

**Redbridge Local Safeguarding Children Board
(LSCB)**

**Female Genital Mutilation
(FGM) Strategy:
Working towards ending FGM
in Redbridge**



2019 - 2021

Introduction

Female Genital Mutilation (FGM), often referred to as 'cutting', is a form of child abuse and is illegal in the UK. This three-year Strategy was developed by a multi-agency working group, consisting of representatives from health, education, social care, and the private and voluntary sector, supported by the Barnardo's FGM National Centre, with independent oversight by the LSCB Lay Members. It was approved by the Board in January 2019. It replaces the previously published Strategy to Tackle Female Genital Mutilation (2015 – 2018), which, with hindsight, was insufficiently focused on clear and specific priorities to guide concrete action to:

- reduce and ultimately eliminate the practice of female genital mutilation;
- effectively identify and safeguard children at risk of FGM; and
- support young women who themselves have experienced FGM.

The adoption of this Strategy is an expression of the clear commitment of all partners in Redbridge to these three objectives. It is deliberately short, because it is intended as a framework for action. Following agreement of this strategy, the LSCB will develop and agree an action plan to deliver on these objectives. The action plan will be specific about who will do what, by when, and what the measurable outcomes for improvement will be.

It is not the purpose of this strategy to provide detailed information about FGM – what it is, types of FGM, incidence and geographical distribution, the legal position, and the legal duty laid on health and social care professionals and teachers to report known cases of FGM to the police. Comprehensive information is available on the [LSCB website](#) and through the links provided there. The most comprehensive Government guidance on all these matters is to be found in the [Multi-agency statutory guidance on female genital mutilation](#), published in April 2016, revised October 2018.

This Strategy is concerned with the safeguarding and support of children and young people under 18. It is acknowledged that this does not represent a comprehensive approach to FGM: the support of adult survivors is another crucial dimension. The development of a more comprehensive strategy requires a co-ordinated approach between the Community Safety Partnership, the LSCB, and the Safeguarding Adults Board.

The future of the LSCB in its current form is under review at the time of writing. The statutory requirement to establish an LSCB has been abolished by the [Children and Social Work Act 2017](#). In mid 2019 it will be replaced by a requirement on the three agencies defined in that Act as the statutory 'safeguarding partners' – the local authority, the Clinical Commissioning Group (CCG), and the police - to establish appropriate and effective multi-agency safeguarding arrangements. The LSCB calls on the safeguarding partners to make an ongoing commitment to the delivery of this Strategy and the action plan that will support it.

From research, consultation with partner agencies and community groups, the sharing of practice experience, and the multi-agency audit of practice undertaken by the LSCB, and with input from the National FGM centre, the working group has identified four priorities for action in pursuit of its objectives:

- Improving prevention and support
- Improving practice and multi-agency working
- Developing an informed, confident and culturally competent workforce
- Strengthening leadership

1. Improving prevention and support

Education, awareness raising, and engagement with and learning from local communities and faith groups are the keys to reducing and ultimately eliminating the practice of Female Genital Mutilation (FGM) in Redbridge. The Strategy Working Group learned about a significant amount of community engagement work in this area that is already happening, but it appears to lack co-ordination, with some risk of duplication and insufficient clarity on outcomes. We need to maximise the effectiveness of the way in which the resources available for this work are deployed.



In pursuit of this priority, we will:

- **Map the community engagement work already under way across the Council and the partnership, and bring it together into a single co-ordinated programme with clear outcome measures**
- **Work with religious leaders, parents, carers and employers across the borough to promote awareness of and action against FGM**
- **Work closely with the Barnardo's Community Engagement Manager to develop our work in this area, as part of ensuring that we secure maximum value from the partnership between LB Redbridge and the National FGM Centre**
- **Promote the inclusion of education on FGM in Sex and Relationship Education (SRE) or other areas of PHSE (Personal, Social and Health Education) in all Redbridge schools, for both girls and boys**
- **Ensure that all this work recognises and promotes the importance of work with boys and young men to raise awareness about FGM and their critical role and responsibility, particularly as future fathers, in eliminating it as a practice**
- **Ensure that information about resources available to support people affected by FGM is widely disseminated**
- **Ensure that service and support needs relating to FGM are clearly identified and addressed in the commissioning strategies of both the local authority and the CCG**

2. Improving practice and multi-agency working

Audit work and practice experience suggests that the assessment of risk in this area needs to be improved. On the one hand, assessment can concentrate too exclusively on whether a mother



has herself experienced FGM, and overlook the risk that may arise from other familial or cultural pressures. On the other, it can be too easily assumed that the fact that a mother has experienced FGM itself indicates that her baby, child or young person is automatically at risk. Information about discussions with parents and risk assessments undertaken is not effectively shared between agencies, with the result that parents and young people may experience being asked the same questions repeatedly by different professionals. Referrals to social care sometimes do not include sufficient information to enable an

appropriate response. Professionals are not always aware of the resources available to support those affected by FGM, or when and how appropriately to refer. While care pathways are in place in individual agencies, there is no single multi-agency integrated referral and care pathway. The multi-agency audit work undertaken in 2017/18 found that the role and influence of fathers and extended family members was not always sufficiently recognised or addressed in the assessment of risk. It also suggested that cases involving concerns around FGM may be too 'automatically' referred to Early Intervention, a Council service delivered by skilled but unqualified family support workers and with which parental engagement is voluntary, and recommended a review of the social care FGM pathway in this regard.

In pursuit of this priority, we will:

- **Develop and implement an integrated multi-agency referral and care pathway for children and young people who may be at risk of FGM, or who have experienced FGM**
- **Seek to identify mechanisms to ensure the effective sharing of information within and between health and social care services, and other agencies where appropriate**
- **Review if there is a need for a specific multi-agency information sharing agreement relating to FGM; and if the need is identified, develop and implement such an agreement**
- **Ensure that all relevant agencies have in place clear risk assessment procedures in relation to a suspected risk of FGM, and ensure compliance**
- **Ensure that all professionals recognise the crucial importance of engaging fathers and male partners, and extended family members, in both the assessment of risk and any intervention**
- **Review the social care FGM pathway, to ensure that the response to each individual referral is at an appropriate level of intervention**

3. Developing an informed, confident and culturally competent workforce

Delivering the improvements in practice and multi-agency working outlined above requires an informed, confident and culturally competent workforce. Nationally, analysis of Serious Case Reviews has identified that sometimes professionals lack knowledge and confidence when working with families with different cultures and religious backgrounds. This lack of cultural competence can limit professional curiosity and the 'respectful challenge' needed to assess risk and the empathy required to support families. Locally, multi-agency audit and practice experience suggests that professionals do not always feel confident in engaging in genuine dialogue and discussion about FGM with families, and can fall back on simply ensuring that families understand the illegality of the practice. The LSCB offers multi-agency training on FGM, and individual agencies provide training on a single agency basis. However, a review of training effectiveness undertaken as part of multi-agency audit found that most training is focused on knowledge acquisition – definition and types of FGM, the law, and geographical prevalence. While this is important for competent practice in this area, there is a need for more training which focuses on developing the skills and cultural competence to engage with families in difficult and sensitive discussions on FGM, what it means to them, pressures, motivation and support, and the impact on children.



In pursuit of this priority, we will:

- **Review and strengthen the LSCB training offer to deliver a focus on skills and cultural competence as well as the acquisition of knowledge about FGM**
- **Ask all member agencies to review the learning and development opportunities they provide to their staff on FGM on the same basis**
- **Build on existing professional networks to continue to raise awareness of prevalence, risk and protection pathways as well as the challenges and complexity in safeguarding practice: for example, the Protected Learning Events for General Practice, the Designated Safeguarding Leads Forum in Education, and Lead Safeguarding Officer Meetings for Early Years and After School Clubs**

4. Strengthening leadership



The implementation of this strategy, and the action plan that will support it, will require clear and determined leadership in all partner agencies. This needs to work effectively across boundaries, and to be sustained through organisational and structural change.

In pursuit of this priority, we will:

- **Ask all partner agencies who are members of the LSCB to endorse this strategy at Chief Executive and Board level, and to promote and publicise it throughout their organisation**
- **Request assurance from the statutory safeguarding partners, defined by the Children and Social Work Act 2017, that this strategy, and the action plan to be developed to implement it, will be fully supported through the multi-agency safeguarding arrangements that will be put in place under that Act**
- **Develop a protocol with the Community Safety Partnership and the Safeguarding Adults Board to define separate and joint roles and responsibilities in relation to the reduction and elimination of FGM within the borough, the identification and safeguarding of adults and children at risk of FGM, and the support of those who have experienced FGM**
- **Support and work with local community and faith leadership in pursuit of these objectives**
- **Ensure that all commissioned services, in their children's and adults' safeguarding policies, procedures and practices, consider their responsibilities in relation to FGM, including staff support and training**

Useful Links

<ul style="list-style-type: none">• Redbridge Children's Services Child Protection and Assessment Team (CPAT) Contact: CPAT.Referrals@redbridge.gov.uk Tel: 020 8708 3885 (Office Hours) or 020 8708 5897 (Emergency Duty Team) Multi-Agency Referral Form (MARF)
<ul style="list-style-type: none">• Redbridge LSCB Are you worried about a child? How to access early help, and thresholds for referral to children's social care, September 2018 There is a dedicated page in the 'Professionals' section on FGM and Other Harmful Practices Contact: LSCB@redbridge.gov.uk Tel: 020 8708 5282 LSCB Multi-Agency Training Programme Contact: LSCB.Training@redbridge.gov.uk Tel: 020 8708 3289
<ul style="list-style-type: none">• London Child Protection Procedures, 5th Edition, 2017 The chapter on FGM is section 25 of Part B: Practice Guidance
<ul style="list-style-type: none">• Working Together to Safeguard Children, July 2018
<ul style="list-style-type: none">• HM Government Multi-agency statutory guidance on female genital mutilation, April 2016 (updated October 2018)
<ul style="list-style-type: none">• Home Office Mandatory Reporting of Female Genital Mutilation – procedural information, November 2016
<ul style="list-style-type: none">• Home Office Female Genital Mutilation: Resource Pack, May 2016
<ul style="list-style-type: none">• FGM National Centre Guidance and resources include the Knowledge Hub, FGM Assessment Tool for Social Workers, and the World FGM Interactive prevalence map Contact: info@nationalfgmcentre.org.uk Tel: 0208 498 7137

Acknowledgements

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**Developing excellence
in response to FGM and
other harmful practices**