

REPORT TO THE HEALTH AND WELLBEING BOARD

13 October 2015

FEMALE GENITAL MUTILATION

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1. Purpose of Report

- 1.1 This report is to inform the Health and Wellbeing Board about Female Genital Mutilation (FGM) its incidence both nationally and locally, awareness raising in Barnsley and the associated legal implications.

2. Recommendations

- 2.1 Health and Wellbeing Board members are asked to:-

- Note the information provided and the implications for Board members as providers/commissioners of services.

3. Introduction/Background

- 3.1 Female Genital Mutilation (FGM) is “a procedure that involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, 2013).

There are no health benefits to FGM and it can have serious negative health consequences, both at the time it is carried out and in later life (see Appendix 1).

- 3.2 FGM pre-dates most religions and has been practised by communities holding a range of religious beliefs. It carries with it immense social meaning and serves as proof of maturity, virginity and membership in the community. It complies with traditional beliefs about the roles and characteristics of women in that community. FGM can be found anywhere, and is illegal in many countries, despite that it remains difficult to eradicate. FGM is a hidden issue not usually discussed, as described in the introduction it is global in scope and the practice is found in at least 28 African countries. However FGM is not just an African practice it has been

reported in the Middle East and South Asia: countries such as Indonesia, Malaysia, Pakistan, Iraq and the Philippines.

- 3.3 Prevalence of FGM is higher than 90% in women aged 15-49 years in Somalia, Egypt and Djibouti and more than 125 million girls have been cut worldwide. (United Nations Children's Fund, 2014)
- 3.4 In the UK FGM tends to occur in areas with large populations of FGM practising communities; e.g. Sheffield, however FGM can happen anywhere in the UK.
- 3.5 On 23 January 2015 Barnsley Safeguarding Children Board (BSCB) received a report from the Head of Midwifery at Barnsley Hospital NHS Foundation Trust to alert the Board to the number of FGM cases identified as a result of mandatory reporting which commenced in September 2014.
- 3.6 There were 2,603 newly identified cases reported in the UK from September 2014 to January 2015 as a result of the introduction of the mandatory reporting.
- 3.7 Historically Barnsley has been a predominantly white British community so some members of the Board were surprised that Barnsley had 6 historic cases identified in the 4 months since reporting had commenced, 3 further historic cases have been identified since January 2015. However the number of asylum seekers in Barnsley has doubled in the last 12 months to 469 individuals (not all females) the highest numbers are from Pakistan, Iran and China.
- 3.8 Since the above report was provided to BSCB the Serious Crime Act 2015 has been passed this has made it a duty for people working in regulated professions to report to the Police an act of FGM on a child under the age of 18, it makes failure to protect a child against FGM illegal and offers anonymity for victims of FGM in court. The Act also requires health professionals such as GP's (from October 2015) and Mental Health Workers to submit information under the Enhanced Dataset when treating patients who have had FGM.
- 3.9 BSCB Members sought assurance that the multi-agency infrastructure was in place to support the women identified and potentially safeguard any female children born to these women. The Designated Nurse Safeguarding Children offered to chair a Task and Finish group to ascertain what Barnsley agencies already had in place.

4. Key Findings

4.1 The FGM Task and Finish meetings were held on 22 April and 20 May 2015. The following agencies/departments contributed to the meetings or intelligence gathering:

- South Yorkshire Police
- Barnsley Children Young People and Families Social Care

- BMBC Education Welfare Service BMBC Early Years' Service Manager
- BMBC Equality and Inclusion
- BMBC Education representative
- NHS Barnsley CCG
- BHNFT
- Multi-agency trainer BMBC
- SWYPFT Mental Adult Mental Health Services
- SWYPFT CAMHS
- SWYPFT Safeguarding Children
- Spectrum Sexual Health Service
- Barnsley College
- Early years services could not attend but contributed via email

**CAFCASS were invited but could not attend*

4.2 All agencies in Barnsley need to be aware of FGM and that there have been reported cases of women living in our communities.

- All agencies need to ensure that their staff are appropriately trained and that they know how to respond if a service user discloses FGM or risk of FGM.
- Policies and Procedures are in place and up to date.
- Services are available to support victims of FGM both adults and children.
- FGM champions are identified in each agency, FGM is Child abuse but it is a form of abuse that together we can eradicate within a generation.

4.3 The Designated Nurse Safeguarding Children attended the Teacher Network meeting (Safeguarding Leads in Schools) 16 June 2015 and the Together Barnsley and Faith Forum 9 September 2015 to deliver a presentation about FGM. The latter presentation was well received and resulted in the following recommendations:

- A FGM leaflet to be added to the G4S welcome pack for Asylum Seekers.
- G4S employees to receive training on FGM.
- FGM to be included in sex education in schools.
- A Social Media link to be developed for survivors and young people at risk to disclose, (it was suggested this could model the system for Hate Crime disclosure).

4.4 Following attendance at Together Barnsley and the Faith Forum the Designated Nurse has been contacted by other organisation requesting information and presentations. A meeting has already taken place with the Red Cross, they run a support group for newly arrived to Barnsley Asylum Seekers and a FGM presentation is planned 12 November 2015.

The Designated Nurse is also a member of the NHS England Regional FGM Forum this ensures that Barnsley is aware of what is being adopted across Yorkshire and Humber with regard to FGM.

5. Conclusion/Next Steps

- 5.1 Awareness of FGM amongst key groups of professionals and community organisations is a critical protective factor for children at risk, BSCB are aware of what partner organisations already have in place with regard to FGM and where improvement is required. FGM is a regular agenda item for the Workforce Management and Development sub group of BSCB, training was previously delivered as part of the multi-agency training in conjunction with honour based violence and enforced marriage. It was suggested that as a result of the new legislation FGM should also be delivered as a single topic and that a health representative should be a co-trainer, this model of FGM training has now been adopted.
- 5.2 A FGM pocket guide is being developed by NHS England for front line staff and BMBC Councillors are to receive FGM awareness training. Whilst a large amount of work has been undertaken in a relatively short time we cannot be complacent and it is important that Partner agencies maintain and continue to raise awareness of indicators and:
- Promote the importance of sharing information / intelligence in a timely manner
 - Maintain training of frontline practitioners for all partnership agencies
 - Work with families regarding the law surrounding FGM and associated health risks
 - Utilise all forms of media and technology, public facing initiatives to raise awareness across Barnsley
 - Develop strategies to engage and inform adults, children, young people and communities through raising awareness.

The practice of FGM carries both immediate and long term side effects:

Immediate effects

- Severe pain
- Shock
- Bleeding
- Dislocation of hips and broken bones
- Wound infections, including tetanus and gangrene, as well as blood-borne viruses
- Inability to pass urine
- Injury to vulval tissues surrounding the entrance to the vagina
- Damage to other organs nearby, such as the urethra (where urine passes) and the bowel
- FGM can cause death

Long term effects.

- Chronic vaginal and pelvic infections
- Abnormal periods
- Difficulty passing urine, and persistent urine infections
- Kidney impairment and possible kidney failure
- Damage to the reproductive system, including infertility
- Cysts and the formation of scar tissue
- Complications in pregnancy and new born deaths - obstructed labours