

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 5 November 2015

Subject: **INFORMATION REPORT –
Female Genital Mutilation (FGM)**

Responsible Officer: Dr Genevieve Small, Clinical Director
Harrow CCG
Sue Sheldon, Designated Nurse for
Safeguarding Children, Harrow CCG

Exempt: No

Wards affected: Whole Harrow borough.

Enclosures: None

Section 1 – Summary

This report sets out to inform the HWB about the Mandatory Reporting of Female Genital Mutilation that comes into effect from October 31st 2015.

FOR INFORMATION

Section 2 – Report

Female genital mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.

The practice is medically unnecessary and poses serious health risks to girls and women who undergo it both at the time when the mutilation occurs and in later life. The psychological trauma that girls go through during mutilation often stays with them for the rest of their lives.

FGM violates a number of human rights principles, including the principles of equality and non-discrimination on the basis of sex. It is considered as a form of violence against girls and women and a form of child abuse.

FGM has been illegal in the UK since the Prohibition of Female Circumcision Act 1985, and the law was strengthened in 2003 with the Female Genital Mutilation Act which prevented girls travelling from the UK and undergoing FGM abroad. There have been no prosecutions since this date but the practice continues in the UK and girls are still taken abroad where FGM is performed.

Female genital mutilation is mostly carried out on girls between the ages of 0 and 15 years. In half of the countries where FGM is practised this is carried out on girls before the age of five. It is performed by traditional female practitioners who have no formal medical training, without anaesthetics and using crude instruments.

There is currently a programme of work, the FGM Prevention Programme, led by the Department of Health and the programme includes projects to improve awareness, provision of services, and safeguarding of girls at risk. However, prior to the FGM Prevalence Dataset, there was no collection of the prevalence of FGM within the NHS, and no information available on the scale of FGM. It was essential to introduce a collection of FGM prevalence data to begin to understand the national picture, develop a response to FGM and ensure that appropriate services are offered to women and girls. The FGM Prevalence Dataset collected non-identifiable aggregate data about the prevalence of FGM within the female population treated by acute NHS trusts in England between 1 April 2014 and 31 March 2015. The Enhanced Dataset which collects more detailed information on FGM has been extended to include mental health trusts and GP practices from 1 April 2015.

In recent years a better understanding of FGM is beginning to emerge. A recent study estimated that approximately 60,000 girls aged 0-14yrs were born in England and Wales to mothers who had undergone FGM. Approximately 10,000 girls aged under 15yrs who have migrated to England and Wales are likely to have undergone FGM.

Approximately 130,000 women aged 15-49 who have migrated to England and Wales are living with the consequences of FGM (HM 2014).

Harrow as one of the most ethnically diverse boroughs in London and a significant proportion of the population have cultural and religious ties to areas of the world where harmful practices like FGM are undertaken.

The data collected by the Department of Health show that London North West Healthcare NHS Trust has the 4th highest incidence of FGM cases (189 from September to March 2015). This has not been broken down to Harrow or Brent figures, but it gives an indication of the extent of the problem locally.

The Serious Crime Act 2015 is now statute and this has resulted in significant responsibilities for practitioners because of the mandatory reporting. Section 74 of the Act requires health and social care professionals and teachers in England and Wales to report known cases of FGM in the under 18's to the Police. This new duty will be introduced 31 October 2015.

Known cases include:

- When a professional has been informed by a girl under 18 that an act of FGM has been carried out on her
- The professional has observed physical signs which appear to show that an act of FGM has been carried out

Reporting is a personal duty which requires the individual professional who becomes aware of the case to make a report-the responsibility cannot be transferred. The report should be completed as soon as possible after the case is discovered; best practice is for reports to be made by the close of the next working day with a maximum timeframe of one month. It is important to keep a comprehensive record of any discussions held and subsequent decisions made. Complying with the duty to report does not breach any confidentiality requirement or other restrictions on disclosure which might otherwise apply. FGM is child abuse and employers and the professional regulators are expected to pay due regard to the seriousness of breaches of the duty.

FGM is a form of child abuse and therefore should be dealt with as part of an existing safeguarding children structure and in accordance with policies and procedures. Health professionals identifying FGM have to report it directly to the Police which in Harrow results in a referral to the MASH (Multi-agency Safeguarding Hub). Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family. FGM is not a matter that can be left to be decided by personal preference – it is an extremely harmful practice.

Accessible, acceptable and sensitive health, education, police, social care and voluntary sector services must underpin interventions. It is acknowledged that some FGM practising families do not see it as an act of abuse and as an often embedded 'cultural practice', engagement with families and communities will be required to achieve a long-term abandonment and eradication of FGM.

Section 3 – Further Information

The Board may want to ask for an update with multiagency input to review and explore the impact that the new legislation has had on frontline staff and services.

Section 4 – Financial Implications

n/a

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No

As report is to inform the HWBB about the Mandatory Reporting of Female Genital Mutilation that comes into effect from October 31st 2015.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

n/a

Section 7 - Contact Details and Background Papers

Contact: Sue Sheldon, Designated Nurse for Safeguarding Children,
Harrow CCG, 020 8422 6644

Background Papers: n/a