

INFORMATION ITEM E

HEALTH AND WELLBEING BOARD			
Report Title	Lewisham's Approach to tackling Female Genital Mutilation		
Contributors	Ade Solarin	Information Item No.	7E
Class	Part 1 / Part 2	Date:	07 July 2015
Strategic Context	Lewisham's Health and Wellbeing Strategy has improving sexual health as one of its main priority areas. This report advises members on the correlation between sexual health and FGM.		
Pathway	Safer Lewisham Partnership Board (23 rd March 2015).		

1. Purpose

- 1.1 This report advises Board members of the definitions and types of Female Genital Mutilation (FGM), and the borough approach to tackling FGM.
- 1.2 The Chair of the Safer Lewisham Board, Cllr Janet Daby, recommended after the 23rd March 2015 Board meeting that this report be shared with members of this Board.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note the definitions, types and prevalence of FGM in Lewisham and across London, and the support agencies that are available for support.

3. Policy Context

- 3.1 FGM has been a specific criminal offence since 1985, under the Prohibition of Female Circumcision Act (1985), which was replaced by the Female Genital Mutilation Act (2003) (in England, Wales and Northern Ireland) with similar terms ratified in the Prohibition of Female Genital Mutilation Act (2005) in Scotland. Both Acts carry a maximum penalty of 14 years imprisonment.
- 3.2 Under the 2003 Act, a person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris, except for necessary operations performed by a registered medical practitioner on physical and mental health grounds; or an operation performed by a registered medical practitioner or midwife – or a person undergoing training with a view to becoming a medical practitioner or midwife – on a girl who is in labour or has just given birth for purposes connected with the labour or birth .

- 3.3 The FGM Act (2003) (and the 2005 Act in Scotland) extended the offence to enable prosecution of those who assist a non-UK person to mutilate a girl's genitalia overseas.
- 3.4 For instance, parents who procured FGM for their daughters outside of the UK would be committing a criminal offence, even if they have not carried out the procedure themselves, but have made the relevant arrangements.
- 3.5 Tackling FGM directly contributes to Shaping our future, Lewisham's Sustainable Community Strategy which sets out the vision for Lewisham and the priority areas for action between 2008 and 2020. Addressing this public health issue contributes to four of the six of Lewisham's priority outcomes. The four priority outcomes are:
- Safer – where people feel safe and live free from crime, anti-social behaviour and abuse
 - Empowered and Responsible – where people are actively involved in their local area and contribute to supportive communities
 - Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and well-being.
 - Dynamic and Prosperous – where people are part of vibrant communities
- 3.6 Tackling FGM in Lewisham also contributes to two of the three aims of the Health and Wellbeing Strategy which are;
- To improve health
 - To improve care

4. Background and definitions

- 4.1 Female genital mutilation (FGM) is the collective term used to describe a range of procedures that include the partial or almost total removal of the external female genital organs for cultural or other non-therapeutic reasons.
- 4.2 The department of Health, the Home Office, and other government agencies collectively acknowledge this definition. It is usually carried out on girls between the age of 0 and 15 years old.
- 4.3 The World Health Organisation (WHO) defines female genital mutilation as: "all procedures which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" as highlighted below;

World Health Organisation (WHO) classification of female genital mutilation:

Type I: Clitoridectomy: partial or total removal of the clitoris (clitoridectomy).

Type II: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III: Infibulation: narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

4.4 The Mayor's Office for Police and Crime (MOPAC) describes FGM as involving the complete or partial removal or alteration of external genitalia for non-medical reasons. Unlike male circumcision, which is legal in many countries, it is now illegal across much of the globe, and its extensive harmful health consequences are widely recognised¹.

5. Legal and statutory requirements

5.1 Since the 1985 Act on the Prohibition of Female Circumcision, there have been no prosecutions for FGM in the UK, though three doctors found to have committed serious professional misconduct by the General and the Dental Medical Council in relation to FGM were subsequently struck off.

5.2 The link between prosecutions and prevention has been increasingly recognised, and concerted action is needed to directly address the barriers to prosecution.

5.3 On 6th February, 2014, the government announced a declaration to end FGM in the UK and around, and marked International Day of Zero Tolerance to Female Genital Mutilation.

5.4 This declaration also brought about changes in statutory agency practice, with NHS Hospitals being required from April 2014 to record; if a patient has had FGM, if there is a family history of FGM, or if an FGM-related procedure has been carried out on a woman - (deinfibulation)

5.5 Since September 2014, all acute hospitals – including Lewisham Hospital – are required to report data on FGM centrally to the Department of Health on a monthly basis.

5.6 Data collected by Lewisham Hospital and sent to DoH started in November 2014.

6. Lewisham context

6.1 Local service provision

6.2 Although the routine collation of data on FGM has commenced via Hospitals, and national support services and helplines are prominent, however, local service provision in the borough has not always been available.

¹ MOPAC VAWG Strategy Refresh 2013

- 6.3 Africa Advocacy Foundation (AAF), a local charity based in Catford helping to promote better health, education and other life opportunities for disadvantaged people through practical support, advocacy, information, advice, guidance and training , also work to support women and girls affected by FGM through advice, counselling and support.
- 6.4 AAF creates awareness on FGM – with support from council officers – through community campaigns, training and outreach utilising the support of trained community volunteers as champions.
- 6.5 All individuals accessing AAF services go through an induction process that includes; initial assessments to determine level of need and support requires, supported through counselling sessions with a qualified counsellor, given an opportunity to participate in group activities with peers allowing them to learn as well as share their experiences on the personal journeys as victims/survivors of FGM.
- 6.6 Those attending for support also access opportunities such as volunteering and training and access to employment depending on the level of interest and enthusiasm.
- 6.7 Lewisham conference recognising International Day of Zero Tolerance to FGM
- 6.8 There is a multi-agency FGM Awareness Sub Group which has representation across the voluntary and statutory sector agreeing actions to raise awareness about FGM with residents and professionals in the borough.
- 6.9 One successful action has been the coordination of Lewisham’s first FGM conference specifically focusing on bringing community and faith leaders together for a progressive dialogue on FGM.
- 6.10 6th February has been identified by the United Nations as the International Day of Zero Tolerance to Female Genital Mutilation and is a UN-sponsored awareness day that takes place on this day each year.
- 6.11 It is an effort to make the world aware of female genital mutilation (also called FGM) and to promote its eradication.
- 6.12 Lewisham Council hosted its first conference on 5th February 2015 to mark Zero Tolerance to FGM day.
- 6.13 The Faith Leaders FGM Conference was jointly organised by AAF and Lewisham Council to bring together professionals, community members, organisations and particularly faith leaders to explore strategies for working together to end FGM in Lewisham.

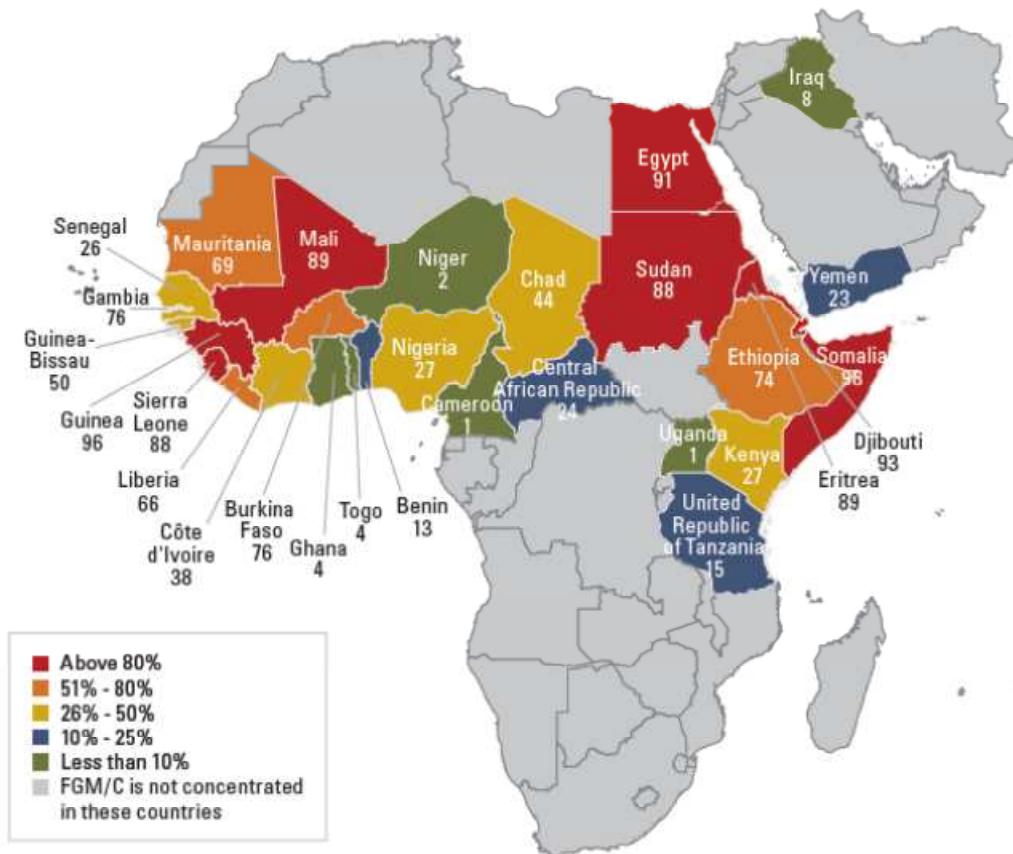
- 6.14 The event, which was held the Civic Suite in Catford was chaired by Councillor Janet Daby and featured a range of presentation and discussion topics as follows;
- FGM Services in Lewisham
 - FGM Impact and Implication
 - Faith Perspectives of FGM
 - Why Say No To FGM
 - Personal Perspectives FGM survivors
 - Suggestions of Future Strategies
- 6.15 97 participants attended the conference including teachers, health workers, social workers, police, and people from the community as well as organisations that work with families from practicing communities.
- 6.16 Feedback from the conference, which included a survivor's testimony, was hugely positive, with several requests for more workshops to be delivered within the borough.
- 6.17 A summary of the feedback from the event is available as Appendix 1 at the end of this report.

7. Lewisham context

7.1 International prevalence

- 7.2 Globally it is estimated that 140 million women and girls have undergone FGM to date and that an additional 3 million women undergo it each year².
- 7.3 This estimate is derived from large national surveys, predominantly Demographic and Health Surveys (DHS, published by Macro) and Multiple Cluster Indicator Surveys (MCIS, published by UNICEF).
- 7.4 The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and amongst migrants from these areas.
- 7.5 The prevalence and type of FGM practiced vary within some countries which may be hidden in country-wide data.
- 7.6 The table below – from UNICEF – shows a global database based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997–2012.

² World Health Organisation 2013 Female genital mutilation Fact sheet N°241 (<http://www.who.int/mediacentre/factsheets/fs241/en/> Accessed 8th April 2013)



7.7 Prevalence in Lewisham

7.8 Lewisham, with a large migrant community from Africa, has residents who have undergone or may be at risk of FGM; however the actual number of residents affected is not known.

7.9 There are a variety of sources of data and methods for estimating the prevalence of FGM, all have limitations and only some are feasible or likely to be reliable in Lewisham.

7.10 Primary data

7.11 There are a number of possible routes for collecting primary data on women and girls who have undergone FGM when they access healthcare services; including cervical screening programmes, family planning and sexual health services, abortion services, urology and gynaecology clinics and GP registration.

7.12 Cervical screening, urology and gynaecology clinics are not widely accessed by women from immigrant communities.

7.13 All Hospitals (including Lewisham Hospital) are now required to routinely

report monthly data on FGM to NHS England and Department of Health (DoH). In Lewisham, this has been occurring since November 2014, meaning the data is not extensive.

7.14 However, Midwifery staff performs routine questioning on FGM as part of the safeguarding assessment on medical history.

7.15 AAF report supporting 53 women in 2014/2015 who contacted the service for support.

7.16 The table below shows the number of contacts for FGM support in Lewisham supported by AAF in 2014/2015, ranging from victim care to volunteering.

Type of support	Age group			Total
	16 - 24	25 - 44	45 over 60	
One to one (victims)	15	24	14	53*
Support group	11	19	7	37
Education support/ ESOL	6	14	9	29
Volunteering/champions	9	4	2	15

7.17 The type of services received above is an indication of the progression of support accessed at AAF. After the initial assessment all individuals are offered one to one* counselling support depending on their needs. The total number amounts to 53.

7.18 They then progress to participate in group sessions with peers to share different experiences. Support with education and employability skills are also provided.

7.19 The table below shows onward referrals by AAF to specialist clinics.

Reason for referral	Age group			Total
	16 - 24	25 - 44	45 and over	
Deinfibulation/reversal	2	5	0	7

Repeat infection	3	9	7	19
FGM type confirmation	2	1	0	3
Total				29

7.20 Since 1st April 2014, there have been 15 referrals sent as a CAF referral to Children Social Care by Lewisham Midwifery Service.

7.21 However, data on the number of CSC contacts in relation to FGM was not available at the time of the availability of this report.

8. Financial implications

8.1 There are no direct financial implications.

9. Legal implications

9.1 FGM has been a specific criminal offence since 1985, under the Prohibition of Female Circumcision Act (1985), which was replaced by the Female Genital Mutilation Act (2003) (in England, Wales and Northern Ireland) with similar terms ratified in the Prohibition of Female Genital Mutilation Act (2005) in Scotland.

9.2 Both Acts carry a maximum penalty of 14 years imprisonment.

9.3 Under the 2003 Act, a person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris, except for necessary operations performed by a registered medical practitioner on physical and mental health grounds; or an operation performed by a registered medical practitioner or midwife – or a person undergoing training with a view to becoming a medical practitioner or midwife – on a girl who is in labour or has just given birth for purposes connected with the labour or birth .

9.4 The FGM Act (2003) (and the 2005 Act in Scotland) extended the offence to enable prosecution of those who assist a non-UK person to mutilate a girl's genitalia overseas.

9.5 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

10. Crime and Disorder Implications

10.1 There are no direct crime and disorder implications.

11. Equalities Implications

- 11.1 The Council's Comprehensive Equality Scheme for 2012-2016 provides an overarching framework and focus for the Council's work on equalities and help ensure compliance with the Equality Act 2010.
- 11.2 An Equalities Impact Assessment (EIA) will be undertaken in the event a specialist service is commissioned in the borough to support victims of FGM. One of the key quality criteria measured during any framework commissioning process is "Processes for addressing equality and diversity". This criterion will continue to be measured for all future commissioning.
- 11.3 An EIA was completed in August 2014 in respect of the newly commissioned violence against women and girls (VAWG) service in Lewisham using the methodology and approach set out in Lewisham's Equalities Impact Assessment. This assessment has been reviewed, in line with updated Equalities Analysis Assessment guidelines, as part of the preparation for this report. It has assessed the proposals in line with the Equality Act 2010 and considered the potential impact on all nine protected characteristics.

12. Environmental Implications

- 12.1 There are no direct environmental implications.

13. Conclusion

- 13.1 There is good evidence that there are women and girls in Lewisham who have undergone (or are at risk of) FGM. It is estimated that there are about 2000 girls and young women who have or are at risk of undergoing FGM in the borough.
- 13.2 Although there are significant limitations with this estimate it is useful to have some idea of the numbers of women affected to guide strategy, interventions and services to tackle FGM in the borough.

Any queries on this report please contact Ade Solarin, on Adeolu.solarin@lewisham.gov.uk

Appendix 1

Comments from the feedback forms; FGM Conference

Number of feedback forms received 47.

Really well organised and facilitated afternoon, great variety of speakers.

Dr Edwin Mapara presentation was excellent I now have a better understanding of the severity of FGM.

The survivor testimony was hugely powerful.

I had no doubt that this conference was going to be successful right from the outset but I never anticipated that I along with several other attendees were going to be left in tears.... sharing tissues.

Very efficiently run and organised – well done.

2 very courageous women/survivors here today who spoke very emotional and moving- Thank you

Suggestions from feedback forms

More workshops to be done around the Borough of Lewisham

Excellent: clear to the point. Have conferences like this more often in as many settings, boroughs and services as possible

More information on local services

Sex education, longer sessions

Have some readymade questions

Give information to schools for the teachers to attend and more workshops to raise awareness

Inviting education representative to inform us about is any raising awareness/education is taking place in schools about FGM

Most useful

Majority of people noted that Dr Mapara presentation and the survivor story brought out the seriousness of FGM. All topics were informative and useful

Least useful

Noise and hard to hear everyone

No parking facilities

Appendix 2

Estimate of FGM Prevalence in Lewisham

1) Number of women girls and women who have undergone or are at risk of FGM

As with the national estimate of FGM prevalence it is possible to estimate the number of girls and women who have either undergone or are at risk of the practice. The most recent available information on FGM prevalence in practising countries can be applied to the Lewisham population of that nationality.

Country	Lewisham Female Population 2011 (all ages)	FGM Prevalence (aged 15-49) (%)	Number of Women & Girls Affected or At Risk
Kenya	344	27.1	93
Somalia	549	97.9	537
Ghana	1423	3.8	54
Nigeria	4777	29.6	1414
North Africa	590	0-91	
Other Southern and Eastern Africa	1988	0-93	
Other Western and Central Africa	2181	0-95	
Total			2099

The age-specific (15-19) prevalence of the country where each language is spoken was applied to the number of female pupils speaking the language in Lewisham to estimate the number of girls of school age affected. As expected from the large Nigerian population in Lewisham a number of the languages spoken are Nigerian in origin. Two of the languages are only spoken in specific regions of the country. The prevalence of FGM varies markedly between different regions of Nigeria, from zero to, mainly in the north, almost universal coverage. Therefore it was possible to apply region-specific prevalence rates for several Nigerian languages. Using this method it is estimated that 374 girls in school in Lewisham have undergone or are at risk of FGM.

Appendix 3

No.	Recommendation	Action to take	Lead Contact	Timescales	Cost	Action Completed?
1	Link in with Childrens Centres and Lewisham College	<ul style="list-style-type: none"> Make contact with Children Ctrs (including Senior SW attached to each CC) and LeSoCo safeguarding lead around FGM awareness. 	Charlene Noel, LBL Crime Reduction	November 2014	Nil	Childrens Centres Lead contacted, waiting on up to date list. LeSoCo Safeguarding Lead David Travis Contacted.
2	Link in with Red book health checks	<ul style="list-style-type: none"> Implement FGM awareness info within red books(?) 	Ruth Hutt, LBL Public Health	November 2014	Nil	Incomplete
3	Health Visitors to consider providing FGM info when completing 6-8 week checks.	<ul style="list-style-type: none"> Health visitors to ask questions during 6-8 week check 	Teresa Ross	November 2014	Nil	Incomplete
4	Distributing FGM info to Citizens Advice Bureau	<ul style="list-style-type: none"> Share FGM resources with CAB 	Charlene Noel	08 Aug 2014	Nil	Complete Meeting scheduled with CAB on 1/10/2014
5	Raise FGM awareness on Lewisham website	<ul style="list-style-type: none"> FGM info to appear on main banner FGM info to be included in the health and wellbeing section of Lewisham website 	Liz Fowler, LBL NCSS Ruth Hutt	29 Aug 2014 29 Aug 2014	Nil	FGM page on the Lewisham website
6	FGM posters	<ul style="list-style-type: none"> Consideration into FGM info at bus stops and shelters 	Natasha Shepherd, Comms Unit	November 2014	Unknwn	Incomplete
7	FGM info included with monthly online version of Lewisham Life	<ul style="list-style-type: none"> Look into carrying out a case study for inclusion in Lewisham Life 	Ruth Hutt and Shani Hassan,	29 Aug 2014	Nil	News item on FGM for the next Lewisham Life

			AAF			magazine (Winter 2014). Completed and Checked by AAF.
8	FGM pack of information	<ul style="list-style-type: none"> Children's Social Care letter and pack that goes out to families when in touch created by CSC 	Lisa-Marie Alexander, CSC	November 2014	Unknown	Incomplete
9	FGM conference with Faith Leaders	<ul style="list-style-type: none"> Possible conference working with faith leaders where other relevant partners such as police can attend. To be hosted by Lewisham Libraries 	Shani Hassan Charlene Noel Joan Redding	September 2014	Unknown	Successful meeting, However after much discussion The Faith Leader conference will take place on 6/02/2015 as that is National FGM Day it will be held in the Civic Suite.
10	School nurse awareness on FGM	<ul style="list-style-type: none"> Work with school nurses around raising awareness on FGM with school aged girls 	Beulah Lewis	November 2014	Nil	Incomplete
11	Work with all Senior SW attached to every Childrens Centre	<ul style="list-style-type: none"> Check for senior social worker contact at every children centre and work with them to raise FGM profile. 	Lisa-Marie Alexander	November 2014	Nil	Incomplete
12	Midwives and FGM	<ul style="list-style-type: none"> Explore training for Specialist FGM midwives at Lewisham Hospital 	Aine Gallagher	November 2014	Unknown	Incomplete
13	FGM and Maternity/Scans	<ul style="list-style-type: none"> Pregnant mothers to sign agreement to state that they will not carry out FGM on their daughters, utilising a similar approach at Guys Hospital. 	Aine Gallagher	November 2014	Nil	incomplete
14	FGM and abortions	<ul style="list-style-type: none"> Discussion before procedure as to whether FGM has been experienced. 	Aine Gallagher	29 Aug 2014	Nil	Completed See email dated 23/09/2014

		For future info.				
15	Child protection training with school	<ul style="list-style-type: none"> Work with schools when they're doing their CP training to include FGM resources as part of training 	Marinda Beaton	November 2014	Unkown	Incomplete
16	FGM education with LeSoCo	<ul style="list-style-type: none"> Meeting with LeSoCo on safeguarding to include FGM and LeSoCo fair. 	Liz Fowler	22 Aug 2014	Nil	Completed
17	Education	<ul style="list-style-type: none"> Work with primary schools who have accepted DV training to also include FGM training by AAF. Pilot primary school to be explored and identified for September training. 	Charlene Noel Shani Hassan Lisa Fannon	November 2014	Unkown	Incomplete, I will discuss this at the meeting on the 30/09/2014
18	Third Party Reporting	<ul style="list-style-type: none"> Consider using current TPR sites for FGM reporting 	Liz Fowler	November 2014	Nil	Incomplete
19	FGM action plan coordinator	<ul style="list-style-type: none"> Consider application to graduate trainee scheme to allow for a graduate trainee allocation 	Charlene Noel and Joe Badman	14 th August 2014	Nil	
20	Resources	<ul style="list-style-type: none"> Ordering resources from the home office website 	Charlotte Smith	8 th August 2014	Nil	Complete, and some more material on the way
21	To raise awareness of FGM with staff in sexual health and early medical abortion service.	<ul style="list-style-type: none"> To provide training for all sexual health and EMA staff around FGM. 	Vivienne Johnstone	September 2014		Complete Presentation and discussion given to Sexual health nurses and Doctors at Waldron Clinic 17/09/2014
22	To raise awareness of FGM amongst secondary school age children in SRE	<ul style="list-style-type: none"> To incorporate awareness of FGM in Year 10 lessons, 6th Form sessions and College lessons as part of sex and the law. 	Vivienne Johnstone	November 2014		Incomplete

23	To raise awareness of FGM in all libraries in the London Borough of Lewisham	<ul style="list-style-type: none"> • To work in Conjunction with AAF and Joan Reading. • To provide awareness displays in all libraries across Lewisham. • To have copies of Possessing The Secret of Joy by Alice Walker available on all displays. 	Charlene Noel Shani Hassan Joan Redding	October 2014	Nil	Complete Libraries booked for October, Awareness Material's Ordered and received.
24	To Organise FGM Sub Group Meeting	To review Action Plan and to create new actions if needed.	Charlene Noel	October 2014	Nil	Complete