

Royal College of Nursing response to Department of Health consultation on the draft statutory multi-agency practice guidance on Female Genital Mutilation (FGM)

This consultation from the Home Office seeks views on the draft statutory multi-agency practice guidance on FGM for frontline professionals in England and Wales.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447431/FGM_statutory_guidance_consultation_guidance_document_FINAL_v3_.pdf

Q1. Do you agree that the draft statutory guidance provides frontline professionals with the information they need on the prevalence of FGM and the issues around it? If not, where and how could the guidance be changed?

The RCN welcomes the updated guidance. It is timely to provide an overview of the revised requirements around best supporting girls and women who may be at risk or as survivors of this form of abuse.

The document provides helpful and clear details of requirements, including useful tips on approaching the subject, recognising the different names used for FGM in different communities and clarifying the different professional roles.

It is acknowledged that this provides a strategic overview, for England and Wales, requiring local integration and dissemination alongside local safeguarding processes to ensure wide distribution, understanding and embedding in local services.

It uses contemporary evidence and sufficient detail for most healthcare professionals who are likely to engage in a care setting with girls or women who may be vulnerable.

Clarify around (4.12) Mandatory reporting is still needed, in particular around how the reporting to the police will be actioned, and how this will be interpreted and used, alongside existing safeguarding processes.

We remain concerned about the readiness of professionals to take on this statutory responsibility, and how they will be enabled to understand their role in such a short space of time.

There is an overall need to consider how continuing training and education will be resourced and provided for all professionals who need to understand their role and responsibility.

It is noted that the NHS modules are recommended, however they are only available to those employed by the NHS.

Q2. Do you agree that the draft statutory guidance provides service delivery organisations with the information they need on the prevalence of FGM and the issues around it? If not, where and how could the guidance be changed?

There are ongoing issues with understanding the prevalence of FGM across the communities and local areas. The Data Set collection by the Department of Health have gone some way to helping this, however are still limited to Acute Trusts, GPs and Mental Health Trusts. This excludes many women who access sexual health services, independent service for example around family planning, women who are in care homes or receiving care at home, and a range of the services now conducted outwith the acute hospital setting. It needs to be acknowledged that the current prevalence information remains speculative, but is better than it was a few years ago.

Q3. Do you agree that the draft statutory guidance adequately captures FGM risk factors?

Yes, nevertheless there is ongoing need to ensure all professionals are adequately prepared and supported to recognise disadvantaged or vulnerable individuals in all those they come in contact with in care settings. It should also be acknowledged that any list is not exhaustive, and simply provides some useful information on risk factors, but should to be treated as an exclusive list.

Q4. Do you agree that the draft statutory guidance captures the full range of legal tools and interventions to enable professionals and public sector organisations to safeguard and protect women and girls at risk of FGM?

The guidance goes some way to explaining the processes, however it could be enhanced by greater clarity around the new duty to report to the police. A flow chart to explain this extra requirement would have been helpful.

We also reiterate previously discussed concerns around the intention to take this reporting directly to the police rather than to use existing well embedded safeguarding processes.

We remain concerned about preparedness of professionals, including the police to accept these calls, and a lack of clarity about ongoing processes and responsibilities.

Yes, overall the expectations are clear, what is less clear is how this will be integrated to other similar care pathways, how all staff will be engaged and sufficiently prepared for the most recent changes and how commissioning services will be able to react to these expectations.

Q5. Do you agree that the draft statutory guidance promotes an individual-centred approach, ensuring that a woman or girl's individual circumstances drive the decision making process at all times? If not, what additions do you consider could be made to the guidance?

It is critically important that the women drive the process, however not to the exclusion of safety of children. Dealing with FGM requires a balance between safeguarding sensitively and wellbeing of individual women. Professionals need to be aware of their responsibilities around duty to report for children under the age of 18, but also mindful of existing safeguarding processes should they be concerned about an adult. Here clinical judgement and decision making will be critically important to balance with the woman's' needs, her self-determination, vulnerability and wellbeing.

Q6. Do you agree that the draft statutory guidance provides sufficient - and clear information for a) health care providers b) police c) children's social care and d) schools and colleges?

A) Healthcare:-

Yes, as strategic guidance, it provides sufficient clear information to enable local policies to be implemented to ensure safeguarding processes support the legal requirements, and education and training will support professionals to better understand their responsibilities, however we remain concerned about the timeframe suggested for implementation of the new legal requirement around duty to report.

Q7. Do you agree that the draft statutory guidance captures how professionals and public sector organisations can work with communities to prevent FGM?

The document discusses this, but does not clearly provide guidance or suggestions on how this can be best achieved.

It is long recognised and the most important way to enable understanding of the illegal nature of FGM, yet does not provide any models for how this may be achieved. This and the barriers between organisation or different profession groups can be the most challenging but most crucial elements of a strategy such as this.