



## **Female Genital Mutilation Prevention Programme: Requirements for NHS staff**

### **Statement by the Department of Health and NHS England**

Female Genital Mutilation (FGM) is child abuse and the Department of Health and NHS England are committed to caring for FGM survivors, protecting our girls from FGM, and preventing future generations from having to undergo FGM. On 22 July 2014, the UK hosted the first Girl Summit, aimed at mobilising domestic and international efforts to end FGM and child, early and forced marriage (CEFM) within a generation.

The Department of Health's Female Genital Mutilation Prevention Programme in partnership with NHS England was launched at the Girl Summit, and work on a number of FGM projects is now underway across NHS settings to improve the health response to FGM.

This statement sets out the current requirements on NHS staff in relation to FGM.

#### **It is now mandatory to record FGM in a patient's healthcare record:**

Following publication of the Data Standard on 2nd April 2014, it became mandatory for any NHS healthcare professional to record (write down) within a patient's clinical record if they identify through the delivery of healthcare services that a woman or girl has had FGM.

For Acute Trusts from September 2014, it became mandatory to collate and submit basic anonymised details about the number of patients treated who have had FGM to the Department of Health every month. The first report of this anonymised data, reporting on the data from September, was published on 16th October and is available on the Health and Social Care Information Centre website.

There is no requirement to ask every girl and woman whether they have had FGM. The requirement is to record FGM in a patient's healthcare record only if and when it is identified during the delivery of any NHS healthcare. Professionals are reminded to be aware of the risk factors, including country of origin (see multi-agency guidelines for list of countries), and to use their professional judgement to decide when to ask the patient if they have had FGM.

It remains best practice to share information between healthcare professionals to support the ongoing provision of care and efforts to safeguard women and girls against FGM. For example, after a woman has given birth, it is best practice to include information about her FGM status in the discharge summary record sent to the GP and Health Visitor, and to include that there is a family history of FGM within the Personal Child Health Record (PCHR), often called the 'red book'.

### **Procedure for reporting FGM concerns to social services or the police:**

There has been confusion around when health professionals should refer girls and women with FGM to other agencies.

FGM is child abuse, and the current procedure to follow is set out below:

- **Children and vulnerable adults:** If any child (under-18s) or vulnerable adult in your care has symptoms or signs of FGM, or if you have good reason to suspect they are at risk of FGM having considered their family history or other relevant factors, they must be referred using standard existing safeguarding procedures, as with all other instances of child abuse. This is initially often to the local Children's Services or the Multi-Agency Safeguarding Hub, though local arrangements may be in place. Additionally, when a patient is identified as being at risk of FGM, this information must be shared with the GP and health visitor as part of safeguarding actions (See section 47 of the 1989 Children Act).
- **Adults:** There is no requirement for automatic referral of adult women with FGM to adult social services or the police. Healthcare professionals should be aware that a disclosure may be the first time that a woman has discussed her FGM with anyone. Referral to the police must not be introduced as an automatic response when identifying adult women with FGM, and each case must continue to be individually assessed. The healthcare professional should seek to support women by offering referral to community groups for support, clinical intervention or other services as appropriate, for example through an NHS FGM clinic. The wishes of the woman must be respected at all times. If she is pregnant, the welfare of her unborn child or others in her

extended family must also be considered at this point as they are potentially at risk and action must be taken accordingly.

In both of the scenarios above, please follow the revised HMG FGM multi-agency guidelines:

<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

At the Girl Summit in July 2014, the Government set out its intention to consult on proposals for mandatory reporting of FGM for professionals. The consultation is now underway and further details are set out in the consultation document:

<https://www.gov.uk/government/consultations/introducing-mandatory-reporting-for-fgm>

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