

# FGM

## Multi-agency Audit Report

November 2020

### Introduction

Multi-agency practice in response to FGM requires improvement. Through this multi-agency end-to-end audit of six cases of girls and young women, the partnership agreed that the partnership response to five required improvement, while the response to one was deemed good.

Positively, the audit highlighted tangible and practical actions for improvement, for example, a specified protocol for multi-agency alert for any future FGM referral. Many of these actions were rolled out within the week after the audit workshop.

From June-September 2020, Lambeth Children's Social Care received 6 referrals related to Female Genital Mutilation (FGM). Referral sources included Health (Sexual Health Clinic x 1, Midwife x 2); Schools x 2 and a Community Organisation x1. Referrals were made in regard to individual children/young people, some of whom had younger siblings to consider. Ages of those referred ranged from one unborn child (whose mother had been subjected to FGM), a six-year-old, 10-year-old, 12-year-old, 15-year-old and 17-year-old young woman.

All of the girls and young women referred were of Black African ethnicity. Originating countries included Sudan, Ivory coast, Kenya, Mali, and Sierra Leone.

### Methodology

The multi-agency audit was conducted by using the methodology of Joint Targeted Area Inspections (JTAs), focussing on an 'end-to-end' review of 5-7 cases. These cases were audited by a team of representatives from across the partnership, including Lambeth Children's Social Care(CSC), Police, King's College Hospital (Midwifery), Lambeth Violence Against Women and Girls Team, the Africa Advocacy Foundation, Community Paediatrics, and Lambeth Education Team. Further to this group, Lambeth's Named GP for Safeguarding, a representative from Guy's and St Thomas' NHS Hospital Trust (Midwifery) and Lambeth's Adults Safeguarding Lead contributed to the terms of reference and the final audit report. The audit was jointly chaired by a Service Manager from CSC and a Detective Constable from Central South BCU's Safeguarding Team.

Case auditing was conducted by agency representatives by reviewing case notes, actions and decisions. This was primarily done via an audit workshop facilitated by the LSCP Business Manager. Because of COVID-19 restrictions, the audit workshop was conducted remotely, and participants collaborated over MS Teams and via a digital collaboration tool.

To supplement the learning from the case audits, we conducted an online survey of staff from across the partnership. The survey can be viewed as appendix 1. The survey was completed by 28 Police Officers, 13 CSC staff, 6 Health staff, 69 School staff and 6 staff from Community and Voluntary Sector organisations.

The AAF supported a victim and survivor of FGM to share her experiences. The words of this young woman, now aged 23, are highlighted in this report and can be heard on the LSCP website. A huge thanks to the young woman for sharing her story.

*Being with this Foundation[AAF], I have gained a lot of courage to being able to express myself and share my experience of being a victim. I would like to encourage females out there to be able to break their silence too”.*

*FGM Survivor*

## Findings and Reflections

Of the six cases audited, the partnership response to one was deemed good, while the response to five required improvement.

### Partnership Working

- Referrals made to CSC regarding concerns about girls/young women being taken to countries where FGM is practiced were not discussed with partners in Health and Police. The referral made by the gender-based violence service was not discussed with the child's school. Communication between the partner agencies is essential in gathering comprehensive information to allow all partners to effectively safeguard girls and young women from FGM, including to monitor their potential future risk.
- On the Children's Social Care files, GP Practices were identified and noted for three children and the child's NHS number was recorded in only one case file. Of the eight school aged children/young who were referred (or their siblings), schools were identified and recorded on the records of five of them. To facilitate effective multiagency working, all partners' records should seek to accurately identify partner agencies working with the child or young person. This is particularly crucial when undertaking assessments and safety planning.
- Where referrals were closed with no further action, lead agencies were not identified to monitor any potential future risk the girl/young woman may be subject to

### Specialist Local Services

- No partner agencies made referrals to or sought advice from the Africa Advocacy Foundation (AAF). AAF are Lambeth's specialist commissioned service for FGM. AAF can work directly with girls/young women and their families, in a culturally competent way, to support those who have undergone FGM as well as those who are potentially at risk. AAF can also provide expert advice to professionals.

*“Being a part of this amazing foundation [AAF] has really helped build up my confidence as well as my self-esteem.”*

*FGM Survivor*

## Workforce Knowledge

- Just under half of the respondents (47%) reported a high degree of confidence in managing concerns of FGM, while 15% reported low or no confidence in responding to a girl/young woman who may be at risk of FGM
- From the staff survey, as well as case audits, it is clear that the knowledge about the mandatory duty for an individual to report FGM to the police is inconsistent across the partnership. In the survey, 40% of respondents were not aware of their statutory personal duty to report known cases of FGM to the police
- While 21% of respondents named the AAF or Gaia Centre as the specialist local agencies that they might refer to for FGM support, over half of respondents (57%) did not know of any local organisations to refer to for FGM support
- 1 in 5 respondents stated they did not know where to find Lambeth's Multi-agency FGM Policy Guidance, suggesting a need to better promote awareness of the LSCP website

## Working with families and children

- The girls and young women central to the cases were not spoken to directly to ascertain their views and assess their risk. The partnership recognises the importance of speaking directly with children and young people and empowering them to share their views.
- In all cases, it was felt that it would have been useful for agencies to have printed or digital materials to give to the girls/young women and their families for more information and signposting to specialist services, like the AAF.
- Both parents were not spoken to and engaged with in all cases where this was possible or safe to do so. This missed opportunities to garner the views of both parents who were involved in the lives of the girls/young women
- While it is imperative to ensure there are no barriers to young people seeking support for the sexual health, some reflection on how details of young people accessing these services could be verified, especially when safeguarding concerns are suspected
- In two of the cases, it was noted that English was not the child's, young person's or family's first language. The first language for the remaining four was not noted. To facilitate effective assessment and support for children and young people, records should indicate the child's first language to enable partners to effectively plan communications.

*“At the age of 16, when I was in secondary school, I remember asking my group of friends if they had heard of FGM before and they said, “No, what is FGM?” At that moment, I felt so disconnected. I felt so ashamed. I felt so incomplete that...that I wasn't...like them.”*

*FGM Survivor*

## Recommendations

1. Services Managers in CSC's Front Door have agreed specified steps to be taken for different FGM Contacts and Referrals that ensure mandatory notification to partners in Health (including the GP), Police and Education (for school-aged children). These steps include working directly with the girl/young women where possible and speaking to both parents and significant family members
2. The Partnership will work with the Africa Advocacy Foundation to produce information and guidance for girls, young women and their families which can be shared with schools, GPs, CSC, sexual health clinics and other agencies to allow them to provide culturally sensitive information and signposting. This will be made available through the LSCP website and integrated with training already delivered by the LSCP, Lambeth VAWG Team and Lambeth Education Team
3. To increase awareness and knowledge of the AAF, the mandatory reporting duty and FGM practices and terminology, the LSCP will work with the VAWG Team to create periodic briefing material for partner agencies to incorporate in staff briefings/meetings. The FGM page on the LSCP website will be routinely updated and promoted via Twitter and e-communications by the LSCP and the communications functions of the partner agencies
4. Partners across Police, CSC and Health should seek to ensure all children's records are complete and note the other agencies working with the child or family

## Summary of the cases audited

### “Amara”, aged 6

Amara arrived in the UK in 2019. Following a referral to Lambeth CSC from the Border Force alerting Amara’s arrival into the country with her paternal grandmother, a Child and Family Assessment was completed. During this assessment, a Child Protection medical concluded that Amara had been subjected to Type 4 FGM. The Police were not informed of the FGM. No other safeguarding concerns were identified for Amara at the time and the case closed to Lambeth CSC.

In June 2020, Amara’s stepmother, Mia, gave birth to her third daughter. Mia had arrived in the UK early on in her pregnancy. Mia was noted to have Type 3 FGM and had reportedly been de-infibulated in Somalia, prior to her first birth, aged 15. Mia reportedly speaks minimal English.

Following the birth and on the postnatal ward, Mia asked on multiple occasions to be re-infibulated. It was explained by staff that this was illegal in the UK. In discussions with Professionals, Mia insisted that she did not plan on letting her daughters undergo FGM and said they were so lucky to be in the UK where FGM is illegal. On two occasions, Mia’s brother and husband translated her wishes to be re-sutured to staff. The UK law was reiterated.

Due to Mia’s continued requests, a Midwife made an information sharing referral, to safeguard all female children in the family from the risk of FGM. Following referral to CSC, the case was discussed at the Multi-agency Safeguarding Hub (MASH) where Police were informed.

At the initial strategy meeting, Police requested to initiate a S47 enquiry. This was initially declined. Following professional discussion and escalation, this was reflected on and a Section 47 investigation initiated. Following a joint investigation with CSC and Police, no UK offences were identified. Health colleagues reported that Amara had not sustained any lasting damage from the Type 4 FGM she had been subjected to. The family consistently responded that they were against FGM. The investigation concluded with no further action and identifying the Health Visitor as the lead professional to monitor and support the family.

The multiagency audit team agreed that this case **requires improvement**

### Areas of strength

- The Section 47 investigation in 2020 involved all partners. Everyone in the family was spoken to with an interpreter where necessary. In addition, the family’s background and histories were appropriately explored and taken into account.

### **Areas for development**

- The individual mandatory duty to report FGM to the Police was not followed when Amara's FGM was discovered in 2019
- The Lambeth Multiagency FGM Procedure was not followed in 2019 when Police were not involved in the original Section 47 investigation
- No clear accountability was established to ensure the ongoing monitoring of the potential future risks Amara and her sisters might face
- Professionals did not make use of the Africa Advocacy Foundation (AAF) – either for advice and guidance, or to refer the family to. AAF are Lambeth's specialist commissioned service that can be drawn on to provide culturally competent support children and families

### **“Yara”, aged 15**

At school, Yara told a teacher that she would be travelling to the Ivory Coast with her mother and sisters. She mentioned that her brother was not joining them, and she did not know of any particular reason for the trip. The school, concerned about the trip to a country known to practice FGM, made a referral to Lambeth's Integrated Referral Hub (IRH) in July 2020. A Social Worker from the IRH spoke to Yara's parents to ascertain their views on FGM and the purpose of their travel to the Ivory Coast. Both parents confirmed they did not support FGM and would not permit their children to have FGM. The Social Worker reiterated that FGM is illegal, including when committed out of the UK. The parents further shared that their trip to the Ivory Coast was to visit family and that their son did not want to join. Following the conversation, it was felt that no further action should be taken, and the case was closed to CSC.

The multiagency audit team agreed that this case **requires improvement**

### **Areas of strength**

- The school accurately picked up on concerns about FGM and made a timely referral to CSC
- CSC spoke with both parents to ascertain their views and reiterated the illegality of FGM

### **Areas for development**

- It is not clear if any professional spoke directly with Yara to ascertain her views and directly discuss her concerns
- The referral was not discussed with colleagues in the Police or Health. This would have allowed the gathering of a comprehensive history and to share information with partners
- Yara and her family could have been sent information and signposted to the AAF for further support or questions

## “Rose”, aged 17

In August, Rose attended a walk-in sexual health clinic. When examined, the Healthcare Professional noted signs that FGM been performed on Rose. Rose declined a secondary examination. The Healthcare Professional discussed the FGM concerns with Rose. Rose reportedly was unaware that she had been subjected to FGM and became upset. Rose advised that she lived in Eritrea as a child and came to UK aged around 5. Rose then left the Sexual Health Clinic. The Clinic notified the Police. The Police and CSC initiated a joint Section 47 investigation. It became apparent that Rose may have given false details to the professionals she encountered at the clinic as no person with the details she provided could be traced. While the Section 47 assessment was cancelled as CSC and the Police were unable to locate the young person, this remains an active Police investigation and attempts remain to locate Rose and ensure she is supported.

The multiagency audit team agreed that the partnership response was **good**, however this is caveated with the recognition that “Rose” may still not have access to any of the support she needs

### Areas of strength

- The Sexual Health Clinic made a timely referral to Police once the young person had left the clinic. It is not clear if a referral to Police or CSC could have been made while she was still in the clinic

### Areas for development

- While it is imperative to ensure there are no barriers to young people seeking support for the sexual health, some reflection on how details of young people accessing these services could be verified, especially when safeguarding concerns are suspected
- It would be of use for Sexual Health Services to have materials to hand for young people, with information about FGM, including how to access support from community and voluntary sector agencies (like AAF)

## “Ada”, aged 12

Ada’s School made a referral to CSC because Ada was not attending school and Ada’s mother reported that Ada was in Kenya and would continue her education there. CSC’s IRH coordinated the response with the Children with Disabilities (CWD) Team as they had had previous involvement with the family and held the relationship. A Social Worker from the CWD Team spoke to Ada’s mother to clarify Ada’s living arrangements. They discussed FGM as Kenya is known to be an FGM-practicing country and reiterated that FGM is illegal in the UK, and illegal when performed outside of the UK on a UK citizen. Ada’s mother confirmed that she did not support FGM. Ada’s mother agreed to share the details of Ada’s care arrangements in Kenya with Ada’s school. The case was then closed to CSC with no further action. The multiagency audit team agreed that this case **requires improvement**

### **Areas of strength**

- The school made a timely referral to CSC
- CSC's IRH coordinated a response with a team that already held a relationship with the family; this indicates a commitment to relationships-based practice

### **Areas for development**

- Ada's father in Kenya was not contacted and therefore his views about FGM were not ascertained
- Ada was not spoken to directly over the phone or video call. This could have been an opportunity to gather her views
- Colleagues in the Police and Health were not contacted as part of the response to the referral, potentially missing the opportunity to triangulate information
- The AAF could have been used as a source of expert advice regarding any cultural information to help determine potential risk of FGM and offering the family further information

### **"Kali", aged 10**

In September 2020, Kali's mother informed a specialist service for gender-based violence that Kali's father, from whom she was separated, had made threats to take Kali to a country that is known for practicing FGM. The country is not named here to protect their identity. Kali's mother reported that she felt Kali would be at risk of FGM if this were to happen. The gender-based violence service made a referral to CSC. The outcome of this referral for the gender-based violence service to act as the lead agency to support Kali's mother with options to prevent Kali from travelling to the country.

Kali and her family have a significant history of involvement with and support from services. Kali first came to the attention of the Police and CSC when she was five years old, following concerns of parental neglect. In addition, Kali's mother experienced significant domestic abuse by Kali's father over a number of years. In 2019 and 2020, Kali was reportedly assaulted by family members .

The multiagency audit team agreed that this case **requires improvement**

### **Areas of strength**

- A timely referral made by the gender-based violence service which then led the response

### **Areas for development**

- The referral was not discussed with Police or Health colleagues. Kali's GP reportedly has a positive working relationship with the family and could potentially provide future support or be able to act on concerns with this information

- Kali's father was not contacted and therefore his views about FGM were not ascertained. However, it is noted that this may not have been safe to do so, given the significant history of domestic abuse
- It is not clear what direct support is being offered to Kali as a child survivor of the trauma of domestic abuse
- This could have been an opportunity to refer Kali to AAF for support and to involve her in a positive community activity as a peer educator against FGM

### Unborn Baby O, Expectant mother "Ama"

In July 2020, Ama booked in for antenatal care, later than recommended and far out of area from her declared residence. At the booking in appointment, a number of disclosures were made. These included that Ama was a victim of trafficking and sexual exploitation and Ama had no official immigration status and therefore no recourse to public funds. It was also made clear that Ama had been a victim of FGM.

Midwifery Services made a timely referral to CSC. Subsequently, an application to the National Referral Mechanism (NRM) was immediately made for Ama as a victim of modern slavery. CSC acted quickly to provide accommodation and interim services for Ama and made a referral to a nearby county's CSC. A positive grounds decision for Ama's NRM was received from the Home Office within days and Ama was moved to the nearby county and her support transferred to that county's CSC.

The multiagency audit team agreed that this case demonstrates some good practice, in the timely support offered to Ama, however this should have been reported to the police so **requires improvement**

#### Areas of strength

- Professional curiosity was evident in raising questions about why Ama was booking into antenatal services miles away from where she was living
- Health and CSC partners worked together quickly: Midwifery Services made a timely referral to CSC who made a timely referral to the Home Office for an NRM and offered immediate interim services to Ama

#### Areas for development

- There was no need to inform Police about Ama having undergone FGM as she was an adult, however Police were not informed of Ama having been a victim of modern slavery, potentially missing an opportunity to disrupt and prosecute those involved in Ama's exploitation
- Although the involvement of services in Lambeth was brief, Ama's views on FGM could have been gathered and she could have been given information about FGM support services