Taking Local Action on FGM

An Essential Guide for Local Authorities

FGM is recognised internationally as a human rights violation, torture and an extreme form of discrimination against women and girls. Under the Female Genital Mutilation Act 2003, it is a criminal offence for a United Kingdom (UK) national or a permanent UK resident to excise, infibulate or otherwise mutilate the whole or any part of a girl's labia minora or clitoris, whether in the UK or overseas. In May 2015 the Serious Crime Act was passed which addressed loopholes in the 2003 legislation and created new provisions such as Female Genital Mutilation Protection Orders, anonymity for survivors of FGM, an offence of failing to protect a girl at risk of FGM and a mandatory duty on certain professionals such as doctors, teachers and social workers to report to the police any cases of FGM on girls under 18. The mandatory reporting will come into effect in Autumn 2015. The Serious Crime Act also created a new offence of parental liability whereby anyone who has parental responsibility for a girl who is subjected to FGM will face criminal charges even if a number of years have passed before it becomes known that the girl has been mutilated. Caught under these new provisions are habitual residents of the UK as well as UK nationals.

Using new local estimates of the prevalence of FGM in England and Wales

New estimates are now available of the prevalence of FGM among women born in FGM practising countries living in England and Wales. They show that:

- Women who have undergone FGM do not only live in urban centres in England and Wales. While many affected women live in large cities where migrant populations tend to be clustered, others are scattered in rural areas.
- No local authority area is likely to be free from FGM entirely. In many areas, the estimated prevalence is low, but there are still some women who may be affected by FGM.
- Southwark in London has the highest prevalence rate in England and Wales with an estimated 4.7% of women affected by FGM. It also has the highest percentage of girls born to mothers who had undergone FGM, at 10.4%.
- Outside London, highest estimates were for Manchester, Slough, Bristol, Leicester and Birmingham.

This document aims to assist local authorities in understanding these new estimated prevalence data and to give guidance on the types of action required with some good practice examples, including how to make best use of existing resources.

Key messages for Local Authorities

- Women and girls in England and Wales who have undergone or could be at risk of FGM are represented in all local authority areas. Consequently all authorities need to take an integrated multi-agency approach and develop policies at a local level.
- A minority of mainly urban areas will have the highest prevalence rates of affected women, but even where the numbers are small, local authorities need to develop and communicate appropriate pathways and designate responsible point personnel to address the special needs of women and girls who are likely to be more isolated from help and support.
- It is crucial for local authorities to understand the data relating to their local communities so that the authorities' response is appropriate to the communities' needs. This could include commissioning of services, ongoing dialogue with affected communities to raise awareness about recent changes to the law and its implications and training for professionals.
- Women and girls from affected communities living in low prevalence areas are likely to be more isolated and in greater need of targeted support. It remains the responsibility of local authorities to provide support services and to protect girls at risk of FGM.

Recommendations for Local Authorities in England and Wales

Local authorities must undertake several measures in order to comply with their legal obligations and provide appropriately for local residents. As an aid to planning, some recommendations on steps to take are set out below. Where there is considerable pressure on councils to provide a wide range of services, local authorities should consider in which ways they might be able to utilise existing resources and structures to incorporate provisions to support FGM survivors and to assist with prevention.

Local Authorities should:

- Raise awareness around the harms of FGM including long term consequences by working in collaboration with others and highlighting services available for survivors. This could be carried out sensitively in a healthcare setting by NHS peer support workers who assist with particular community needs.

- Ensure there are protocols for information sharing with clear referral pathways, so that all professionals from GPs to teachers and social workers are clear about their responsibilities.

- When commissioning specialist care, Clinical Commissioning Groups (CCG) should ensure that adequate resources and support services are available. Input from the CCG and local Healthwatch groups is crucial in service provision. The Health & Social Care Information Centre also provides data collected from health professionals such as FGM Enhanced Dataset: Implementation Summary for GP Practices. Please see www.hscic.gov.uk/fgm.

- Consult FGM survivors and expert voluntary sector organisations knowledgeable on the issue. Local authorities should consider if there are suitable local community organisations or individual peer educators in the area who have the experience and capacity to work with and support affected communities and also assist in training practitioners such as GPs, teachers and school nurses. Training should focus on clinical and psychological help but also safeguarding girls at risk by getting the message across to parents and communities that FGM is against the law.

- Make prevention of FGM explicit in local child protection policies. FGM should also be incorporated into any existing violence against women strategy developed by local authorities which should clearly state that FGM in all its forms is a human rights violation.

- Ensure that practitioners, in the health, education and social services sectors, among others, are appropriately trained and made aware of their individual responsibility both in preventing FGM and supporting women and girls affected by it. Joint training can assist in developing a more integrated and holistic approach.

- Support and involve local community groups and peer communicators at all levels of planning and delivery. Maintaining a continued dialogue with affected communities will ensure that prevention and support interventions are more likely to be accepted.

Understanding the data and what it means for your area

Numbers of women from FGM affected countries living in each local authority can be found in the 2015 prevalence report along with estimated numbers of women with FGM in the population and estimated numbers of daughters born to them. By their nature, these estimates should be used as signposts for planning services rather than being regarded as firm numbers. They are derived using estimates of prevalence of FGM in the countries in which the women were born and those who migrated to England and Wales cannot be assumed to be typical of women in their country as a whole. Data are also provided for each FGM practising country for which national prevalence data are available, together with information about the women from each country living in England and Wales. It should be noted that data currently being collected by the Department of Health relate to women who actually have FGM and have had NHS care for some reason, tabulated by the NHS trusts which provided that care. They do not include women who have not been in contact with the NHS. The two sets of data need to be read with that in mind. Fuller explanations can be found on the website. Local authorities might find both sets of information useful in developing a wider understanding of the needs of FGM-affected communities.

Why are these data needed?

Section 74 of the Serious Crime Act 2015 imposes a mandatory reporting duty on people who work in a "regulated profession" in England and Wales to notify police of known cases of FGM. Failure to comply with the duty will be dealt with via existing disciplinary measures, which may include referral to the professional regulator and/or Disclosure and Barring Service as appropriate. Section 11 of the Children Act 2004 places a duty on all professionals "to safeguard and promote the welfare of children" and as such, all professionals have a duty to protect children from FGM. Councils cannot tackle FGM in isolation. A road map will be needed which integrates FGM into the broader violence against women strategy or other appropriate child protection strategy and ensures a coordinated approach across disciplines and agencies. In consultation with representatives from the locally-affected community, professionals will need to be trained to help identify girls at risk and also the best means of support to, and services for, women and girls already subjected to FGM.

Case Study - Birmingham

Birmingham has a multi-agency partnership group, "Birmingham Against FGM" that includes the police, health authorities, education, local voluntary sector organisations and the UK Border Agency. Birmingham's Violence Against Women and Girl's Strategy includes detailed guidance on FGM. At the same time, the Birmingham Safeguarding Children Board has developed a detailed FGM child protection procedure. All child protection referrals are processed through the Multi-agency Safeguarding Hub (MASH) and responses are immediate. (Passage of the Serious Crime Act 2015 will mean these processes will need to be updated to reflect the new mandatory reporting requirements.) Protecting children from FGM is treated as a statutory responsibility and health and safeguarding professionals are required to undertake training both in understanding and assessing risk and in working sensitively with affected communities. Birmingham Heartlands Hospital has a specialist FGM clinic. The specialist midwife works closely with a trained FGM advocate from an affected community who works for the local voluntary organisation Birmingham and Solihull Women's Aid (BSWAID). The midwife and advocate ensure that women affected are given appropriate physical and emotional support to deal with the trauma they have endured. At the same time, they ensure that women affected are helped to understand the negative consequences of the practice and break the cycle within their families.

Case Study – Bolton

Bolton is a dispersal area for asylum seekers. Newly arrived communities are at a greater risk from FGM because they are less likely to be aware of the UK law or the consequences of the practice. Bolton Safeguarding Children Board (BSCB) is part of the Greater Manchester FGM Forum, but BSCB also has its own FGM Task Group. Prior to having a dedicated Task Group, BSCB was struggling to deal with the numbers of referrals of families from communities affected by FGM. The FGM Task Group now enables statutory authorities and specialist community organisations to share the responsibility of assessing risk, supporting survivors and protecting girls. All health professionals use a sensitive questionnaire when assessing the needs of women from affected communities. For example, the asylum nurse conducts sensitive interviews with all women she examines to establish whether they have had FGM, the type of FGM they have had and their understanding and feelings towards the practice. The asylum team works closely with a local specialist community group, Bolton Solidarity Community Organisation (BSCO). BSCO conducts regular awareness-raising and education sessions with newly arrived communities and ensures that unnecessary referrals to BSCB are minimised. When the asylum team and BSCO have both worked with a family from an affected community and still believe that there are safeguarding concerns, the case is referred to social services.

Case Study – London

Newham is one of the youngest and most diverse local authorities in the UK, with 83% of the population identifying as Black, Asian and Minority Ethnic and an estimated 30% of residents born outside the UK. This includes a significant number from countries where FGM is practised. The borough has commissioned an FGM Prevention and Support Service as part of its service provision for women who have experienced domestic and sexual violence. The services are funded by the Mayor's Office for Policing and Crime and are based at a 'One Stop Shop' in the borough, providing a hub of support, advocacy and counselling for women. The Manor Gardens Centre was commissioned to provide the service from March 2014 and provides a range of services including: one-to-one support and advocacy for women affected by FGM, empowerment groups, safeguarding training for professionals, community awareness events and volunteer champions and a steering group to guide and coordinate work on FGM in the borough. In the first year of the service, activities have included 34 training sessions for 740 professionals, 8 women referred for one-to-one support and 7 community events for 261 participants. The service will also be providing a fortnightly drop-in session at Newham Maternity Unit where both patients and staff can come and discuss needs on a more informal basis. The service provided by Manor Gardens is part of a borough wide multiagency response to FGM. The FGM steering group run by Manor Gardens aims to ensure that referral pathways are communicated to all stakeholders and that a coordinated multiagency response continues to develop and be built into working practices.

Case Study – London

The Tri-Borough FGM service based in St Mary's hospital is a partnership between Children's Services, Maternity Services and the Midaye Community Organisation, establishing a referral pathway for women affected by FGM. The service covers the Boroughs of Westminster, Kensington & Chelsea and Hammersmith & Fulham. Women are referred to the hospital-based FGM clinic by maternity services or their GP. At the clinic, they are provided with an explanation about the intervention from a Midaye Health Advocate. The Advocate speaks five of the main community languages in the area and is able to answer women's concerns. The Advocate becomes a key person in providing follow-up support and helping to decrease the anxiety of the mother and facilitate engagement. The Advocate also calls the mother prior to attending the clinic to explain the process, accompany her to the clinic and provides support to alleviate anxiety. The mother is also provided with written translated material explaining the purpose of the intervention. Women who already have or go on to give birth to a girl child are taken forward by the Child Protection Advisor for a Statutory Assessment. A multi-disciplinary meeting takes place to assess the risk to the child between the Child Protection Advisor, the Midwife, Safeguarding Lead for Health Visiting and GP and a plan is established to engage with the family.

The team also has an in-house therapist who is able to provide ongoing psychological support, help women through examinations if they start having flashbacks and in general focus on the trauma, but also help women understand the cycle and empower them to break it. There is also a male worker who engages with the male members of the community, helps them understand the impact of FGM on their wives and their daughters. The team works out a plan for each family that reflects its individual circumstances, and these are recorded and tracked by the Child Protection Advisor. There is a lot of work done in the community to listen to their views, learn from them and to ensure that the work done is sensitive. The service has a very high take-up and has resulted in identification of girls (under 16) with FGM.

The data provided in the estimates give numbers of women and girls affected by or at risk of FGM based on the best proxy indicators of likelihood and type of FGM. Of critical importance will be trained interventions, advised by experienced personnel within affected communities, to ascertain if women and girls have been subjected to FGM and what interventions might be necessary. Below are recommendations on steps to be taken particularly in areas of low prevalence where it is more likely maximum use will need to be made of existing structures. However, training and information sharing will still be needed to enable sensitive interventions.

Guidance for local authorities with women from FGM affected communities

The aim of the case studies included in this document is to provide some examples of how local authorities are providing services and support within their own local context to try and address FGM. We urge all local authorities to provide the maximum level of support and services to women and girls affected by FGM by ensuring a multi-agency response with appropriately trained professionals.

It should be noted that because a woman or girl may come from a community where FGM is practised, an assumption should not automatically be made that they have undergone FGM or are at risk. Following disclosure from a woman that she has undergone FGM or if a health professional observes FGM, professionals should broach the subject sensitively.

- If required, ensure that an independent female translator is available who is not connected to the family.
- Provide clinical referrals and give options for psychological support.
- Carry out a risk assessment if other girls in the family may be at risk of FGM.
- Share information across agencies such as GPs, health visitor and other relevant professionals.
- Explain FGM within the context of the UK law.

In addition the Lambeth Safe Guarding Board provides some helpful information for professionals on how to address FGM sensitively. Some of the recommendations are included below. The full guidance can be accessed at:
http://lambeth.gov.uk/sites/default/files/sc-fgm-briefing.pdf

When asking women about FGM, professionals should:

- Discuss with the individual on their own and in private
- Be sensitive to the intimate nature of the subject
- Be sensitive to the fact that the individual is likely to feel loyal to their family
- Be non-judgmental (pointing out the illegality and health risks of the practice, but without blaming)
- Get accurate information about the urgency of the situation if the individual is at risk and follow the mandatory reporting guidelines.
- Take detailed notes and keep a record in accordance with current guidance for data recording.
- Individuals may not want to be seen by a professional from their own community.
- Any interpreter should be an authorised accredited interpreter and should not be a family member, not be known to the individual, and not be an individual with influence in the individual's community – ensure you ask the individual if they are comfortable with the assigned interpreter.

Local authorities with low numbers of women from FGM affected communities should also build referral links with those neighbouring areas that have provision of specialist services. It is also possible to arrange for expert professionals such as specialist midwives to conduct visits for the purpose of providing services to women and girls in need of support. This might be particularly necessary for maternity care, but post-delivery support will also be needed locally so local community midwives and health visitors should also be trained and involved in care provision. Where social workers are involved they should share relevant information with healthcare professionals such as GPs. Also a useful resource is the Commissioning Services to Support Women and Girls with FGM document which sets out elements of what successful and safe service to support women and girls FGM might look like https://www.gov.uk/government/publications/services-for-women-and-girls-with-fgm

The National FGM Centre

The National FGM Centre has been funded by the Department for Education as part of its Innovation Programme to develop a model of social work delivery which will result in a systems change in the way that services are provided to girls and women affected by FGM. The model is being piloted in local authorities that appear to have a comparatively low prevalence of FGM and where statutory authorities face a particular challenge in offering excellent services, with high quality outcomes, in a cost-effective way. The Centre will offer a flexible, responsive continuum of intervention, combining direct social work and community outreach. This may include delegated responsibility to the Centre for children's social care as it relates to FGM. As one of 53 projects in the Innovation Programme which will all be externally evaluated, the National FGM Centre will share its learning widely through a knowledge hub, consultancy and training, conferences and workshops, and through directly providing services.

Useful Resources

- Government multi-agency practice guidelines for safeguarding children from FGM: https://www.gov.uk/government/publications/female-genital-mutilation-guidelines
- The Local Government Association publication, "Female Genital Mutilation (FGM) a Councillor's Guide", provides some key information and questions to consider when developing services: http://www.local.gov.uk/documents/10180/5854661/L14-567+FGM+guidance+for+councillors_09.pdf/7196465e-4b63-4b58-b527-a462f5b5cc9d
- Revised Working Together to Safeguard Children statutory guidance – https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
- Serious Crime Act 2015 http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted
- What to do if you're worried a child is being abused: Advice for practitioners – March 2015 https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers March 2015 https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice
- Revised Keeping Children Safe in Education guidance – https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
- Health Education England (HEE) in partnership with a number of key stakeholders will launch a new e-learning resource which is designed to raise greater awareness and help support healthcare professionals when working with women and girls who are victims of FGM. For further details please see: http://www.e-lfh.org.uk/programmes/female-genital-mutilation/
- Safeguarding women and girls at risk of FGM- this document provides practical help to support NHS organisations developing new safeguarding policies and procedures for FGM. https://www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm
- "Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting", a joint publication of the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Royal College of Nursing, together with UNITE and Equality Now: http://www.equalitynow.org/sites/default/files/Intercollegiate_FGM_report.pdf
- House of Commons Home Affairs Select Committee report "Female Genital Mutilation: the case for a national action plan": http://www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/news/140703-fgm-rpt-pubn/
- The Home Office online resource pack on FGM has up-to-date links to FGM specialist organisations, training material and national guidance on FGM. The guidance contains some errors which the Home Office is aware of, however the resource pack does contain some useful information: https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack
- Istanbul Convention, Council of Europe Ending FGM: http://www.coe.int/t/dghl/standardsetting/convention-violence/brochures/IstanbulConventionFGM%20Guide%20EN.pdf
- The Tackling FGM Special Initiative - supporting organisations based within affected communities and funded by Trust for London, Esmée Fairbairn Foundation, Rosa UK Fund for Women and Girls and Comic Relief

The report Prevalence of Female Genital Mutilation in England and Wales: National and local estimates by Alison Macfarlane and the late Efua Dorkenoo was supported by Trust for London and the Home Office and carried out by City University London in conjunction with Equality Now. It was published on 21 July 2015 and can be found at http://bit.ly/1LqWtnR

What is FGM?

The World Health Organisation (WHO) categorises FGM as:

- Type I Clitoridectomy: partial or total removal of the clitoris and/or the prepuce.
- Type II Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type III Infibulation: the most extreme form, the removal of all external genitalia and the stitching together of the two sides of the vulva.
- Other: all other harmful procedures done to the female genitalia for nonmedical purposes, for example, pricking, piercing, incising, scraping and cauterisation.

FGM is generally performed without anaesthetic, and can have lifelong health consequences including chronic infection, haemorrhage, severe pain during urination, menstruation, and sexual intercourse. It could lead to complications during childbirth and increases the risk of newborn deaths. Women may also suffer psychological trauma as a result of being subjected to FGM. While anti-FGM advocates occasionally report cases of death as a direct or indirect result of FGM, there is no statistical data on how many girls die from the procedure.

Migration to England and Wales from countries where FGM is practised

The overall numbers of women aged 15-49 who were permanently resident in England and Wales but born in FGM practising countries increased from 182,000 in 2001 to 283,000 in 2011. Numbers of women born in the countries in the Horn of Africa, where FGM is almost universal and where the most severe Type III form, infibulation, is commonly practised, increased by 34,000 from 22,000 in 2001 to 56,000 in 2011. The numbers of women from countries in East and West Africa, where FGM Types I and II, clitoridectomy with or without excision of the labia minora, are very common, also increased by 10,000 over the same period.

Trust for London

Established in 1891 it is one of the largest independent charitable foundations in London and aims to tackle poverty and inequality, in the Capital. http://www.trustforlondon.org.uk

The Royal College of Midwives

The Royal College of Midwives (RCM) is the professional organisation that represents the majority of practising midwives in the UK. The RCM is the voice of midwifery, providing excellence in representation, education professional guidance and influence for and on behalf of midwives and women. To find out more, click on to http://www.rcm.org.uk

Rosa

The first and only UK-wide fund for women and girls. http://www.rosauk.org

Equality Now

Founded in 1992, Equality Now is an international human rights organisation that works to protect and promote the rights of women and girls around the world.
http://www.equalitynow.org

City University, London

A public research university located in London, United Kingdom. http://www.city.ac.uk

This document is dedicated to Efua Dorkenoo, who sadly passed away in October 2014. Efua was a life-long campaigner against FGM and was instrumental in driving forward improvements to policies and practices, particularly in the UK. Her legacy continues to benefit all those working to elminate FGM.