Tackling Female Genital Mutilation in London

April 2017
Holding the Mayor to account and investigating issues that matter to Londoners
Contents

Foreword ........................................................................................................................................... 4
Female Genital Mutilation ............................................................................................................... 6
Recommendations ............................................................................................................................ 8
1. FGM in London: what we know .............................................................. 10
2. The London Assembly tackling FGM conference ..... 12
3. FGM in London: where next?.............................................................. 17
Our approach .................................................................................................................................. 21
References ...................................................................................................................................... 23
Other formats and languages ........................................................................................................ 25
Jennette Arnold OBE AM

Female Genital Mutilation (FGM) violates the human rights of girls and women. It has serious immediate and long term physical and emotional consequences. There are no medical or health reasons for women and girls to be subjected to FGM, it is a crime and it is unacceptable.

I have been involved in the campaign against FGM for many years, and have worked with a range of dedicated people that share the same goal: to eradicate FGM. While positive progress has been made, it has been slow. We are now talking more openly about FGM and how we can work together to end it, but it is evident that more needs to be done.

New cases of FGM in London are still being discovered, and we know that London has the highest prevalence of FGM in the UK. We need to be bold, strong and ambitious and come together to collectively speak out against FGM. I am more determined than ever that London becomes a ‘zero cutting city’.

A great deal of work is taking place to ensure FGM does not slip off the agenda. London’s frontline professionals, including health, social care, education and the police are working with communities to raise awareness, help change beliefs and attitudes and prevent FGM in the capital. FGM is now an important part of safeguarding policies and practices, and there is much that these partners can learn from each other.

In January 2017 I had the privilege of hosting the London Assembly conference on tackling FGM. Our conference provided an opportunity for practitioners with a responsibility for responding to FGM in London to come together to share insight and best practice. Our Chair, Hibo Wardere, spoke of her personal experience of FGM and our speakers showcased some of the ground breaking work taking place across London to help end FGM, including the inspirational work taking place in Norbury School in Harrow, the National Health Service, the Metropolitan Police and social

“We are now talking more openly about FGM and how we can work together to end it, but it is evident that more needs to be done.”
care. We heard that while practitioners are now more confident about challenging FGM in London, FGM remains an issue both professionals and communities find difficult to discuss.

This report provides a summary of our findings and our recommendations to the Mayor. We want the Mayor to champion the fight against FGM in London and translate his promises into action. There is no single, or simplistic, solution: the image on the front cover of this report, taken from comments made at our conference, shows the complexity of preventing FGM in London.

FGM is a particular cultural practice, albeit one that has no place in today’s world. Moving forward we need to remain focused on protecting women and girls in London. The Mayor must ensure FGM is tackled alongside wider violence against women and girls issues and he must prioritise the provision of high quality services to all those affected.

I would personally like to thank our speakers and the delegates who attended our conference, in particular for their contribution to the recommendations we make in this report.
Female Genital Mutilation

Female Genital Mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. 500,000 girls and women living in Europe have undergone FGM, and it is estimated that 170,000 women and girls are living with FGM in the UK today and that a further 65,000 girls under the age of 13 are at risk of the procedure.¹ The first FGM figures in England, released last year, show that between April 2015 and March 2016 there were almost 6,000 new cases of FGM reported.²

- FGM is a violation of the rights of girls and women.
- 50 per cent of all cases of FGM recorded in England are in London.
- The practice of FGM has been illegal in the UK since 1985.
- The law was strengthened in 2003 to prevent girls travelling from the UK and undergoing FGM abroad.
- In October 2015 a mandatory reporting duty, which requires regulated health and social care professionals and teachers in England and Wales to report ‘known’ cases of FGM in under 18s to the police, came into force.
- While laws are in place to stop FGM, we know legislation is only part of the solution.
- Prevention and education are important – training is key to empowering professionals and communities to speak up about what is going on in London, and schools need to take the right steps to protect vulnerable girls from FGM.
- The Mayor has said that tackling FGM will be an important part of his mayoralty.

The campaign against the practice of FGM has gained significant momentum in the last few years. Positive steps have been taken to tackle FGM, and we have moved in the right direction. However, FGM is a hidden crime, is still taking place, and many girls remain at risk. It is apparent that there is still much more to be done to end this practice.

In January 2017, the London Assembly held a conference that brought together frontline professionals with responsibility for tackling FGM from across the capital. It provided an opportunity for professionals to share best practice and talk frankly and openly about the challenges and barriers to tackling FGM.
Hosted by Assembly Member Jennette Arnold OBE, the London Assembly Tackling FGM Conference was attended by almost 100 professional frontline practitioners from the fields of health, education, social care and policing. Chaired by Hibo Wardere, an anti-FGM campaigner and author of *Cut: One Woman’s Fight Against FGM in Britain Today*, it enabled perspective, insight and best practice to be shared.

Participants heard from keynote speakers to increase their understanding of the roles and responsibilities of frontline professionals, and how they can work better together to eradicate FGM in London. It also featured an overview of the Mayor’s Office for Policing and Crime (MOPAC) Preventing FGM Pilot, which has been working to improve the way that agencies identify and respond to FGM, including learning and development of social work practice for FGM.

We wanted to hear the views and first-hand accounts from the frontline—those working to end FGM in London—and the support professionals require to help move London towards a ‘zero cutting city’.

Participants also took part in round table discussions focusing on:

- how statutory professional agencies can work better together to end FGM in London
- the support statutory professional agencies need to safeguard those at risk of FGM and meet the needs of survivors
- what more needs to be done at a pan-London level to promote London as a world leader in ending FGM

Through the presentations and participant discussions, a number of key issues and practical recommendations that the Mayor and partners can take to strengthen London’s response to FGM were highlighted. This report provides a summary of our findings and recommendations.
### Recommendations

| Leadership | **Recommendation 1**  
The Mayor must take a visible lead and speak out against FGM. The delivery of the Mayor’s Police and Crime Plan must demonstrate his commitment and drive a more effective multi-agency response to FGM, with a shared vision across organisations and aspirations for action. |
| Collaborative and partnership working | **Recommendation 2**  
We propose that the Mayor champions a communication strategy, including a pan-London campaign to raise awareness of the real risks and dangers of FGM, reaching a wide audience and signposting women and girls to the support they require. |
| Education and training | **Recommendation 3**  
The Mayor should regularly engage with communities affected by FGM to raise awareness, strengthen community-based prevention work and engage them in providing training for professionals. |
| Information sharing | **Recommendation 4**  
The Mayor must actively support the provision of enhanced multi-agency and bespoke training for London’s front-line practitioners. |
|  | **Recommendation 5**  
The Mayor should lead the way in bringing agencies together to standardise the recording of FGM related information. We also ask that he supports the collation of good practice and qualitative and quantitative data from across London’s agencies to provide a robust evidence base and informed response to FGM. |
Recommendation 6
The Mayor must make clear the support he will give to the police, health, social care and education services, voluntary organisations and communities to help move London towards a ‘zero cutting city’.

Recommendation 7
Long-term sustainable investment in preventing and tackling FGM should be a funding priority for the Mayor.

Recommendation 8
The Mayor should explore options for joined up pan-London commissioning for FGM services.
1. FGM in London: what we know

1.1 The Department of Health has collected FGM prevalence data since April 2014. Building on this, it introduced the FGM Enhanced Dataset, which collects data from NHS acute trusts, mental health trusts and GP practices, on 1 April 2015. The information produced helps to:

- improve how the NHS supports women and girls who have had or are at risk of FGM
- plan the local NHS services needed both now and in the future
- help other organisations to develop plans to stop FGM happening in local communities

1.2 The first annual report of the FGM Enhanced Dataset, April 2015 to March 2016, was published in July 2016.\(^3\) It reported a total of 5,702 newly recorded cases of FGM\(^4\) and 8,656 total attendances\(^5\) where FGM was identified or a procedure for FGM was undertaken. It showed that **52 per cent of newly recorded instances of FGM and 58 per cent of attendances were recorded in London.**\(^6\)

1.3 Of the 12 local authorities with the highest volumes of FGM, the majority were in London: Brent, Southwark, Enfield, Ealing, Lambeth, Camden and Greenwich were among the 12 local authorities nationally with the **highest incidence of newly recorded cases** between April 2015 and March 2016; and Brent, Harrow, Ealing, Southwark, Enfield, Lambeth, Camden and Hillingdon were among the 12 local authorities nationally with the **highest incidences of total attendances** during the same period.\(^7\)

1.4 The most recent published data on FGM confirms the overall picture.\(^8\) It shows that between October and December 2016, almost one out of every two newly recorded women and girls were from London (620 out of 1,268 or 49 per cent). Similarly, 49 per cent of the 2,332 attendances reported at NHS trusts and GP practices where FGM was identified or a procedure for FGM was undertaken were from London. These figures demonstrate the need for a focused effort to tackle FGM in London.
Chart one: Number of newly recorded FGM cases in London during the year April 2015 to March 2016

Source: NHS Digital FGM Enhanced dataset
2. The London Assembly tackling FGM conference

Keynote presentations

2.1 Our conference included keynote presentations from professionals representing education, health, social care and the Metropolitan Police. Copies of keynote presentations can be found at https://www.slideshare.net/LondonAssembly

Education

2.2 Louise Browning, Headteacher at Norbury School, Harrow, showcased the pioneering work taking place to raise awareness of FGM at Norbury. She stressed the importance of the school’s role in protecting children, including from FGM. She outlined how Norbury uses the NSPCC Pants campaign, which aims to help children keep safe from abuse, and the safeguarding procedures it has in place to do so. The need to monitor attendances, absences, holiday requests, known family information, trends in behaviour and trends in achievement was highlighted. Louise told the conference that all pupils at Norbury are included in FGM awareness lessons, and parents are supportive of this. Norbury ensures that its FGM policies and procedures are well known, and has established a multi-agency community focus group, including links with its local women’s centre and local mosque. It has also established professional trusted relationships with the police and children’s services.

Health

2.3 Vanessa Lodge, lead on FGM for NHS England, introduced the role and responsibilities of health practitioners in preventing and tackling FGM. She spoke about the need to care and support the physical and mental health needs of women and girls who have undergone FGM, to protect and safeguard women and girls at risk from FGM, the mandatory duty to report, and the importance of raising awareness, training and education in helping to prevent FGM. Vanessa highlighted the holistic approach adopted by health services and the need for them to work in collaboration with other agencies, including the voluntary sector, communities, education, social care and the police. Self-reporting was identified as the most frequent method of FGM identification, and first attendance for FGM largely coincides with pregnancy. Going forward, Vanessa stressed the need for a training strategy, communications strategy, clear commissioning pathways and further work to strengthen the health and social care interface and work with communities.
Children’s services

2.4 Debbie Raymond, Head of Commissioning, Tri-borough Children’s Services, outlined the challenges, dilemmas and opportunities for preventing and protecting children from FGM in London. Debbie highlighted the statutory responsibility of children’s social care to coordinate multi-agency safeguarding arrangements for FGM, provide early help to families to prevent FGM, to investigate and intervene when a girl is at risk, and to support those that have been cut. She stressed the need for a systematic approach to FGM based on curiosity and openness, and the importance of building strong inter-agency partnerships focussed on early help, education, holistic support and empowerment. The importance of involving the local voluntary sector, providing the link between the professional and the community, was also raised.

Police

2.5 Inspector Allen Davis spoke about the Metropolitan Police’s (the Met’s) response to FGM. He highlighted the Met’s role in preventing FGM, through community driven solutions, protecting and keeping people safe, and bringing more people to justice through prosecution. The need for professional curiosity, the use of culturally sensitive language and sharing information with relevant agencies was discussed – including the importance of a partnership approach to gain a better understanding of prevention through community intelligence. He stressed the importance of encouraging local people to speak out and report concerns about girls at risk in their community. Inspector Davis highlighted the need for more information, and implementation, of UK law on FGM and the use of FGM Protection Orders (FGMPOs).

Deputy Mayor for Policing and Crime

2.6 Our conference also heard from Sophie Linden, Deputy Mayor for Policing and Crime (DMPC). Sophie confirmed the Mayor’s commitment to ensuring that FGM remains a key part of his approach to tackling violence against women and girls and provided an overview of MOPAC’s Preventing FGM Pilot – which has been working to improve the way that agencies identify and respond to FGM. She informed attendees that MOPAC was in the process of considering how the work it has managed and funded to tackle FGM in London would be taken forward as part of the Mayor’s new Police and Crime Plan. This includes exploring what more can be done to raise awareness and ensure that the frontline has the information it needs to effectively respond to harmful practices, including FGM, in London.
Group discussions

2.7 These words were taken from the presentations, group discussions and feedback provided at the conference. They demonstrate what FGM means to those working to tackle it and what more needs to be done to help end FGM in London.

2.8 During the round table discussions at our conference, the key points raised by attendees included the following:

- FGM must be recognised as a child protection issue by statutory agencies, clear policies must be embedded into safeguarding procedures, and agencies must have champions to instil and spread good practice.

- Commissioners and decision makers at a senior level should be trained to enable them to become champions for change – leaders and managers need to talk about FGM on a regular basis and set the direction from the top.

- There is a need for greater coordination at a regional level to steer a consistent approach and ensure best practice is shared more efficiently and effectively – we were told that an overarching body that can monitor, challenge and hold local agencies to account must be identified.
Many professionals are not confident about how they should respond to FGM – concern was expressed that some practitioners continue to be afraid to talk about FGM. There is a fear to refer, a fear to challenge and an overall fear to deal with FGM. We also heard, that even when staff have been trained, they do not know how to translate training into action and are nervous about sharing information. Similarly, communities can also have a fear of statutory services.

While legislation has provided the tools to take action, many believe there is too much emphasis on prosecutions, and that this is not in the interest of the child. The limitations of prosecutions should be recognised – efforts should focus on prevention and prioritising support for women and girls at risk of FGM in London.

There should be a mandatory duty to educate, not just report.

The role of communities in responding to FGM was highlighted. While it was recognised that good work is taking place, it was also reported that the lack of resources for community groups across London is an issue that needs to be addressed. Support for FGM community activities and initiatives should be made a funding priority.

We heard how the short-term nature of FGM funding has led to the loss of staffing, expertise and partnerships. This was highlighted to us a major concern.

Resources must be put in the right places, and projects and services must be sustainable – we were told that small projects are spending too much time chasing money to keep their work going.

The need to improve the quality of information shared between agencies was highlighted – it was proposed that clarification on what is being recorded, what can be shared, and what is being shared in practice, is needed.

It was suggested that annual reporting of FGM activity, both qualitative and quantitative, would be helpful – bringing together efforts to tackle FGM on a pan-London basis.

Men and boys hold an influential position within the family. We were told that more needs to be done to ensure they are fully engaged in prevention activity and are central to the conversation.
3. FGM in London: where next?

3.1 The Mayor has said that “FGM is a practice that I will not tolerate. Tackling FGM in partnership with the police, criminal justice partners and specialist organisations will be an important part of my mayoralty. Some people say that FGM is a ‘cultural practice’. It is not. FGM is violence against women and girls.” He has also said that he believes education is the most effective tool in combatting FGM and “prevention work, working with communities and providing appropriate education to women and girls is vital.”

3.2 The DMPC has highlighted the importance of raising awareness of FGM. She has stressed that “the Mayor and I are committed to tackling FGM as part of our work to drive down violence against women and girls in London ... for too long, there has been a lack of understanding among frontline professionals and inconsistencies in the way these crimes are recorded, meaning that people are not being prosecuted for these barbaric practices. This has to change.”

3.3 Our conference demonstrated that there are many people in London working tirelessly to eradicate FGM. The Mayor should recognise, celebrate and support this work across the capital.

3.4 MOPAC has been working with a range of partners “to spread the message that this is an illegal unacceptable practice.” It has also invested £250,000 in a pilot scheme across five London boroughs, providing specialist training to frontline workers who encounter women at risk of, or who have experienced, harmful practices like FGM. While this work is welcomed, we ask that the Mayor continues to deliver on, and strengthens, his commitment to support women and girls affected by, or at risk of, FGM in London.

Leadership

3.5 Participants at our conference highlighted the need for greater coordination at a regional level, and a body that can challenge and hold agencies to account, providing consistency and ensuring that best practice is shared more effectively and efficiently. We recommend that the Mayor is best placed to do this.

3.6 The Mayor’s new Police and Crime Plan makes a commitment to “encourage more victims of harmful practices, such as female genital mutilation (FGM), ‘honour’-based violence and forced marriage to come forward and report.” It reports that it will use crime statistics and data from the Ministry of Justice to actively monitor and look for positive progress. It also highlights the work of
Project Azure, the Met’s strategic response to FGM, and that under-reporting and engaging communities are the biggest challenges for the Met. It states that “work continues through media engagement, partnership and information sharing between professionals (particularly health), and engaging the third sector including campaign groups.”

**Recommendation 1**

The Mayor must take a visible lead and speak out against FGM. The delivery of the Mayor’s Police and Crime Plan must demonstrate his commitment and drive a more effective multi-agency response to FGM, with a shared vision across organisations and aspirations for action.

**Recommendation 2**

We propose that the Mayor champions a communication strategy, including a pan-London campaign to raise awareness of the real risks and dangers of FGM, reaching a wide audience and signposting women and girls to the support they require.

**Collaborative and partnership working**

3.7 A collaborative approach between MOPAC and local agencies needs to be instilled. Everyone must come together to safeguard those at risk of FGM and meet the health and psychological needs of survivors.

3.8 Community groups are key to safeguarding women and girls from FGM. They must be part of London’s response to preventing and tackling FGM.

**Recommendation 3**

The Mayor should regularly engage with communities affected by FGM to raise awareness, strengthen community-based prevention work and engage them in providing training for professionals.

**Education and training**

3.9 Participants at our conference stressed the importance of practitioners having the confidence and resources to confront FGM. We heard that many are not certain about what FGM is and how they should respond – they also said that more needs to be done to educate and raise awareness to help frontline practitioners better protect those who might be at risk of FGM.

3.10 The Mayor’s Police and Crime Plan makes a commitment to “increase the training available for those who may come into contact with potential victims of harmful practices so that they can identify those at risk and support survivors into help.” While this is welcome, we ask that the Mayor specifically supports the provision of both multi-agency and bespoke training...
to address the specific issues and challenges faced by London’s practitioners, including teachers, health and social care professionals and the police.

**Recommendation 4**
The Mayor must actively support the provision of enhanced multi-agency and bespoke training for London’s front-line practitioners.

**Information sharing**

3.11 Sharing information is critical to safeguarding and protecting women and girls from FGM. Attendees at our conference told us that the sharing of information and the quality of information recorded needs to improve. We were told that clarification about what information can be shared, and how to share it, is needed. It was proposed that standard procedures for recording information about FGM should be developed across agencies, to increase understanding of both the prevalence and practical response to FGM in London.

3.12 Many professionals have a legal duty to identify, report and respond to suspected or identified cases of FGM. Building on this, all those with a responsibility to safeguard children should ensure procedures are in place to share information across agencies and make FGM an integral part of their safeguarding and protecting children duties.

**Recommendation 5**
The Mayor should lead the way in bringing agencies together to standardise the recording of FGM related information. We also ask that he supports the collation of good practice and qualitative and quantitative data from across London’s agencies to provide a robust evidence base and informed response to FGM.

**Resources and long-term funding**

3.13 At our conference we heard that approaches to FGM differ from area to area and often sit within different teams and remits. As a result, FGM often struggles to have a voice in terms of resource allocation, and the good work being done is not recognised.

**Recommendation 6**
The Mayor must make clear the support he will give to the police, health, social care and education services, voluntary organisations and communities to help move London towards a ‘zero cutting city’.

3.14 Long-term investment is needed. It must include funding for education, training, awareness, prevention and enforcement activity, and support for all girls and women affected by FGM. The Mayor should also explore options to
ensure equity of funding for FGM provision across London, with resources provided in the places where they are most needed.

**Recommendation 7**

Long-term sustainable investment in preventing and tackling FGM should be a funding priority for the Mayor.

**Recommendation 8**

The Mayor should explore options for joined up pan-London commissioning for FGM services.
Our approach

London Assembly Member Jennette Arnold OBE hosted the London Assembly FGM Conference on 24 January 2017 in London’s Living Room, City Hall.

The London Assembly is one part of the Greater London Authority (GLA), based at City Hall – the other part being the Mayor of London. The Assembly is made up of 25 Members elected by Londoners at the same time as the Mayor. Its job is to ensure the Mayor and his advisers are held to account by publicly examining his policies, activities and decisions through committee meetings, plenary sessions, site visits and investigations. As well as examining the Mayor’s actions and decisions, Assembly Members act as champions for Londoners by investigating issues that are important to the capital.

You can read more about the work of the London Assembly at https://www.london.gov.uk/about-us/london-assembly/about-london-assembly

The conference was chaired by Hibo Wardere, with keynote presentations from:

- Louise Browning, Headteacher, Norbury School, Harrow
- Vanessa Lodge, Chair, National FGM Steering Group, NHS England
- Debbie Raymond, Head of Commissioning, Tri-borough Children's Services
- Inspector Allen Davis, Partnership Team, SOECA, Metropolitan Police
- Sophie Linden, Deputy Mayor for Policing and Crime

We also heard from the boroughs involved in delivering MOPAC’s FGM prevention pilot:

- Mamta Sagar, Senior Practitioner (FGM), Early Help Division, London Borough of Waltham Forest
- Ingrid Sanfey, Violence Against Women and Girls Strategy Manager, London Borough of Tower Hamlets
- Amelia McDuffee, Team Manager, Children’s Social Care, Royal London Hospital
- Gourita Gibbs, Tri-borough lead for FGM
The conference was attended by frontline professionals with a responsibility for addressing FGM in London. Discussions were structured around:

- how statutory professional agencies can work better together to end FGM in London
- the support statutory professional agencies need to safeguard those at risk of FGM and meet the needs of survivors
- what more needs to be done at a pan-London level to promote London as a world leader in ending FGM
References

1. House of Commons Home Affairs Committee, Female Genital Mutilation: the case for a national action plan, 25 June 2014


4. Information collected in the Enhanced Dataset for the first time does not indicate how recently the FGM was undertaken or mean that it is the woman or girls first attendance for FGM. It is the first time their information has been collected in the dataset.

5. Total Attendances refers to all attendances in the reporting period where FGM was identified or a procedure for FGM was undertaken. Women and girls may have one or more attendances in the reporting period. This category includes both newly recorded and previously identified women and girls.


11. For further information on the work taking place to prevent FGM at Norbury School please see http://www.norbury.harrow.sch.uk/community/stop-fgm


15 Sophie Linden – Deputy Mayor for Policing and Crime, Tackling FGM in London, 6 February 2017

16 Sophie Linden – Deputy Mayor for Policing and Crime, Tackling FGM in London, 6 February 2017

17 See Harmful Practices Pilot for more information

18 Mayor of London, Police and crime plan: a safer city for all Londoners, March 2017

19 Mayor of London, Police and crime plan: a safer city for all Londoners, March 2017
Other formats and languages

If you, or someone you know, needs a copy of this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email: assembly.translations@london.gov.uk.

Chinese
如您需要这份文件的简介翻译本，请电话联系我们或按上面所提供的邮寄地址或Email与我们联系。

Vietnamese
Nếu bạn muốn nhận bản dịch tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Greek
Εάν επιθυμείτε ημερήσια αλληλογραφία στην ελληνική γλώσσα, παρακαλούμε να παρασημώσετε μάλιστα στην αντίστοιχη αποστολή την αρχική ή επιπλέον προθεσμία για την αντίστοιχη αναπαραγωγή.

Turkish
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Punjabi

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