



Adults & Children's Safeguarding Team

NHS
Birmingham CrossCity
Clinical Commissioning Group

NHS

Birmingham South Central
Clinical Commissioning Group

Birmingham Clinical Commissioning Groups: Strategy for Tackling Female Genital Mutilation

2015/2016



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Introduction

Female Genital Mutilation (FGM) also known as female circumcision or female genital cutting is a violation of human rights and it is a crime (World Health Organisation (WHO) 2012). FGM involves the cutting or removal of the external parts of the genitals based on false practices of culture, religion and ethnicity that is neither factual nor evidenced based. FGM causes physical and emotional trauma for victims, which can lead to health issues, such as infections, difficulties with infertility, child birth and can lead to death (WHO 2012)

FGM is a global problem and is openly practiced in countries such as Egypt that has an incident rate of 91% and Somalia where the incident rate is 97%, even though the country had ruled this practice as illegal (PLAN 2015). WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to FGM, with the most recent prevalence rate indicating that 91.5 million girls and women above 9 years old in Africa are currently living with the consequences of FGM (WHO 2015).

1.0. What is Female Genital Mutilation?

WHO defines FGM as:

Female genital mutilation (FGM) comprises 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, UNICEF, UNFPA 1997)

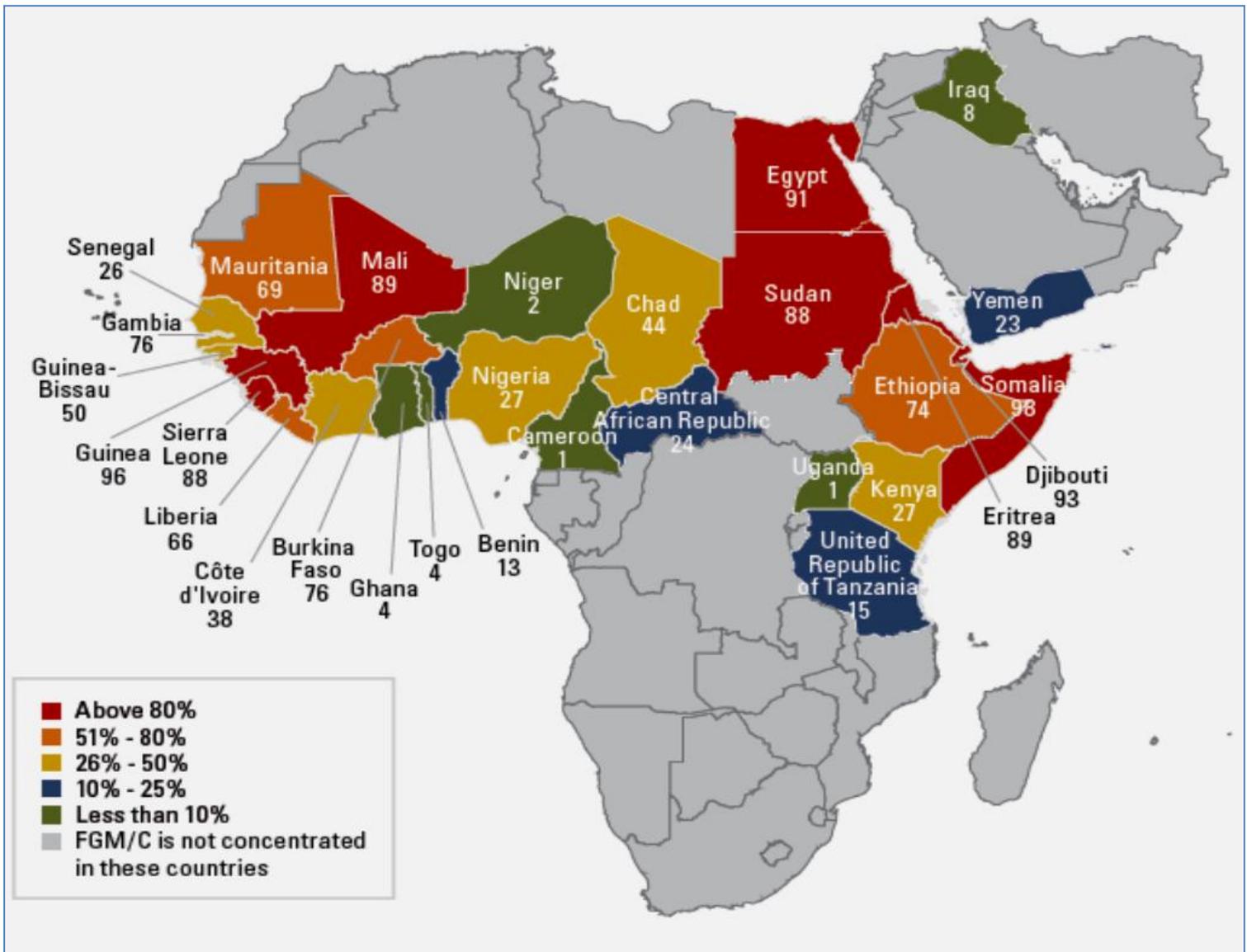
Female Genital mutilation is classified into four major types.

- **Type 1** – Partial or total removal of the clitoris and/or the prepuce (*Clitoridectomy*)
- **Type 2** - Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (excision)
- **Type 3** – Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infubulation)
- **Type 4** – All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

2.0. Prevalence

Due to international migration, the practice of FGM has now spread to many other countries such as Europe and including the UK, that host migrants from these countries. The prevalence of FGM in the UK is difficult to estimate due to the hidden nature of FGM, however recently published data has estimated that 60,000 girls aged 0-14 born to mothers in England and Wales have undergone FGM (Equality Now & City University 2014). Globally 100-140 million women and girls have undergone FGM and a further 3 million girls under go FGM every year in Africa (UNICEF 2013). Most females affected live within 28 African countries, while some are from parts of the Middle East and Asia. The highest prevalence rates is around 90% and are found in Somalia, Sudan, Djibouti, Egypt, Guinea and Sierra Leone (UNICEF 2013).

Source: UNICEF (July 2013), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997–2012.



2.1. FGM's prevalence in the UK is difficult to estimate due to the hidden nature of the crime. However, a recent study suggested that: approximately 60,000 girls aged 0-14 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 under 15 years who have migrated to England and Wales are likely to have undergone FGM (Macfarlane, Dorkenoo 2014).

Due to possible population growth and immigration from practising countries since 2001, FGM is significantly more prevalent than these figures suggest. There is likely to be 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 (listed in Section 2.0) – found by the same study to be living in;

London, Cardiff Manchester Sheffield Northampton Birmingham Oxford Crawley Reading Slough and Milton Keynes. (Macfarlane et al 2014)

3.0 The cultural motives for undertaking FGM

FGM is a complex issue, with a variety of explanations and motives given by individuals and families who support the practice:

Reasons given for practising FGM:

- It brings status and respect to the girl.
- It preserves a girl's virginity/chastity.
- It is part of being a woman.
- It is a rite of passage.
- It gives a girl social acceptance, especially for marriage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.
- It fulfils a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is aesthetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.
- It rids the family of bad luck or evil spirits.

(Multi-Agency Practice Guidelines: Female Genital Mutilation 2014)

3.1. 'FGM is often seen as a natural and beneficial practice carried out by a loving family who believe that it is in the girl's or women best interests. This also limits a girl's incentive to come forward to raise concerns or talk openly about FGM – reinforcing the need for all professionals to be aware of the issues and risks of FGM. It is because of these beliefs that girls and women who have not undergone FGM can be considered by practising communities to be unsuitable for marriage'

(Multi-Agency Practice Guidelines: Female Genital Mutilation 2014)

3.2. The 2011 Census depicts the number of ethnicities within Birmingham whose country of origin are from African or Arabic countries. Since the introduction of 'ethnicity' was included in the UK Census in 1991, there have been many debates with regard to the terminology and the classification of ethnicities with regards to the ambiguity of how the concept of race and ethnicity is determined (Ballard 1996). Therefore it is difficult to determine specifically the country of origin from the ethnic groups specified (Aspinall 2002). HSCIC data (explained further in section 5.2) will use data/ ethnicities based on FGM prevalent countries.

2011 Census: Ethnic group (detailed), Birmingham compared with national and regional figures

Ethnic groups	No in Birmingham	% Birmingham	%West Midlands	%England
African Arab	203	0.0	0.0	0.0
Arab	11,358	1.1	0.3	0.4
Black & Asian	911	0.1	0.0	0.0
British Asian	1,396	0.1	0.1	0.1
East African	706	0.1	0.0	0.0
Iranian	2,762	0.3	0.1	0.1
Nigerian	33	0.0	0.0	0.0
North African	429	0.0	0.0	0.0
Other Middle East	1,501	0.1	0.1	0.1
Somalian	5,398	0.5	0.1	0.1
White African	58	0.0	0.0	0.0
White and Arab	401	0.0	0.0	0.0
White and East Asian	45	0.0	0.0	0.0
White & North African Or Middle Eastern	46	0.0	0.0	0.0

Source: 2011 Census [Key Statistics] Crown Copyright 2012

4.0. National policy and legislature

The government is explicit that under UK law FGM is a criminal offence and that it is a form of child abuse (Home Office 2014). Tackling FGM forms a key commitment in the Governments 'Call to End Violence Against Women and Girls': Action Plan. This recognises that tackling FGM requires a comprehensive approach, to include prevention, punishment, enforcement, support and protection measures (Home Office 2014).

On the 22nd July 2014 the UK hosted the first 'Girl's Summit, that was organised by the Department for International Development, the Cabinet Office, and The Home Office and was co-hosted by UNICEF. The summit aimed at mobilising domestic and international efforts to end FGM and Child, Early and Forced Marriage (CEFM) within a generation. The aim of the summit was to secure new commitments from the private sector, faith leaders, other civil society organisations and governments. Also in attendance at the summit was the Prime Minister, David Cameron, The Home Secretary, Theresa May and the Secretary of State for International Development, Justine Greening.

Girl Summit Announcements

To strengthen law enforcement:

The introduction of new legislation to:

- extend the reach of the extra-territorial offences in the Female Genital Mutilation Act 2003 (now provided for in clause 67 of the Serious Crime Bill);
 - confer lifelong anonymity of victims of FGM (see clause 68 of the Serious Crime Bill);
 - make the law clearer on the liability of parents or those responsible for caring for a child for failing to prevent their child being subjected to FGM (see clause 69 of the Serious Crime Bill).
- The publication of new police guidance on FGM;
 - A review by Her Majesty's Inspectorate of Constabulary (HMIC) into 'so-called' honour based violence with a focus on FGM to commence in 2015.

To increase protection and support for victims of FGM:

- A consultation on the introduction of civil orders to prevent FGM – so children identified as being at risk can be protected. The consultation has now been completed and legislation to bring in civil orders has been introduced (see clause 70 of the Serious Crime Bill);
- Improved information sharing between midwives, health visitors and social workers;
- An improved social work response to FGM;
- The launch of a new function as part of gov.uk to signpost local FGM services, improved multi agency guidelines, an e learning package and an updated prevalence study;
- A mandatory requirement to report FGM

To prevent FGM happening to women and girls:

- The launch of a £1.4m FGM prevention programme with NHS England;
- Increased community engagement funding for projects to raise awareness of FGM including with girls in at-risk communities;
- The launch a network of community champions / ambassadors to tackle FGM;
- The launch of a declaration of religious leaders and faith community leaders against FGM;
- The roll out of a communications campaign to raise awareness of FGM amongst professionals and practising communities, and
- Increased training of professionals to help them recognise the signs of FGM abuse

Commitments to tackle FGM in the UK were made by the Home Office and the Department of Health prior to and following the Girl Summit 2014;

4.1. The Home Office

The Home Office secured £250,000 from the EU PROGRESS fund to put a stop to (FGM) in the UK. Part of the money was used to run a campaign to raise awareness of FGM within the UK, highlighting the free 24-hour NSPCC FGM helpline **(0800 028 3550)**. Callers to the helpline will remain anonymous; however any information that could protect a child from abuse would be passed to the police or social services. A [FGM DVD](#) has been produced featuring survivors of FGM and doctors discussing the issue and warning mothers and carers of the health dangers of the procedure.

4.2. The Department of Health

The range of measures launched by the Department of Health at the '[Girl Summit](#) in 2014' to tackle FGM include:

- £1.4m funding to launch the FGM prevention programme
- introduction of improved data collection across the NHS to help understand the prevalence of FGM in England
- improved training packages to enable frontline health workers to respond appropriately in the face of FGM
- work to clarify the safeguarding role of health professionals

The programme of work focuses on prevention and care, with the ultimate aim to get a better response to FGM from the health services.

From April 2014, NHS hospitals were required to record if a patient has had FGM, if there is a family history of FGM, or if an FGM-related procedure has been carried out on a woman (de-infibulation).

By September 2014, all acute hospitals must report the number of patients with FGM to the Department of Health on a monthly basis. This was the first stage of a wider ranging programme of work to improve the way in which the NHS will respond to the health needs of girls and women who have suffered FGM and actively support prevention.

4.3. The National FGM Subgroup - NHS England

Early scoping exercises have found that across England, FGM services have been commissioned inconsistently and mostly was dependent on historical clinical expertise and passion developed at local levels. Clinicians and commissioners across England have met recently in December 2014 to discuss the development of clinical pathways, to ascertain what a 'good' FGM services should be and what clinical standards would be expected. A consultation has been widely distributed and will be completed on the 12th January 2015 following this; CCGs will be able to review the commissioning of services in preparation of their next contract negotiations for 2016. **(Please see the link below of the consultation document.**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383075/Mandatory_Reporting_for_FGM_Consultation_Framework_v6.pdf)

5.0. FGM in Birmingham

Nationally and locally the extent of FGM is not clear, however information obtained through maternity services suggests that the number of women with FGM using their services is increasing. Within Birmingham's Heartlands Hospital's maternity service had approximately 640 cases of FGM between the years 2009 – 2013 (Heart of England 2014)

Number of cases At Heartlands Hospital	Year
232	2009
317	2010
316	2011
288	2012
349	2013



5.1. Services within Birmingham

Within Birmingham there are various commitments from individual organisations and agencies such as the third sector organisations, specialist services, West Midlands Police Sentinel team and the Birmingham Safeguarding Children's Board all working to tackle FGM within Birmingham. Within Health, there appears to be pockets of services within the City where FGM is identified; for adults this is mostly through maternity services and children within existing safeguarding processes. The health contracts and commissioned services for FGM appear to be varied across the City, with some that contract specific services such as the Heart of England Hospital Foundation Trust and others that are not included within indicative plans. Presently it can be assumed that generic FGM services are under the umbrella of general gynaecology and obstetrics services and not commissioned as a specific specialist service.

Community paediatricians working within Birmingham Community Health Trust, presently cover medicals for child sexual abuse, sudden unexpected deaths and general child abuse medicals, all of which is conducted with children's social care. Within Birmingham there are 3 or 4 paediatricians that have has a background with identifying and examining FGM. Presently there are no clinical pathways or commissioned FGM service for on-call community paediatricians in relation to FGM within the City.

5.2. Mandatory recording of FGM

The announcement from the Government in July 2014 required that all hospitals in England will be required to report monthly data of women who have been identified and are currently treated for FGM, as well as gathering data of the incidence of FGM. The mandated collection of this data is to gain a picture of the prevalence of FGM to support the FGM Prevention programme by the Department of Health (Health & Social Care Information Centre (HSCIC) 2014). It is hoped that the data will also be beneficial in the aid of research, monitoring the effectiveness and quality of services for commissioners and to assist charity organisations in their work with FGM (HSCIC 2014). The existing datasets that commenced in September 2014 will be replaced by Enhanced datasets by the end of March 2015. This will expand the prevalence data to include, clinicians, within any health settings to record identified FGM patient level information, GP registration codes, pregnancy indicators and daughters of mothers who have had FGM under the age of 18 years. Collection will commence from the 1st June 2015 when GPs and mental health Trusts will be required to record the incidence of FGM from the 1st October 2015. The data will be submitted to the HSCIC and the Clinical Audit Platform (CAP) which will be published on a quarterly basis. GPs will be required to register on the Clinical Audit Platform via NHS England to enable the collection of their FGM datasets.

5.3. Mandatory reporting of FGM

Mandatory reporting of FGM will require every professional from health, police, social care and education to report any identified FGM obtained through disclosure and/or any FGM that is visually confirmed (GOV.UK 2015). Following an amendment to the Serious Crime Bill (2014), the Government believes that by introducing mandatory reporting, it will provide professionals the confidence to confront FGM. It is proposed that mandatory reporting will aid police investigations and increase the number of perpetrators being caught and prosecuted. Data obtained from the reporting of FGM will be collated by the HSCIC in April 2015 and will be added to the Enhanced dataset as described in section 5.2.

6.0. Identified local practice related issues

Birmingham has an established FGM steering group, Birmingham Against Female Genital Mutilation (BAFGM) that is now formalised as a subgroup of the Birmingham Safeguarding Children's Board. BAFGM has identified the following issues related to FGM within Birmingham;

- Co-ordinating data/information gathering, protocols and policies
- Empowering frontline staff through, training/awareness raising
- Empowering women girls and their families through community links/publicity and safeguarding promotion
- Commissioned FGM service for the City to include psychological as well as clinical support

6.1 The role and responsibility of Birmingham Clinical Commissioning Groups

The role and responsibilities of Birmingham Clinical Commissioning Groups (CCGs) is to ensure that the women and young girls living as citizens within Birmingham are spared from the physical and emotional harm that Female Genital Mutilation can inflict through raising awareness, recognising and referring girls potentially at risk. The standard approach to commissioning requires a 3 part model;

- Physical
- Mental
- Safeguarding

(Department of Health 2015)

To achieve this, Birmingham South Central and Birmingham Cross City CCGs, with the support of the Hosted Safeguarding Team should;

- Develop care pathways for children, pregnant and non-pregnant women
- Lead in the collection of prevalence data by using the collated data to assess local needs across the City, particularly in areas of high prevalence
- To gain assurance of safeguarding risk assessments
- Liaise with multi-agency partners such as the Birmingham Safeguarding Children's Board (BSCB), West Midlands Police and health providers
- Engage with local FGM practicing communities through third sector organisations
- To gain assurance that FGM is included in staff training across the health economy

The communication and action plans set out in this strategy will set out how Birmingham South Central and Birmingham Cross City CCGs can approach the Physical, mental and safeguarding aspects of FGM within Birmingham.

It is the aim of this strategy to contribute to the eradication of Female Genital Mutilation, through identification, support and prevention by taking the lead within health and to work in partnership with stakeholders in ending violence against women and girls.

Birmingham CCGs FGM Communication Plan

Key Involvement	Planned Activities		Key Target Involvement
<p align="center">CCGS &/ Hosted Safeguarding Team</p>	<p align="center">Data Collection</p>	<p>To obtain local data on prevalence, classification, referrals to Children’s social services/police to examine geographical prevalence across the City and by using data collated by HSCIC</p> <p>To collate information from provider organisations</p>	<p>Data set added to the Dashboard and information obtained from Provider organisations</p> <p>To be obtained via data collated from the Dashboard</p>
<p align="center">CCGS &/ Hosted Safeguarding Team</p>	<p align="center">Training</p>	<p>To gain assurance that FGM is incorporated to existing safeguarding training to;</p> <ol style="list-style-type: none"> 1.CCG staff 2.Member practices 3. Provider Organisations 	<ol style="list-style-type: none"> 1.Planned awareness/top up sessions for CCG staff 2.Safeguarding Leads Events, ‘Top’ up classes & GP Awareness sessions for 2015 3.Through safeguarding committee meetings and from the Dashboard data
<p align="center">CCG Communications &/Hosted Safeguarding Team</p>	<p align="center">Raising FGM Awareness</p>	<p>To represent the CCGs on nationally, regionally and locally</p> <p>Through public engagement by raising FGM within the City as a health issue by;</p> <ol style="list-style-type: none"> 1. Identifying FGM champions/advocates for peer to peer support 2. Engaging men & raising their awareness of how they can help protect their female relatives 3. Raising awareness of young people as citizens within the CCGs 4. Engaging with religious communities’ i.e. Christian & Muslim faith groups by raising FGM awareness to faith leaders & their communities 	<p>To co-ordinate the health response and to promote and lead on good practice</p> <p>Working with FGM Nurses and victims to identify champions/advocates</p> <p>Working with Communications to raising awareness through Public activities</p> <p>Via Third sector agencies working within CCGs</p>

Key Involvement	Planned Activities		Key Target Involvement
<p>CCG, Communications &/Hosted Safeguarding Team</p>	<p>Engagement with provider organisations</p>	<p>Promoting FGM services within the City</p> <p>Commissioning services for the FGM victims and their families within as citizens within the CCGs, to offer ongoing health support through existing and new services throughout the health economy.</p>	<p>Promoting the services of the units within the provider organisations and to sign post amongst member practices and the public</p> <p>To work with Women’s and Mental health services within the provider organisations</p> <p>To add the commissioning of any clinical pathways adopted from NHS England’s consultation within the next rounds of contract negotiations</p> <p>To co-ordinate the contracting of FGM Services within Birmingham</p>
<p>Hosted Safeguarding Team</p>	<p>Promotion through external sources</p>	<p>Utilizing developments from the BSCB Learning & Development Subgroup</p> <p>Utilising learning from other Diversity and Ethnicity projects within the CCGs</p>	<p>Working with the Subgroup to disseminate diversity and cultural awareness to frontline practitioners</p> <p>Using the learning obtain through projects such as the Mary Seacole Development Award project 2013/2014</p> <p>Working with the CCGs Equality & Diversity Teams to embed FGM within Quality a & Safety functions within the CCGs</p>

Birmingham CCGs FGM Action Plan

(Completed actions are archived)

Key	Completed	On Track	Behind Schedule
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Item No.	Status	Action Required	By whom	Update	Progress or Action Undertaken	Date Completed
1		FGM data set to be added to the Safeguarding Dashboard	Safeguarding Team	July 2015	Discussions with the CSU and the Safeguarding Business Manger in progress to obtain 1st data by quarter 1	
2		FGM Awareness sessions to ;CCG Staff, Primary Care and Provider organisations as per the Intercollegiate Document (2014)	Safeguarding Team	October 2015	<ul style="list-style-type: none"> • FGM awareness sessions has been undertaken by BCC Safeguarding Leads and session to be arranged for BSC • FGM is presently added to the GP 'Top up classes • FGM awareness session will be offered to CCG staff along with DBS training session • Assurance of FGM training will be obtained via the Safeguarding Dashboard 	
3		Representation on the BAFGM Sub Group Representation on BSCB Learning & Development Subgroup by raising Culture and Diversity awareness to practitioners and CCG staff	FGM Lead & Deputy Designated Nurse Team	August 2015 December 2015	<ul style="list-style-type: none"> • Presently attendance at the BAFGM sub group is by the Deputy Designated Nurse. • The completed strategy & Action plan will be submitted to the subgroup pending approval of the JCCG • Working with the Learning & Development Group to disseminate the learning and recommendations from projects and research within the CCG e.g. the Mary Seacole Development award project 2013/2014 • Work with the Equality and Diversity Team within the CCGs • To include Equality & Diversity action plans from both CCGs 	

Compiled by: Fiona Allen
Deputy Designated Nurse
Safeguarding Children &
Young People

Item No.	Status	Action Required	By whom	Update	Progress or Action Undertaken	Date Completed
4		Identifying FGM Champions/Advocates	FGM Lead & Deputy	August 2015	Will liaise with members of the BAFGM subgroup to discuss how advocates/champions can be identified	
5		<ul style="list-style-type: none"> Public engagement by raising FGM awareness within Birmingham Promoting FGM Services within the City 	Safeguarding Team & CCGs	August 2015	<ul style="list-style-type: none"> Working with the BAFGM Subgroup Utilising on going public engagement work with the CCG Communication Teams and LCNs Liaising with the BSCB Communication Team 	
6		Engaging with Religious communities and Faith leaders to raise the awareness of FGM	Safeguarding Team & CCGs	October 2015	<ul style="list-style-type: none"> Networking with Third Sector agencies within the CCGs to make links within these communities and to use existing contacts from other safeguarding services Liaising with the BSCB to forge links 	
7		Commissioning FGM services for victims & families	CCGs & Safeguarding Team Safeguarding Team	April 2016 May 2015	<ul style="list-style-type: none"> To review the Clinical pathways adopted from the NHS England's consultation outcomes To update on progress on contract negotiations To add FGM to the 2015/2016 Safeguarding Business plan To design and plan Birmingham's FGM clinical pathway 	

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WHO (2015) Female Genital Mutilation & other harmful Practices: prevalence <http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/>

National Policy documents

- Working Together to Safeguard Children 2013
- Multi- agency Practice Guidelines: female Genital Mutilation (2011): London HM document
- Royal College of Nursing – Female Genital Mutilation (2006): An RCN Educational resources for Nurses and Midwives
- Safeguarding Children and young people: a Toolkit for General Practice (2011):Royal College of GPs
- Female Genital Mutilation and Its Management (2009):Royal College of Obstetricians & Gynaecologists
- Female Genital Mutilation: Caring for patients and safeguarding children (2011): BMA Ethics
- Protecting Children and young people: The responsibilities of all doctors (2012): GMC
- Multi-Agency Practice Guidelines: Female Genital Mutilation (2014) Gsi.Gov
- Health & Social Care Information Centre (HSCIC) (2014) Female Genital Mutilation Experimental Statistics

Strategy compiled by: Fiona Allen: Deputy Designated Nurse- Safeguarding Children & Young People & FGM lead

Date: 18th March 2015

Circulated to: Diane Reeves: Chief Accountable officer and Chair of the Joint CCG Committee

Gareth Howells: Lead Nurse BSC- CCG

Jenny Belza: Chief Nurse BCC-CCG

Helen English: Designated Nurse – Safeguarding Children & Young People

Lorna Webley: Designated Nurse – Safeguarding Children & Young People

Jackie Haden: Deputy Designated Nurse- Safeguarding Children & Young People