

Tackling Female Genital Mutilation (FGM): a councillor's guide

Foreword

Although female genital mutilation (FGM) has been illegal in the United Kingdom for decades, it is only now that we are starting to openly talk about the practice, what it involves, the reasons communities carry it out, and how we can work towards ending it.

Much of the recent discussion about tackling FGM has focused on what can be done to protect girls at risk of being cut, how we can become better at identifying women who have already been subject to FGM and increasing the chances of a successful prosecution. As a result there has been an emphasis on what the police, Crown Prosecution Service and health services can do to reduce instances of FGM.

Councils have yet to feature in a significant way in the debates about what needs to be done to reduce instances of FGM. This is surprising because local authorities have a clear and important role to play. They are the lead agency when it comes to safeguarding children and protecting them from harm. They provide or commission services that FGM survivors need. They can engage with communities where FGM has traditionally been practised and work with them to challenge views.

In fact, the Local Government Association (LGA) has found many councils around the country are already doing a considerable amount of work to tackle the practice of FGM and to support survivors. They are working with partners from the statutory and voluntary sector, as well as individuals in communities, they are commissioning specialist services, working with health colleagues to get a better picture of prevalence and assisting community champions who are looking to change the culture in communities from within.

There is much that councils can therefore learn from each other. With over 125,000 women in England and Wales estimated to be living with the consequences of FGM, and 60,000 girls born in England and Wales to mothers who have undergone FGM, an increasing number of councils are going to have to address FGM in some way.

This guide is designed to provide councillors with an introduction to FGM, provide some background on the national policy context of what is being done to reduce FGM and how councils can contribute to it. We would like to extend our thanks to FORWARD (the Foundation for Women's Health Research and Development), the British Arab Federation, the NSPCC and the College of Social Work for their help in informing and developing this guide. We hope you find it useful and informative.



A handwritten signature in black ink that reads "L. Brett".

Cllr Lisa Brett,
Chair of the LGA's FGM Task and Finish Group

Introduction

Female Genital Mutilation (FGM) is a serious form of child abuse and violence against women and girls, and a violation of human rights. It has been illegal in this country since 1985 and councils have a statutory duty to safeguard children and protect and promote the welfare of all women and girls.

FGM is defined by the World Health Organisation 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”. It can leave women and girls traumatised as well as in severe pain, cause difficulties in child birth, and in some rare cases it can lead to death.

There is no cultural or religious justification for FGM. Current prevalence studies estimate that as many as 60,000 women and girls in the UK could be at risk of FGM, and over 125,000 may already be living with the consequences (Equality Now and City University, July 2014).

The Government has committed to work towards ending the practice in a generation, and councils and their partners can play a key role in helping to achieve this ambition.

This guide aims to give councillors an introduction to the issues surrounding FGM, and give some consideration as to how it can be tackled in their areas.

The term FGM has been used deliberately in this guide to reflect the serious nature of the practice. However it is also known by a variety of other names including Female Genital Cutting, Female Circumcision, Sunna, Khifad etc.

A full list of terms can be found on FORWARD's (the Foundation for Women's Health Research and Development) website: www.forwarduk.org.uk

1. What is FGM?

The World Health Organisation (WHO) defines FGM 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”. The WHO has estimated that between 100 and 140 million girls and women worldwide have experienced FGM and up to 3 million girls undergo some sort of procedure each year.

There are four different types of FGM, and WHO classifies these as:

1. Type I: Clitoridectomy: Partial or total removal of the clitoris and/or the prepuce
2. Type II: Excision: Partial or total removal of the clitoris and the labia minora, with or without removal of the labia majora
3. Type III: Infibulation: Narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with, or without excision of the clitoris
4. Type IV: All other harmful procedures to female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterisation.

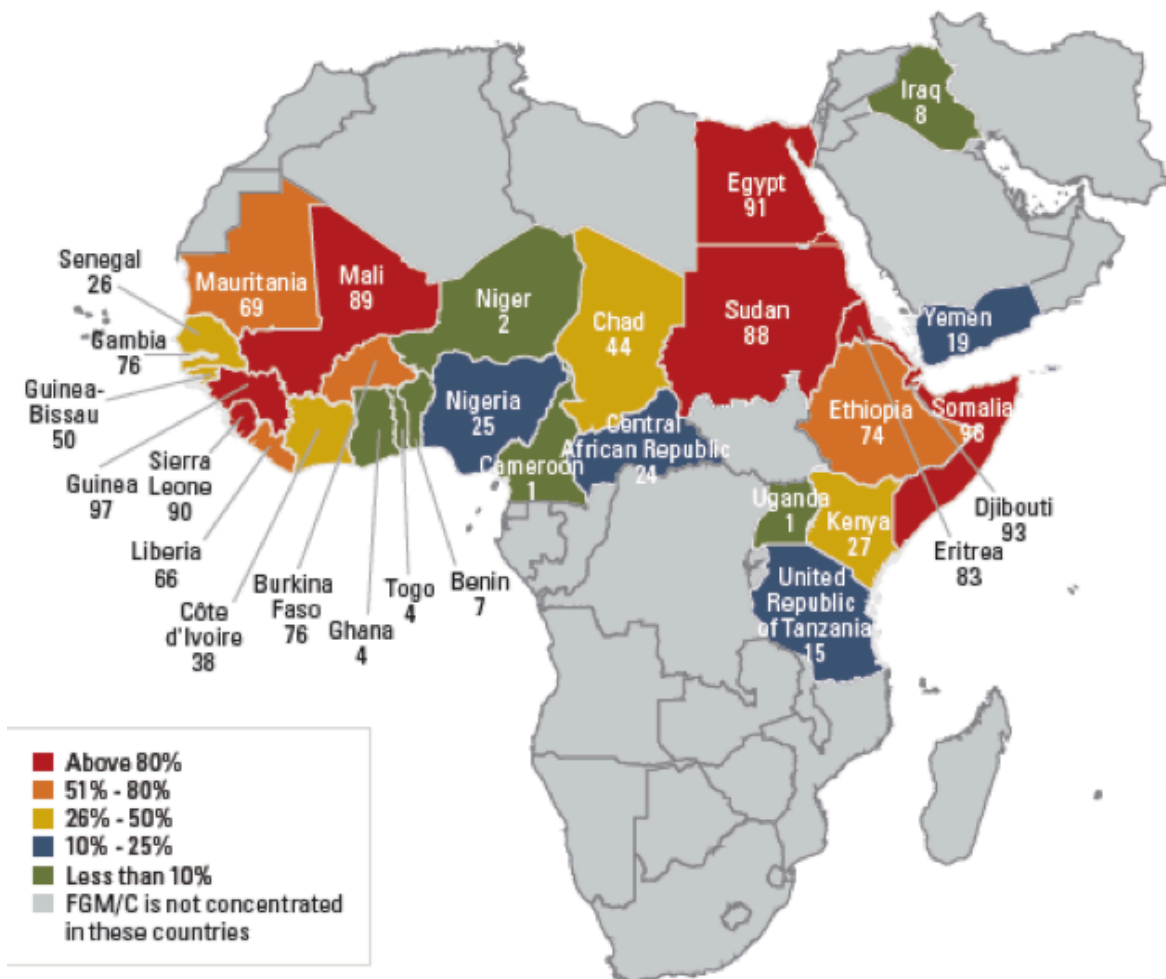
FGM is performed on women and girls at different ages, depending on the community or ethnic group that carries it out. In some cases FGM is carried out on babies or infants, and in other cases FGM is carried out as a ‘rite of passage’ at a later stage in a girl’s life. The procedure can be extremely risky as it may be carried out by women with no medical training, anaesthetics may not be used and equipment may be unsterilised.

Where is FGM practised?

According to the WHO, FGM is practised in up to 28 African countries and in some countries in Asia and the Middle East. As a result of migration and diaspora communities settling in other parts of the world, FGM is also practised in Europe, America and Australasia. Women and girls may be at risk of having FGM performed on them in the UK, or being taken from the UK to have the procedure performed overseas.

Countries with high estimates of FGM prevalence include Somalia, Guinea, Sierra Leone, Djibouti and Egypt, where prevalence rates are over 90 per cent and can be as high as 98 per cent. In other countries, such as Nigeria, Kenya and the Ivory Coast, the prevalence rates vary between 20 and 50 per cent. There can be dramatic variations in prevalence within countries, for instance in Senegal, prevalence rates can vary from well below 10 per cent to 92 per cent depending on the area and the communities carrying it out.

There are also a large number of women affected by FGM from communities in Kurdistan, Iraq and Pakistan. There is also evidence that the practice is happening in Oman, Saudi Arabia and parts of Malaysia.



Source: UNICEF (July 2013), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997–2012.

Why is it performed?

There are a number of different reasons why FGM takes place. The process is often seen as a cultural custom by families and communities and the WHO states that there is often huge pressure to carry out FGM. It can be seen as a rite of passage for women, and a part of making a girl ready for adulthood as well as help her achieve a good marriage. The WHO argues that it has “become an important part of the cultural identity of girls and women and may also impart a sense of pride, a coming of age and a feeling of community membership”. Those who transgress can often face ostracism and condemnation within their communities. The WHO has highlighted FGM as a manifestation of gender inequality.

Religion may also be cited as a justification for FGM, though it is practised by both religious and secular communities and actually predates Christianity, Islam and Judaism. An example of this is that some people from Muslim communities have argued that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommend FGM. This viewpoint has been denounced by senior Muslim clerics both abroad and in the UK, pronouncing that FGM is not Islamic. Further information can be found on FORWARD’s website www.forwarduk.org.uk

Another reason often given is that the procedure reduces the sexual desire of women and girls, therefore promoting virginity and chastity as well as maintaining fidelity in marriage. Other reasons include, but are not limited to: hygiene, cleanliness, increasing sexual pleasure for the male and enhancing fertility.

Consequences of FGM

There are both long and short term health consequences of FGM for women. Short term health consequences of the practice can include:

- severe pain
- emotional and psychological shock
- haemorrhage
- infections
- urinary retention
- damage to other organs
- fracture or dislocation as a result of restraint.

Longer term consequences for women can be severe and wide-ranging, including:

- chronic infections
- difficulties with menstruation and/or passing urine
- renal impairment and possible renal failure
- damage to reproductive system
- cysts, scar formation
- complications in pregnancy and childbirth
- pain during sex
- psychological issues, including depression and post-traumatic stress disorder
- increased risk of HIV and other sexually transmitted infections.

In the most serious cases, FGM can result in death.

The WHO has identified a recent trend to 'medicalise' FGM procedures, with health professionals carrying it out. It has been noted that 94 per cent of women in Egypt arrange for their daughters to undergo this form of FGM, 76 per cent in Yemen, 65 per cent in Mauritania, 48 per cent in Côte d'Ivoire, and 46 per cent in Kenya. However, FGM is a recognised human rights violation and whilst the medicalisation of the practice may limit some of the short-term medical consequences, it ignores the long-term complications which can arise.

Prevalence of FGM in the UK

In 2007 the Foundation for Women's Health, Research and Development (FORWARD) estimated that over 20,000 women and girls in the UK may have been at risk of FGM at that time, based on data from the 2001 census. They also estimated that 66,000 women in the UK had already undergone FGM.

The Home Office recently commissioned Equality Now to update this research using data from the 2011 census and birth registration data. They estimated that up to 60,000 girls had been born in England and Wales to mothers who had undergone the practice, therefore they could also be at risk of FGM. The study also estimated that approximately 103,000 women and girls aged between 15 and 49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales may already be living with the consequences of undergoing the practice. In addition, approximately 10,000 girls under 15 who have migrated to England and Wales are likely to have undergone FGM.

Councils should be aware that census data and birth registration data does not differentiate between different communities within the same country, which may have different attitudes towards FGM. It also does not identify second generation women from affected communities, who may also have different attitudes towards the practice. This highlights the importance of councils ensuring that a range of data is used to gain an accurate picture of the prevalence within their communities, including anonymised health data or information from voluntary organisations.

Risk factors

Alongside information about a child's community or country of origin, there are a number of factors that can also be used to determine a child's potential level of risk:

- communities traditionally affected by FGM and who are less integrated into the UK may be at greater risk of carrying out FGM
- if a child's mother has undergone FGM, then any of her female children could also be risk
- any child with an older sibling who has had FGM can be considered at risk of the practice
- a child who is withdrawn from personal, social and health education or personal and social education could be at risk as parents may wish to keep her uninformed about the procedure and her rights.

Professionals should also be aware of a number of other risk factors that can indicate that FGM may be about to happen, including:

- children may talk of having a long holiday to their country of origin where the practice is prevalent
- children talk of undergoing a "special procedure" or having a ceremony to "become a woman"
- parents state that a relative may be taking the child out of the country for an extended visit
- a child may confide in a teacher or another person if she is at immediate risk
- a professional may hear a reference to FGM in children's conversation
- families may perform FGM when a senior female family member is in the country, particularly if she is visiting from their country of origin.

Source: Multi-Agency Practice Guidelines: Female Genital Mutilation, HM Government 2014
www.gov.uk/government/publications/female-genital-mutilation-guidelines

2. The national policy context

FGM and the law

FGM has been illegal in this country since 1985 when the Female Circumcision Act was introduced. It is an offence for any person to perform FGM in England, Wales or Northern Ireland, assist a girl to carry out FGM on herself or assist a non-UK person to carry out FGM outside the UK on a UK citizen or permanent resident. The provisions in the 1985 Act were strengthened in 2003 with the Female Genital Mutilation Act, which made it a criminal offence to take a UK national or permanent UK resident out of the country in order to have FGM carried out abroad. The revised Act increased the length of possible imprisonment to up to 14 years, or a fine or both, following prosecution and conviction.

The Serious Crime Bill currently before Parliament aims to strengthen the 2003 Female Genital Mutilation Act by extending the provisions in the Act to habitual residents as well as citizens and permanent residents. The Government has also announced that it will be introducing further legislation to tackle the practice including:

- provisions that will mean parents can be prosecuted if they fail to prevent their daughter from being cut
- a ruling to grant survivors of FGM lifelong anonymity from the time an allegation is made.

The Government has committed to work towards ending FGM within a generation. To this end the Government has published a resource pack www.gov.uk/government/publications/female-genital-mutilation-resource-pack and e-learning tool to support professionals in tackling FGM. They have also made a series of commitments to:

- secure further funding for international prevention programmes
- run a new joint prevention programme with NHS England
- produce new guidance for the police
- enhance the existing legislation on FGM.

To aid statutory bodies with their duty to safeguard children from FGM, the Government has produced Multi-Agency Practice Guidelines: Female Genital Mutilation www.gov.uk/government/publications/female-genital-mutilation-guidelines. The guidelines set out the role of local authority children's services, health professionals and the police as well as schools, colleges and universities in responding to suspected FGM cases. It is intended that the multi-agency guidelines should be used in conjunction with statutory guidance on safeguarding children including Working Together to Safeguard Children www.gov.uk/government/publications/working-together-to-safeguard-children (March 2013).

Further work is also underway to increase the number of FGM prosecutions. Although FGM has been illegal in the UK since 1985, there has yet to be a successful prosecution. This has been attributed to a number of reasons by the Crown Prosecution Service but they primarily identify the difficulties with obtaining evidence and maintaining the ongoing cooperation of the survivor who may be testifying against her own family.

In 2012 the CPS produced an action plan aimed at increasing prosecutions through more robust data-gathering on allegations of FGM, identifying what issues have hindered investigations and prosecutions in the past, exploring how other countries prosecute the crime and ensuring police and prosecutors work together closely from the start of investigations.

The European Union has published a convention on preventing and combating violence against women and domestic violence, otherwise known as the Istanbul Convention www.coe.int/t/dghl/standardsetting/convention-violence/default_en.asp which has now come into force. In 2012 the UK Government signed up to the Convention but has yet to ratify it. The Convention is a blueprint for a co-ordinated, victim-centred approach to combating all forms of violence against women and domestic violence. This work was complemented by the Victims' Rights Directive http://ec.europa.eu/justice/criminal/victims/index_en.htm which ensures that victims:

- are recognised and treated with respect and dignity
- are protected from further victimisation and intimidation from the offender and further distress when they take part in the criminal justice process
- receive appropriate support throughout proceedings and have access to justice
- have appropriate access to compensation.

At an international level there has also been significant work to raise awareness of the practice and work towards its abandonment. In December 2012 the United Nations General Assembly passed a resolution banning the practise of FGM and calling on states to raise awareness and undertake education for boys and girls on FGM, as well as ensuring that all key actors work to end the practice, engage their communities and religious leaders, and a number of other provisions. There have also been a number of international campaigns aimed at raising awareness of the practice and new laws introduced across the EU and in Africa.

3. What is the role of councils and their partners in tackling FGM?

Safeguarding potential victims

Councils have an important role to play in protecting individual girls from becoming victims of FGM, and in helping change attitudes in communities to end FGM.

Section 11 of the Children Act 2004 places a duty on all professionals “to safeguard and promote the welfare of children”. This includes councils, schools, the police and health professionals. All have a role in ensuring that women and girls are protected. Councils also have a duty to protect women and girls from violence.

This is not an issue that councils can tackle in isolation. A teacher could be the first to become aware of a family’s planned summer trip to a country where FGM could be practised on the child, or a health professional may receive information that a mother has undergone FGM, meaning that her children could be at risk. Both of these scenarios could take place before any issues have been raised with children’s services. It is therefore vital that councils and their partners have agreed procedures in place to ensure information-sharing and joint-working in suspected cases of FGM.

The Government’s Multi-Agency Practice Guidelines: Female Genital Mutilation www.gov.uk/government/publications/female-genital-mutilation-guidelines endorses this approach, saying “staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care”. Working Together to Safeguard Children www.gov.uk/government/publications/working-together-to-safeguard-children also highlights the importance of working across partner agencies to respond to child safeguarding issues and sets out a number of common duties including, amongst others:

- introducing arrangements which clearly set out the processes for sharing information with other professionals and with the Local Safeguarding Children Board (LSCB)
- that partners should have a designated professional lead for safeguarding.

Councils should be aware that families from affected communities may see FGM as good and necessary to raising a girl properly. Whilst councils and their partners must remain culturally sensitive in their dealings with families, this is not a practice that can be left to personal preferences. It is child abuse and it is illegal, and should be addressed as such. Engagement with the affected communities will be key to ensuring the abandonment of the practice in the long term.

Assisting FGM survivors

The consequences of FGM can be chronic and have a significant impact on a woman’s health and wellbeing. Affected women can experience complications in child birth, chronic infections, pain during sex, possible renal impairment as well as psychological damage such

as depression and anxiety, amongst others. Women who have undergone FGM therefore need appropriate and ongoing support that is centred around their individual needs.

Councils should work with partners to ensure that women have access to specialist services with extensive knowledge of the practice. In particular, councils can work with their police and crime commissioners to provide these specialist services in line with the level of need within their areas.

Ending FGM as a practice

As part of the services provided by the Gaia Centre, which is funded by the London Borough of Lambeth, community advocates are trained to talk to their peers about the effects of FGM, including the health risks and the legal implications for carrying it out. Community champions are drawn from within affected communities and provide support to women who may have experienced FGM.

Further information is available about Lambeth's work on the LGA's website www.local.gov.uk/community-safety

Ending FGM cannot be achieved through safeguarding policies alone. There is a need for a longer-term change in the attitudes towards the practice in affected communities. A community-led approach towards abandoning the practice is recommended in the multi-agency guidelines.

Councils have considerable experience in engaging with their communities on a range of subjects, and by engaging with community leaders, religious leaders, community and voluntary groups and holding discussions around the practice, councils can help to facilitate this community approach. The use of champions from affected communities can be an effective method of engaging with men and women on FGM and its consequences.

The role of councillors

There are three ways that councillors can play a role in tackling FGM:

- as decision-makers, giving a high profile to policy interventions and making the issue a political priority for action
- as ward councillors and community leaders, engaging with local people and holding discussions to work to end the practice
- as scrutineers, investigating the work that the council and its partners are doing and suggesting improvements.

The scrutiny role of councillors

Councillors' scrutiny role deserves further explanation - the decision-making and ward councillor role are more easily understood.

Tackling FGM is something which will span a number of different council departments, and a number of different partner agencies. Without a strong local lead and a commitment to act, there is a risk that the need to address and tackle FGM will not be recognised. In these circumstances, it may be appropriate for councillors to use their role on overview and scrutiny committees to challenge their councils, and others, to justify their actions, or lack of them.

This kind of policy development action can take several forms:

- diagnosis – carrying out work to assess whether FGM is an issue in the local area (which will involve speaking to frontline professionals (such as teachers and GPs - see above), local community activists and advocacy groups)
- evaluation – considering what action is already being taken to tackle FGM, and if it is adequate given the true nature of the problem
- recommendation – making suggestions based on the above.

This document also contains some 'key considerations for councillors'. These will be important areas of focus for decision-makers, and by extension for scrutineers. Issues such as risk management may provide a useful issue on which to focus, in order to avoid a potentially extremely broad and unfocused review looking at the totality of issues connected to FGM - although it should be emphasised that such a wide-ranging review may be appropriate under certain circumstances.

It may also be appropriate for scrutiny to get involved where a council is taking concerted action to develop policies on FGM. As with a standard policy development exercise, bringing in non-executive members can help to give voice to different perspectives, and potentially different solutions. This can be especially useful where tackling the problem may involve concerted work in local communities, which may itself require that ward councillors have a full understanding about the issues and how to address them.

Oversight on delivery can also provide a means to involve a wider group of councillors. The complicated nature of service delivery, involving multiple partners, requires robust governance, accountability and challenge. Maintaining the profile of the issue with politicians may require that councillors on scrutiny committees not only receive updates, but that those updates are targeted to actively involve them in further refining policies, and tackling early signs of potential failure.

4. Partnership working

Councils cannot safeguard those at risk of FGM, help those who have already been affected by it, or work with communities to end the practice on their own. They need to work with a range of statutory partners, as well as within a number of statutory partnerships, which each having a role to play in tackling FGM through joining-up responses and protocols:

Partnership Body	Role in safeguarding
Local Safeguarding Children Boards	<p>Local safeguarding children boards (LSCBs) bring together a number of partners (councils, health, police, probationary services, voluntary sector etc) to safeguard and promote the welfare of children. The LSCB has a range of roles and statutory functions, including developing local safeguarding policies and procedures and scrutinising local arrangements across the wider partnership.</p> <p>Some LSCBs have established a subgroup to co-ordinate local work around FGM, while others include FGM under a broader work stream such as violence against women and girls or abuse linked to faith or culture. The LSCB can play a significant role in scrutinising multi-agency responses to FGM, ensuring the provision and quality of training across partner agencies, developing joint safeguarding procedures and action plans, and undertaking or co-ordinating local awareness-raising activities.</p>
Health and Wellbeing Boards	<p>Health and wellbeing boards produce joint strategic needs assessments (JSNAs), which analyse the needs of the local population to inform the commissioning process for health services, and encourage closer working between health and social care. They therefore should consider FGM as a part of their analysis.</p> <p>Health and wellbeing boards' membership includes councillors, directors of adult social services, directors of public health and children's services as well as other health members.</p>

Community Safety Partnerships	<p>Community safety partnerships (CSPs) include councils, the police, probation services, health and fire and rescue services. CSPs work together to protect their communities from crime and help people feel safer by working on local priorities and issues. These priorities are assessed annually in consultation with local residents.</p> <p>FGM should be considered as part of a CSP's annual assessment and could be included as part of a CSP's violence against women and girls strategy.</p>
Local Strategic Partnerships	<p>Local strategic partnerships (LSPs) are non-statutory bodies, with membership that includes parts of the public, private, voluntary and community sectors, who are working in the local area. LSPs encourage different initiatives and services to support one another and work together more effectively.</p> <p>LSPs can encourage joint working on FGM between partners in response to local need.</p>
Multi-Agency Risk Assessment Conference (MARAC)	<p>Multi-agency risk assessment conferences (MARACs) are regular meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies.</p> <p>MARACs are attended by a number of representatives from different areas including the police, health, children's services, housing, independent domestic violence advisors (IDVAs), probation, mental health and substance misuse. They can also include other specialists from the voluntary sector.</p> <p>MARACs should be aware of FGM, and the possibility of adults being forced to have their children undergo the practice against their wishes.</p>
Multi-Agency Safeguarding Hubs (MASH)	<p>Some local authorities have developed multi-agency safeguarding hubs (MASHs), which include members from children's social care, the police, health and education as well as other local partners. MASHs facilitate early information sharing between agencies to help professionals identify children or vulnerable adults at risk of harm, and work together to ensure they are effectively safeguarded.</p> <p>Children who are at risk of FGM may be referred to a MASH, and using the multi-agency protocols the MASH has in place a coordinated and cross-organisational response to FGM referrals can be made.</p>
Children's Trusts	<p>Children's trusts are non-statutory bodies, comprising members from a range of stakeholders across the local area who cooperate to improve children's health and wellbeing.</p> <p>They could engage in awareness-raising activities highlighting the potential health risks associated with FGM.</p>

Multi-Agency Adult Protection Management Committees	Multi-agency adult protection management committees, similar to LSCBs, develop policies and procedures for inter-agency working and information sharing to protect adults from harm.
Overview and scrutiny committees	<p>Overview and scrutiny committees are committees which all local authorities in England are required to convene if they operate executive arrangements (ie a governance system led by a leader and cabinet, or an executive mayor). They can help decision-makers to develop policies, and can hold to account delivery of those policies on behalf of the local community.</p> <p>They can also be used to engage and involve local councillors, who will be critical to the success of those strategies which involve the tackling of FGM through dialogue with local communities.</p>

There are a number of other partners who should also be involved in tackling FGM in a local area:

Health	<p>Health workers, including midwives, GPs, school nurses, health visitors etc, will have regular contact with families and will therefore be in an excellent position to identify and support those who have undergone FGM and also those who are potentially at risk.</p> <p>In April 2014 the Government introduced a new mandatory requirement for all health professionals to record:</p> <ul style="list-style-type: none"> • if a patient has had FGM • if there is a family history of FGM • if an FGM-related procedure has been carried out on a woman. <p>All acute trusts must report this data centrally to the Department of Health on a monthly basis. This data can then be used to more accurately assess the risk within an area.</p> <p>The Health & Social Care Information Centre (HSCIC) is now publishing this data in monthly reports. An advance data set is planned for April 2015. The data reports are available on the HSCIC website www.hscic.gov.uk/fgm</p> <p>Health workers should also have a clear pathway for reporting concerns and an acknowledgment from the council about what is being done as a result of their information.</p>
Police	<p>The police's primary role in tackling FGM is to investigate suspected cases of FGM, though local forces may also be involved in a range of preventative activities with partners. The police should work jointly with local authority children's social care, and should follow the procedures prepared by their local safeguarding children board and in accordance with Working Together to Safeguard Children www.gov.uk/government/publications/working-together-to-safeguard-children</p>

<p>Police and Crime Commissioner</p>	<p>The police and crime commissioner is a directly elected official responsible for creating a five-year policing plan based on local priorities, appointing the chief constable, deciding the police budget and council tax precept alongside commissioning for survivors of crime and commissioning groups to work on local priorities.</p> <p>As the commissioners for victims' services, PCCs can ensure that specialist support for survivors of FGM is available. They can work with community groups on specific projects around the issues, and with community safety partnerships.</p>
<p>Education</p>	<p>Schools, colleges etc may be aware of pupils in their schools who are from affected communities and may have opportunities to identify those at particular risk. Schools can help to make sure that pupils know about FGM and understand the legal and health implications arising from it. Schools can ensure that pupils have access to information, appropriate advice and support if at risk of FGM.</p> <p>Safeguarding leads in schools should also be aware of the practice and have the ability to deal with suspected cases of FGM.</p>
<p>Local Criminal Justice Boards</p>	<p>Local criminal justice boards (LCJBs) bring together a number of criminal justice system agencies, including the police, the Crown Prosecution Service, the Courts and Tribunal Service, the Prison Service, Probation Trusts, and the Youth Offending Service. The role of the LCJB is to co-ordinate activity and share responsibility for delivering criminal justice in their areas.</p> <p>LCJBs can help to ensure that each part of the criminal justice system works closely on cases of suspected FGM.</p>
<p>Local Family Justice Boards</p>	<p>Local family justice boards (LFJBs) were created in England and Wales in 2012 to develop inter-disciplinary working across the care proceedings system to implement local solutions to local problems. The overarching aim of LFJBs is to achieve significant improvement in the performance of the family justice system in their local area.</p> <p>LFJBs can therefore work to improve the number of prosecutions for FGM through closer working with other agencies.</p>

There are also a number of national voluntary organisations who play a role in safeguarding, or who can provide specialist knowledge on FGM. This is not an exhaustive list:

BAWSO	BAWSO delivers specialist services across Wales to people from black and ethnic minority backgrounds who are affected by domestic abuse and other forms of abuse, including FGM.
Black Women's Health and Family Support	Black Women's Health and Family Support works to promote the ending of FGM, within the overall context of black women's health.
Daughters of Eve	Daughters of Eve is a non-profit organisation that works to protect girls and young women at risk from FGM, including through awareness-raising and sign-posting support services.
FGM help and advice postcode finder	This page on the www.gov.uk website allows users to search for organisations providing local guidance or support.
FGM National Clinical Group	The FGM National Clinical Group is a registered charity dedicated to working with women who have been affected by FGM and other related difficulties. As a multi-disciplinary group of healthcare professionals, advisors and academia, they work to support those at risk of FGM through coordinated clinical networks and research.
FORWARD	FORWARD (the Foundation for Women's Health, Research and Development) campaigns against FGM. FORWARD has also been involved in community development programmes and research, as well as carrying out training on FGM for professionals.
Imkaan	Imkaan is a UK-based, black feminist organisation dedicated to addressing violence against women and girls.
National Domestic Violence Helpline	The Freephone 24 Hour National Domestic Violence Helpline (0808 2000 247), run in partnership between Women's Aid and Refuge, provides a national service for women experiencing domestic violence and those calling on their behalf.
NSPCC	The NSPCC launched an FGM Helpline (0800 028 3550) with trained counsellors available all day, 7 days a week for anyone who needs advice, information or support about FGM, including those who've undergone FGM, those at risk, or for professionals looking for further information.

5. Key considerations for councillors

Risk assessment

Councils must have an accurate picture of the risk within their communities. The Government's prevalence study provides a useful starting point by looking at the demographics of local areas, however councillors will wish to be reassured that their council has used a variety of data and methods in order to identify families within their area who might be affected by the practice. This can include anonymised data from local health services, including specialist FGM clinics (where available) and voluntary organisations in their area, including refuges, community groups etc. This will help to inform and target the response to the practice by both councils and their partners.

The Greater Manchester FGM Forum has brought together a number of stakeholders across councils' boundaries to ensure a coordinated approach towards FGM. The Forum uses a range of data including African live birth data, pupil ethnicity data and national insurance data amongst others to provide a detailed picture of the prevalence of FGM within the Greater Manchester area.

Further information is available on the LGA's website www.local.gov.uk/community-safety

Once councils have a reliable picture of prevalence within their communities, a local training needs assessment should be carried out, including consideration of joint training with partners. Further thought should be given to what areas the training will cover, including information on FGM, how to identify those at risk, the council's role in tackling the practice etc.

Safeguarding girls

Local safeguarding procedures should include a clear policy on how information in relation to FGM referrals is recorded, what follow-up action is appropriate, and how any ongoing risk is monitored. Examples of action could include a joint visit to the family by a trained social worker and community champion, or providing further information to the family on the illegality of the practice and the potential health consequences. Councillors should ensure that there are appropriate child-centred mechanisms in place to deal with FGM referrals.

LB Newham has created a Domestic and Sexual Violence (DSV) service, bringing together a number of services under one roof. As part of this work Newham commissioned a specialist FGM service.

The new service will include one-to-one casework, community awareness-raising through outreach and events, the training and use of community champions (including male allies), developing an FGM steering group and an FGM survivors support group. There is now also a clear pathway to follow when referrals on FGM are received.

Further information on Newham's work is available on the LGA's website www.local.gov.uk/community-safety

It is important that council partners including health, schools and the police have policies in place to deal with FGM in line with their duties in [Working Together to Safeguard Children](http://www.gov.uk/government/publications/working-together-to-safeguard-children) www.gov.uk/government/publications/working-together-to-safeguard-children. Organisations must ensure that staff are trained to deal appropriately with potential FGM cases and that there is a clear understanding of the referral process to the council's children's social care department. It is vital that information on those at risk is passed to the relevant partners to ensure that appropriate action is taken and that the family receives information and support.

Assisting survivors

The needs of survivors are likely to vary significantly, and could range from immediate medical attention to more long-term support such as counselling. Women who have undergone FGM may be vulnerable and councils should ensure that they can provide those affected with information about specialist support services available and ensure that those services have the knowledge and capacity to deal with FGM survivors. Many council websites already include links to organisations that provide support to victims of child abuse or domestic violence and FGM should be no different.

Councils can also work with police and crime commissioners to ensure that there is adequate provision of services in the local area and that voluntary organisations and community groups have sufficient capacity to help survivors. Councillors should also be aware that there could be a need for community development funding to build the capacity of organisations that could then be commissioned to deliver specialist support services.

Preventing FGM

Community engagement on this issue is vital to the abandonment of the practice in the long term. Councils should identify where there are community groups or voluntary organisations in their area who are already working on this issue, or who may have an interest in doing so. Organisations who wish to engage more people around the issue of FGM may need further support from councils to achieve this. Councils may also wish to explore ways to publicise messages about the health and legal implications of FGM through the use of community champions.

Any community engagement programme should involve the whole community, including both men and women in discussions around the practice and its implications, in order to have an impact on attitudes. It is also vital that religious and community leaders are included in any discussions about FGM. FGM is a cultural practice rather than a religious one, however some people are supportive of FGM in the mistaken belief that it is a religious requirement. Councils can help support communities to lead the change in attitudes through their extensive knowledge and experience of engaging with their residents.

6. Councillor questions

This section provides councillors with a set of questions to ask officers and partners, to gauge the level of knowledge and work already being undertaken by their councils.

Questions for directors of children's services

How many children are at risk of FGM in our locality?

How many FGM referrals has the council received in total over the past 12 months?

How many FGM referrals has the council received over the past 12 months from the following partners:

- health professionals
- schools
- police
- other council departments
- third sector organisations
- members of the public
- other?

How many of these referrals resulted in further action from the council or partner agencies, and what form did this action take?

Are referrals recorded using a specific FGM category (ie separately from physical abuse or domestic abuse)?

Have all social workers received training on FGM?

Do we have a community engagement strategy in relation to FGM?

Have we undertaken work with local schools on FGM? What form has this taken?

Do our service level agreements with community and voluntary groups include a requirement to promote particular values and principles including a commitment to ending violence against women and girls?

Councillors should expect that their directors of children's services should be able to provide them with information about how many children are at risk in their areas, the number of referrals that have been received as well as information on how these are recorded and responded to. Training on FGM should be available and social workers should have knowledge of the issue.

Questions for local safeguarding children boards

Is there a policy or action plan in place for FGM? Is this a stand-alone policy, or part of a broader strategy (ie violence against women and girls strategy)?

What training is available for social workers and partner agencies on FGM? Is training delivered jointly?

How are each of the LSCB's partners engaging in FGM work?

What are our joint working procedures for dealing with FGM referrals?

Do our service level agreements with community and voluntary groups include a requirement to promote particular values and principles including a commitment to ending violence against women and girls?

Councillors will want to be reassured that there is a policy or action plan in place to deal with FGM. Joint procedures or policies across the LSCB's partners on FGM will give councillors confidence that this issue is well-known in their area and that partners can work together effectively.

Questions for directors of public health

Does your JSNA contain an adequate breakdown of the population by ethnicity which would support targeted work to tackle FGM?

Are public health staff involved in community engagement and community development aware of the possibility of FGM and aware of what they should be doing in response?

Are targeted campaigns in place for communities where there is a high risk of FGM?

Have steps been taken to ensure services commissioned by public health (eg GUM, CASH, school nursing) have pathways in place to deal effectively with FGM?

Councillors should expect that their directors of public health can provide them with information about the breakdown of population within the JSNA, and whether targeted work has been undertaken as a result of this. Councillors will wish to know that staff have been trained appropriately to deal with FGM, and that there are pathways in place to deal effectively with suspected cases of FGM.

Questions for health and wellbeing boards

Has FGM been considered as a part of our JSNA?

What training on FGM is available through the health and wellbeing board?

What is the process for responding to concerns regarding FGM?

What level of risk assessment is undertaken before referrals are made to children's services?

What are the barriers to reporting FGM to children's services or the police?

How closely are children's services and health working on this issue currently?

Do our service level agreements with community and voluntary groups include a requirement to promote particular values and principles including a commitment to ending violence against women and girls?

Councillors will wish to be aware of the process that concerns around FGM are subjected to and when and how these are referred to children's services. Councillors may want to know how health and children's services are working together on this issue.

Questions for community safety partnerships

Is FGM considered as a part of our violence against women and girls strategy?

Do our service level agreements with community and voluntary groups include a requirement to promote particular values and principles including a commitment to ending violence against women and girls?

Councillors should be reassured that FGM has been considered as a part of wider discussions around protecting women and girls from harm.

Questions for overview and scrutiny committees

What assessment have we made of the number of children who have undergone FGM or are at risk of FGM in our area?

How do we identify these children?

Are we receiving referrals of cases from other public services and the third sector?

How can members of the public or children raise concerns about FGM with us?

How effective are our current policies and procedures and those of partners we work with in protecting children at risk of FGM in our area?

What training do we and others provide to staff across the council, in schools and with other public sector organisations - on FGM and how to deal appropriately with it if it is raised as an issue?

What specialist support do we provide to women and children who have been subjected to FGM?

Do we have a community engagement strategy to change minds about the practice of FGM?

What work are we doing with young people and schools around FGM?

Have any cases been referred to the police for investigation under the FGM Act 2003?

Councillors should expect that there has been an assessment made of the level of risk in their area, and that there are systems in place for dealing with cases of FGM, including working with partners on identifying children at risk and how they should be referred.

Councillors should be reassured that training is available for staff on FGM, and be told if any specialist support or community engagement is underway.

Questions for police and crime panels

What is the police and crime commissioner's (PCCs) estimate of FGM prevalence rates in our force area?

Based on the prevalence in our force area, is FGM included as a priority in our Police and Crime Plan?

If not, will the Police and Crime Plan be updated to reflect the prevalence rates?

What plans does the force have to tackle FGM? Will there be a specialist unit? What training is there for officers in handling FGM cases appropriately and sensitively?

What plans does the PCC have in place to increase the number of prosecutions for FGM?

What provision has been made for survivors of FGM by the PCC?

What sort of specialist support is available to women and children who have undergone FGM?

Is the PCC engaged with the wider work going on in the area on FGM?

Do we have a community engagement strategy to change minds about the practice of FGM?

Do our service level agreements with community and voluntary groups include a requirement to promote particular values and principles including a commitment to ending violence against women and girls?

Councillors should expect that PCCs will have undertaken work to establish the prevalence rates within their force area and based on this made appropriate provision to tackle FGM within their force area.

Councillors should be reassured that PCCs have made some specialist provision for survivors of FGM, as a part of their wider commissioning role. This should include support for both the mental and physical health of survivors.

Conclusion

FGM is a serious form of child abuse and violence against women and girls. This is not an issue that councils can tackle alone. However councils' connection to the people they serve makes them well placed to lead on the local response to FGM, through working with partners and engaging their communities.

Discussions with community and voluntary groups, religious and community leaders, with men and with women are the only way in which to create a sustained change in attitudes towards the practice. The practice is illegal and it is child abuse, and cultural reasons can never justify transgressing the rights of women and girls in this way.

Further reading and useful information

This is not an exhaustive list of the resources available to tackle FGM but should be a useful selection.

Publications/resources

A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales, Dorkenoo et al, Forward, 2007
<http://tinyurl.com/n7nw68j>

Eliminating Female Genital Mutilation: an interagency statement, World Health Organisation, 2008
www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf

Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change, Unicef, July 2013
www.unicef.org/media/files/FGCM_Lo_res.pdf

Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk; Interim report on provisional estimates, Equality Now and City University, July 2014
www.city.ac.uk/__data/assets/pdf_file/0009/226287/FGM-statistics-report-21.07.14-no-embargo.pdf

Female Genital Mutilation: resource pack
www.gov.uk/government/publications/female-genital-mutilation-resource-pack

Home Affairs Select Committee's Inquiry into FGM
www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/inquiries/parliament-2010/female-genital-mutilation/

Multi-Agency Practice Guidelines: Female Genital Mutilation, HM Government, July 2014
www.gov.uk/government/publications/female-genital-mutilation-guidelines

Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting, The Royal College of Midwives and Intercollegiate Group, November 2013
www.rcm.org.uk/sites/default/files/FGM_Report.pdf

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, HM Government, March 2013
www.gov.uk/government/publications/working-together-to-safeguard-children

Useful websites

Amnesty International's campaign to end FGM www.endfgm.eu/en/

Association of British Muslims' fatwa on FGM www.aobm.org/muslim-scholars-fatwa-ruling-on-fgm/

British Arab Federation www.britisharabfederation.org

Crown Prosecution Service www.cps.gov.uk/legal/d_to_g/female_genital_mutilation

Council of Europe Convention on preventing and combating violence against women and domestic violence www.coe.int/t/dghl/standardsetting/convention-violence/default_en.asp

Equality Now www.equalitynow.org

European Commission victims' policy http://ec.europa.eu/justice/criminal/victims/index_en.htm

FGM National Clinical Group www.fgmnationalgroup.org/about_us.htm

Foundation for Women's Health, Research and Development (FORWARD)
www.forwarduk.org.uk/key-issues/fgm

Health and Social Care Information Centre (HSCIC) www.hscic.gov.uk/fgm

Local Government Association www.local.gov.uk/community-safety

NHS www.nhs.uk/conditions/female-genital-mutilation

The NSPCC www.nspcc.org.uk

Orchid Project <http://orchidproject.org/>

Plan's campaign to end FGM www.plan-uk.org/because-i-am-a-girl/about-because-i-am-a-girl/violence-against-girls/female-genital-mutilation-fgm/

Unicef www.unicef.org

United Nations Resolution: Intensifying global efforts for the elimination of female genital mutilations, 20 December 2012
http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/146

World Health Organisation
www.who.int/mediacentre/factsheets/fs241/en/



Local Government Association

Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

© Local Government Association, February 2015

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.