

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP

TO:	HEALTH AND WELLBEING BOARD		
DATE:	22 January 2016	AGENDA ITEM:	7
TITLE:	UPDATE ON TACKLING FEMALE GENITAL MUTILATION (FGM)		
LEAD COUNCILLOR:	Cllr Gavin	PORTFOLIO:	Children's Services
SERVICE:	Children's Services	WARDS:	All Reading
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide a summary of work planned and undertaken in relation to tackling Female Genital Mutilation since January 2015, when a previous report was presented to the Health and Wellbeing Board.

2 RECOMMENDED ACTION

- 2.1 Endorsement of the work undertaken so far and proposed next steps.
- 2.2 To recognise progress made, especially the work of ACRE
- 2.3 Agree to bring a further report in six months to update on the progress

3 POLICY CONTEXT

- 3.1 FGM is defined by the World Health Organisation (WHO) 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.
- 3.2 FGM is performed on women and girls at different ages, depending on the community or ethnic group that carries it out. The procedure is traditionally carried out by women with no medical training.
- 3.3 It is recognised that women and girls may also be at risk of having FGM performed on them in the UK, or being taken from the UK to have the procedure performed overseas.
- 3.4 There are a number of different reasons why FGM is performed. The process is often seen as part of the family's culture, it is also seen as a right of passage. FGM is often important for the cultural identity of girls and women and may also impact a sense of pride, a coming of age and a feeling of community. Those girls and women who refuse can often face being ostracised and condemned by their communities.

- 3.5 In the UK, FGM tends to occur in areas with large population of FGM practicing communities. The home office has identified girls from Somali, Guinean, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as the most at risk of FGM. These are just some and not all of the communities at risk.
- 3.6 FGM can impact on the health of girls and women both long and short term. Short term health consequences of the practice can include infections, severe pain, emotional and psychological shock. Longer term consequences for women can be severe and wide ranging, including, chronic infections, renal impairment, complications during pregnancy and childbirth, psychological issues, including depression and post stress-traumatic stress disorder & increased risk of sexually transmitted infections.
- 3.7 More recently there have been new duties placed on teachers, social workers and GPs to report any concerns around FGM. This is particularly pertinent as a recent Barnados survey found that 75% of workforce feels uncomfortable about having or starting a conversation about FGM with families.
- 3.8 Finally the most recent Ofsted Safeguarding inspection framework has added criteria to understand the Local Authorities and partners approach to tackling FGM. This focuses on the identification of girls at risk and our protective responses and will measure the effectiveness of the LSCB holding partners to account for their practice in this area.

4 PROGRESS ACHIEVED AND CURRENT POSITION

- 4.1 Two strands have been identified to organise our response to FGM. These are:
 - Strand 1 - Prevention and Education
 - Strand 2 - Protect and respond
- 4.2 Strand 1 has been led by ACRE with partnership support, including sponsorship from the Local Strategic partnership that accepted FGM as a priority in June 2015. Key achievements in the last 6 months are:
- 4.3 Community engagement work was started by ACRE setting up a community working group of 20 different advocates from across African and Middle Eastern country communities. Discussion has focused on awareness raising, engaging community leaders and young people to effect change. This community group has met 4 times and is well represented. From this group 2 further initiatives have been set up:
 - A group of survivors have been engaged to safely discuss the possible consequences of FGM that they are dealing with on a daily basis.
 - A men's group of 8 - 10 participants to discuss the importance of a male response to FGM within their communities.
- 4.4 A partnership Symposium was organised in November 2015 that was extremely well attended. At this event it built on the community engagement model providing an opportunity to discuss the causes and consequences of FGM from both a professionals as well as a survivor's perspective. 2 regional partners provided a road map strategically and operationally as to our journey as a town to tackle FGM. This is building on the wider links that ACRE have been creating to understand the offer in their towns/ cities as well as the starting of resources and ideas on tackling FGM.
- 4.5 Forward UK, a Foundation for Women's Health Research and Development, will be providing 3 all day sessions for school staff providing an FGM overview, building confidence to identify and safeguard girls at risk and providing support for those affected by FGM.
- 4.6 Going forward up till April 2016 the expectation is to:
 - Organise an FGM focus on Zero Tolerance Day in February 2016 to continue the awareness raising but in the wider population.
 - Continue with the Men's group.
 - Provide an assembly at Kendrick searching for some young people to begin to support the community engagement approach.

- Begin to research establishing a Reading version of the Oxford Rose project.
- 4.7 Strand 2 has been led by Children’s Services in Reading Borough Council, with support from the LSCB. A partnership action plan has been devised primarily with Reading in focus. However the LSCB chair has organised for the action plan to be adopted by all 3 West of Berkshire Local Authorities. This enables particular partner organisations who work across the West of Berkshire, e.g. CCG, to work on effectively on the implementation of the plan.
- 4.8 The action plan has 6 actions relating to protection. These actions primarily focus on:
- updating safeguarding guidance,
 - creating assessment and service pathways for adults and children,
 - set up information sharing agreements,
 - identify a common risk assessment tools for all professionals to use
- 4.9 The action plan has key 2 actions relating to response. These focus on understanding and if necessary building a range of support in place for Adult and children survivors.
- 4.10 Going forward up till April 2016 the expectation is to
- Finalise an audit of prevalence based on work in the hospital with public health
 - Create clear multi agency pathways for women and children
 - Identify current resources and services, but also note gaps in service offers for women and children to discuss with commissioners
- 4.11 It is recognised, mainly due to experiences of other areas namely Oxford, that more survivors will come forward once community engagement and service provision is put in place. This will place pressure on current infrastructure, both for physical health and psychological service provision to support these women. Of note there is no specialist clinic in Berkshire at the moment as per Oxford to take a lead on FGM response for women.

5 CONTRIBUTION TO STRATEGIC AIMS

- 5.1 Readings Health & Wellbeing plan identifies ‘The promotion and protection of good health of disadvantage communities’ in goal 1, creating a clear link to tackling and responding to FGM.
- 5.2 Tackling FGM in Reading contributes to these RBC corporate aims;
- Safeguarding and protecting those that are most vulnerable;
 - Providing the best start in life through education, early help and healthy living;
- 5.3 In addition the Police and Crime Commissioner priorities for the Thames Valley include ‘Protecting vulnerable women & girls from FGM’ as a specific item under objective 2 of their plan.

6 COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 ACRE is effectively leading a community engagement process with affected women, families and communities. This takes time, but there has been real progress already achieved as noted above.

7 EQUALITY IMPACT ASSESSMENT

- 7.1 Not completed for this report.

8 LEGAL IMPLICATIONS

8.1 None for this report.

9 FINANCIAL IMPLICATIONS

9.1 To note, the funding to ACRE from the LSP ends in March 2016.

10 BACKGROUND PAPERS

10.1 None