

Female Genital Mutilation (FGM)

Purpose of report

For discussion.

Summary

This paper summarises the work of the FGM working group since the January Safer and Stronger Communities Board, as well as the proposed next steps on this area of work.

Recommendation

Members are asked to note the work of the working group and comment on the proposed next steps.

Action

Officers to progress as advised.

Contact officer: Lucy Ellender
Position: Adviser
Phone no: 020 7664 3321
E-mail: lucy.ellender@local.gov.uk

Female Genital Mutilation (FGM)

Introduction

1. Female Genital Mutilation (FGM) is a serious form of child abuse and is a criminal offence in the UK. It is defined as “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”¹ and can have serious long and short term consequences for women and girls’ health and wellbeing. Figures produced in 2007 indicate that over 20,000 girls in the UK could be at risk, and over 60,000 are already living with the consequences, and the figures could now be even higher².
2. In January members agreed to set up working group to look at these issues in greater depth and make a series of proposals for future work on this issue. This paper sets out the work of the FGM Working Group since its creation and the proposals for next steps.

The FGM working group

3. Councils and their partners have a key role in safeguarding children from harm, including in cases of FGM. The aim of the FGM working group therefore was to identify areas where the LGA can help councils and their partners to gain further understanding of FGM to help prevent the practice, identify potential victims and provide appropriate support, as well as ensure that their partners are fully informed of the issues and able to take action.
4. Membership of the working group was drawn from the Safer and Stronger Communities Board, the Community Wellbeing Board and the Children and Young People Board. The working group was structured around 3 meetings, with presentations and discussion with a number of different participants including:
 - 4.1. the NSPCC;
 - 4.2. the Foundation for Women’s Health, Research and Development (FORWARD);
 - 4.3. the British Arab Federation;
 - 4.4. London Borough of Hackney;
 - 4.5. London Borough of Lambeth;
 - 4.6. The Association of Chief Police Officers; and
 - 4.7. London Borough of Newham.
5. Following the first meeting of the group it was decided to expand the membership to a number of third sector organisations to reflect the importance of multi-agency working on this issue. Therefore Dr Ash Chand, Head of Strategy and Development from the NSPCC, Rukayah Sarumi, Campaigns and Events Manager from FORWARD and

¹ WHO website : <http://www.who.int/mediacentre/factsheets/fs241/en/>

² A *Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales*; Dorkenoo et al, Forward 2007 <http://www.forwarduk.org.uk/key-issues/fgm/research>

Fadel Takroui, Chair of the British Arab Federation were invited to join the working group on a permanent basis.

The Group's work programme

6. The Working Group's activity centred on two key themes, firstly, improving the ability of councils to deliver services that deal with cases of FGM, and secondly assisting councils in their work to change societal attitudes in those communities where FGM is practised.
7. In the discussions on the provision of FGM services there was a particular focus around the need for better data collection and sharing to enable councils to more accurately assess the level of risk within their communities. Contributions to the working group identified a number of shortcomings with using census data on its own to accurately predict risk. There were concerns, not only about the age of the data used, but also in the accurate identification of second generation members of affected communities, and the potential for underreporting.
8. The working group agreed that in order to provide the most effective service it was vital that councils have an accurate picture of the level of risk within their communities. Once this picture has been established, councils have further work to do to ensure that risk is communicated effectively between partners, with the risk attached to a child's health records. This would then help to ensure that the risk of FGM is recorded and that potential victims and their families are given appropriate support.
9. The other theme that emerged from the discussion was on the wider work of changing cultural attitudes towards the practice of FGM in affected communities. The discussion centred around the importance of engaging communities in discussions to highlight the potential health issues and the legal implications of practicing FGM. Engaging community leaders, community groups and faith leaders in the discussion on FGM was seen as key to tackling attitudes towards the practice, and a number of councils had been using "community champions" effectively to lead this work. Another strand that the group identified was the importance of changing the attitudes of men in affected communities.
10. The discussions highlighted the importance of working across different partner agencies to communicate risk, and provide a joined up approach towards the issues, ensuring that referrals were being made by professionals and that the referrals were being followed up appropriately by children's services.

The Government's response to FGM

11. The working group also discussed the work of the Government on FGM. The Government successfully bid for funding from the European Commission to fund a project raising awareness of FGM, including a promotion campaign for the NSPCC FGM helpline, community engagement, learning packages for safeguarding professionals, awareness raising sessions with Local Safeguarding Childrens Boards

and hosting an EU wide event to share effective practice. Several ministers also signed a declaration to stop the practice of FGM, to coincide with International Day of Zero Tolerance to FGM.

12. The Government is currently producing its own set of online resources on FGM for teachers, police, councils, health workers and other commissioners of local services. It will incorporate case studies, useful documents, leaflets, guidelines, teaching sets and other materials as well as an e-learning tool for professionals, all on one site.
13. There will also be an update of the UK FGM prevalence study which was first undertaken in 2007, which showed that 20,000 girls in the UK could be at risk³. The new study will be conducted using the 2011 Census data and will use prevalence data from countries of origin to show the number of women and girls at risk in each local authority area. The Home Office has indicated that they are planning to release the online resources towards the end of July at an event hosted by the Prime Minister.

The Serious Crime Bill

14. The Government have also now published the Serious Crime Bill, amending a number of Acts, including the Female Genital Mutilation Act 2003. The new Bill would extend the extra-territorial reach of the offences in the Female Genital Mutilation Act 2003 so that they apply to habitual as well as permanent UK residents. The LGA has welcomed these changes to the Bill.
15. We are also proposing a further amendment to Parliament to the 2003 Act to deal with those who promote and encourage FGM citing religious and cultural justifications, even though they may not explicitly state that people should undertake the practice of FGM. We are currently consulting with a number of interested parties on this amendment and we will be tabling it for discussion at the committee stages of the Bill starting in early July.

Next Steps

16. Following on from the discussions at the working group and the wider work happening in Government on FGM, a number of next steps were agreed to provide councils with the right tools and support to tackle FGM in their communities. The LGA will be looking to produce a toolkit which will focus particularly on those issues that the working group has identified as key to help councils tackle FGM:
 - 16.1. Councillors Guide to FGM: this will be focussed on the role of the council in tackling FGM, what it is, the law, their responsibilities and the role of partners in tackling the issue. This will also include questions for council overview and scrutiny committees, child safeguarding boards, health and wellbeing boards and other committees and partners that are involved in this work. The guide is

³ A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales; Dorkenoo et al, Forward 2007 <http://www.forwarduk.org.uk/key-issues/fgm/research>

intended to provide councils with a general overview of the issues in tackling FGM and a useful starting point for further work.

- 16.2. Case studies: These will build on the guide, examining in more detail the issues that have been identified during discussions at the working group. The proposed case study subjects include:
 - 16.2.1. Data collection;
 - 16.2.2. Community Engagement;
 - 16.2.3. The use of Community Champions;
 - 16.2.4. Working with faith leaders ;
 - 16.2.5. Engaging men;
 - 16.2.6. Engaging with community groups;
 - 16.2.7. Commissioning an FGM service;
 - 16.2.8. Health and wellbeing approach to FGM;
 - 16.2.9. Domestic violence approach to FGM;
 - 16.2.10. Multi-agency working; and
 - 16.2.11. Referrals to children's services.
- 16.3. Useful Information: This final section would include things like the multi-agency guidelines, a number of professional health organisations guidelines, information from councils, a link to the Government's resource pack, information on victim support etc.
17. Overall the proposed toolkit would be focussed on councils, and in particular on the issues that the working group identified as important in tackling FGM. The working group has also agreed two other pieces of work that the LGA will take forward:
 - 17.1. The LGA will conduct an audit on the rates of referral from professionals to children's services. The Government's multi-agency guidelines state that where professionals are concerned that a child has undergone FGM, child safeguarding guidance should always be followed and referrals made to children's services or the police to allow them to investigate. This piece of work should help us to get a greater picture of how often referrals are happening and what is done with them once they are made. This will help us to gain an accurate picture on how risk is transferred between different partners and the level of interventions being undertaken by children's services.
 - 17.2. The LGA will help to facilitate a bid to the Department for Education's Children's Social Care Innovation Programme fund for the development of a specialist FGM service, spanning a number of council areas and bringing together a range of partners from the voluntary and statutory sector. This service would act as a multi-agency "Centre of Excellence" on FGM, providing advice and support to social workers and other professionals and facilitating closer working between agencies at all stages of work to tackle FGM. This could include assistance with training and community engagement work, support around the referral and assessment process, and advice on effective interventions. The LGA would have

an ongoing role in identifying and disseminating learning from this model, and considering the potential for replication elsewhere. Any funding that we were able to secure from the Children's Social Care Innovation Programme would allow us to show that as a national organisation the LGA is taking the lead in this area and working to enable councils to tackle this issue.

18. It is envisaged that the toolkit would be launched at a free event held at Local Government House on 14 October. The agenda for the day would cover a range of subjects drawn from the toolkit and would take the form of presentations and workshops. There will be a final meeting of the working group to review the workplan once the Government's resource pack has been released.
19. We will also continue to engage in discussions with other organisations, for example the Association of Directors of Children's Services and the Association of Police and Crime Commissioners to ensure that our work on FGM is joined up.

Conclusion

20. The overall objective of the working group is to ensure that councils have the right tools and support to tackle FGM in their communities. The proposals for the toolkit and wider work should help the LGA to achieve this whilst complementing the work of the Home Office.