probation Trusts, and the Youth Offending Service. The role of the Thames Valley Criminal Justice Board is to co-ordinate activity and share responsibility for delivering criminal justice in their areas. The Thames Valley Criminal Justice Board can help to ensure that each part of the criminal justice system works closely on cases of suspected FGM.
Local Family Justice Boards	Local Family Justice Boards (LFJBs) were created in England and Wales in 2012 to develop inter-disciplinary working across the care proceedings system to implement local solutions to local problems. The overarching aim of LFJBs is to achieve significant improvement in the performance of the family justice system in their local area. LFJBs can therefore work to improve the number of prosecutions for FGM through closer working with other agencies.

DRAFT Buckinghamshire FGM Action Plan						
Desired outcome	**Action**	**Lead**	**Timeframe**	**Success Measures**	**Progress**	**RAG**
Prevent 1: There is a clear strategic lead and vision around FGM in Buckinghamshire.	1) Agree where strategic lead for FGM sits.	Chairs of BSCB, BSAB, HWB and SSSBPB	Chairs meeting	• Strategic lead agreed	At Joint Chairs meeting in February 2016 it was agreed that HWB would act as strategic lead for FGM. Further discussion needed to formalise arrangements.	**A**
	2) Develop and maintain a robust FGM strategy which sets out a clear vision for addressing FGM in Bucks and helps all agencies understand their role in this.	BSCB	Consultation to start October 2016 Publication by Dec 2016	• Strategy written • Strategy signed off across HWB, SSBPB, BSAB and BSCB. • Strategy publicised across partnership.	Bucks-wide FGM Strategy drafted through BSCB. Wider consultation period across organisations in Bucks likely to start late summer / early autumn.	**A**
Prevent 2: Buckinghamshire communities can easily access information, advice and support around FGM and know how to report concerns.	1) Targeted education and awareness raising within local communities, with emphasis on • working with women at grass roots level • utilising existing contact between professionals and women at higher risk (e.g. social workers, health visitors, children's centres) • Heightened activity ahead of the summer 'cutting season'.	TBC	July 16 for summer activity Jan 17 for forward planning	• Higher risk communities identified • Channels and contacts identified within relevant communities • Awareness raising activities being undertaken. • Feedback from community members evidences increased knowledge and confidence around reporting – clear evaluation measures to be built in as this work is planned.	Activity completed ahead of the summer by BSCB - small scale publicity using home office and NSPCC material. This included circulation of business cards and posters, production of short powerpoint for display in GP surgeries and information circulated in BSCB newsletter. Forward planning in partnership required for 2017.	**A**
	2) Ensure up to date, universally accessible information, advice and guidance is available for the public via BSCB website.	MM	May 2016 for web update May 2017	• BSCB website information on FGM has been updated in partnership and includes signposting to local and	FGM page has been drafted for new BSCB CYP microsite which is currently under construction. Updated information for parents and carers has been written and added to the BSCB website.	**A**

			for review including evidence of usage	national sources of support. • There is evidence of relevant partner websites linking to BSCB pages (e.g. Bucks Family Information Service) • There is a plan in place to review website information on a regular basis. • Google analytics used to monitor usage of information.	Google analytics starting to be used on the main BSCB website to monitor usage.	
Prevent 3: Females at risk of FGM or who have undergone FGM receive early and coordinated support.	1) Ensure up to date FGM guidance and procedure is available via the BSCB website	BSCB Policies & Procedures Sub Group	March - June2016 for procedure update Sept for publication	FGM procedure is updated to: ○ Include guidance on the language to use when talking to women and children about FGM. ○ Include course of action where a pregnant women is identified who has undergone FGM. ○ Ensure robust information around factors that indicate increased risk. • Updated guidance available via BSCB website • Updated guidance promoted to partners.	FGM pathway has been drafted by a multi-agency task and finish group and multi-agency guidance has been drafted through the BSCB. This is on target for sign off and publication in September.	**A**
	2) Research FGM screening tools available in other counties and agree in partnership whether to add a tool to the multi-agency FGM procedure.		Dec 15 for research March – June 2016 for discussion.	• Research completed. • Decision taken to implement / not implement screening tool	Screening tool adapted for Bucks and incorporated into draft guidance.	**G**
	3) Ensure consistency across	BSCB Policies	March	• Single-agency and BSCB FGM	Multi-agency procedure to be agreed before	**R**

	single agency FGM procedures and BSCB multi-agency FGM procedure.	& Procedures Sub Group	2016 in line with revisions to procedure.	procedures have been reviewed for consistency. • Inconsistencies have been highlighted and relevant amendments made.	this work can start.	
	4) Ensure BSCB website signposts professionals to up to date resources and tools around FGM and that this is tailored to the different levels of knowledge that are needed across different groups of professionals.	MM	May 2016	• Web pages updated and publicised across partnership. • Google analytics show this information is well used. • Feedback from partners is positive and used to make further improvements to the information.	FGM multi-agency guidance and procedure is being updated alongside strategy being written. Updated information and signposting to resources for professionals has been added to the BSCB website.	**G**
	5) Seek assurance that organisations that work directly with children and adults have FGM training in place that is relevant and proportionate to the role of different staff.	BSCB Learning & Development Sub Group for Children BSAB for adults?	Ongoing	• Training information collected as part of FGM challenge event • Good practice training resources to be collated / developed and shared to help organisations improve their training provision. • Dip check of FGM training by BSCB training manager shows training to be up to date, and relevant to role of staff.	FGM Challenge event provided assurance around the training provided by those agencies that attended. FGM now included for schools as part of DSL (designated safeguarding lead) and DSL refresher training. No quality assurance has yet taken place due to pressures on BSCB training manager to deliver training.	**A**
	6) Ensure multi-agency FGM training is available and impacts positively on knowledge and confidence to put into practice.	TBC	TBC	• BSCB to continue to signpost to multi-agency training provided through BCC Community Safety. • There are plans in place to ensure this training can continue. • Evaluations from multi-agency training indicate it has improved knowledge and confidence around FGM.	FGM training offered through community safety at BCC now being advertised more widely via BSCB website. FGM e-Learning (free) accessible via BSCB website. Alongside summer publicity campaign we will encourage agencies to access this resource.	**A**

	7) Additional communication around FGM is cascaded across partners before the summer holidays when there is increased risk of girls being taken abroad for FGM to be performed.	BSCB comms group, but all partners to take responsibility for cascading within their own organisation.	Plan by May 2016 Implement ation May – July 2016	• There is an annual comms plan in place. • Partner comms colleagues engaged to ensure message widely distributed. • More specific evaluation measures to be built into comms plan as it is developed.	See campaign outlined under 2.1 above. In addition, the chair of the BSCB wrote to all agencies reminding them of their duties around identifying and reporting FGM. The BSCB also reminded agencies to be alert for FGM via a newsletter article ahead of the summer.	**G**
	8) Investigate whether feeder primary schools could work more closely with secondary schools to identify children at greater risk of FGM at point of transition to secondary school.	ESAS / School engaged in FGM challenge event?	TBC	• TBC		**R**
	9) Discuss with BCC School Admissions department whether nationality information on admissions forms could be better used to help schools identify children at greater risk of FGM.	ESAS	TBC	• Discussions held • Any agreed data changes / improvements are made. • Schools feedback that these changes are helping them to identify children at greater risk. • There is evidence that this is enabling schools to put preventative interventions in place.		**R**
	10) Explore the possibility of a referral / reporting mechanism for women who underwent FGM as children.	Designated Adult Safeguarding Manager (DASM) / BSAB	TBC	• Mechanism fully discussed and either approved or rejected. • If approved, success measures to be defined alongside development of process.		**R**
Protect 1: Data around FGM, including local trends and patterns, is used effectively to	1) Identify the dataset required to enable a partnership understanding of FGM across Buckinghamshire and to	HWB / Public Health?	September 2016	• Relevant data identified		**R**

challenge and inform practice and services.	compare to other areas.					
	2) Agree how data collected from local agencies and nationally can be used to monitor levels of FGM in Buckinghamshire	HWB / Public Health?	TBC	• Agreement on who will collect and monitor this data on an ongoing basis. • Agreement on how and to whom the data will be reported. • Evidence that data is being used to influence partnership activity in relation to FGM.		R
	3) Children's Social Care and Thames Valley Police to track the journey of TVP FGM referrals to ensure an appropriate outcome achieved.	CSC and TVP	TBC	• Journey's tracked and outcomes fed back to appropriate groups including BSCB Performance & Quality Assurance Sub Group. • Any improvements or recommendations made as part of this review are implemented and there is evidence that this has improved outcomes for children.		R
Protect 2: There are effective services in place to assess the needs of, and provide support to victims and families.	1) Map services offered by different agencies that are currently available to support children at risk, children and adults who have already undergone FGM, their parents and siblings.	TBC	TBC	• Mapping completed.		R
	2) Undertake a gap analysis linked to the above to identify any gaps in provision and feed this information into commissioning plans.	TBC	TBC	• Gap analysis complete and results fed into commissioning plans. • There is an appropriate range of services available to meet the needs of children at risk, children and adults who have undergone FGM, their parents and siblings.		R

Pursue 1: Perpetrators of FGM are brought to justice.	1) The Child Abuse Investigation Units of TVP to continue to work with the CPS Violence Against Woman and Girls Coordinator to ensure that the investigation and prosecution of FGM is coordinated between agencies.					

[1] http://www.nhs.uk/conditions/female-genital-mutilation/pages/introduction.aspx
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

[2] http://about-fgm.co.uk/about-fgm/world-prevalence/uk-prevalence/
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm

[3] United Nations Children's Fund (2013). Female Genital Mutilation / Cutting: A Statistical overview and exploration of the dynamics of change. UNICEF, New York.

[4] United Nations Children's Fund (2013). Female Genital Mutilation / Cutting: A Statistical overview and exploration of the dynamics of change. UNICEF, New York.

[5] Around 11,747 people (male and female, all ages) were recorded in the 2011 census as born in a country where FGM is practised. Approximately half of these residents were females and 61% of the population from the Black African/Caribbean ethnic group were in the 15-49 age group. Applying these proportions to the total residents who were born in a country where FGM is practised, the total number of females aged 15-49 were estimated by country of birth for Buckinghamshire and for each of the four Districts. The total number of women aged 15-49 years who may have had FGM was estimated by applying the FGM country specific prevalence to the above estimated number of women residents aged 15-49 who were born in a country where FGM is practised.

[6] *Source: # UNICEF global databases 2014, based on DHS, MICS and other nationally representative surveys. As there was no reported FGM prevalence data for South Africa & South Africa, an estimate of 10% has been used. Notes: [α]Census 2011 data was used to estimate the population in Buckinghamshire where the country of birth was stated as one of the African or Asian countries where FGM is practiced. *An estimate of 50% was applied to calculate the female population at County and District level. 61% of the population were estimated to be from the 15-49 age group (Census 2011). This estimate was applied to obtain figures on number of females in the 15-49 age group in Buckinghamshire at County and District level.*

[7] Female Genital Mutilation Enhanced Dataset (April 2015 onwards) and Female Genital Mutilation Prevalence Dataset (prior to April 2015) http://www.hscic.gov.uk/fgm

[8] http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm
http://www.theguardian.com/society/2015/feb/04/doctor-not-guilty-fgm-dhanuson-dharmasena

[9] http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm#n33

[10] TVP Presentation at FGM Challenge Event and
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm#n33

[11] http://www.thamesvalley-pcc.gov.uk/Document-Library/Police-and-Crime-Plan-2014.pdf