



To: Scrutiny Coordination Committee

Date: 26 April 2017

From: Councillor Kamran Caan, Cabinet Member for Public Health and Sport

Subject: Female Genital Mutilation

1 Purpose

- 1.1 The purpose of this paper is to update Scrutiny Coordination Committee on progress made to tackle Female Genital Mutilation (FGM) in Coventry. The paper also provides an update on the prevalence of FGM in Coventry and progress against the recommendations endorsed by Scrutiny Coordination Committee in 2015.

2 Recommendations

- 2.1 Scrutiny Co-ordination Committee is recommended to:
- 1) Consider the progress update contained in section 5 of the report
 - 2) Identify any further areas for discussion or consideration
 - 3) Identify any recommendations for the appropriate Cabinet Member

3 Information and Background

- 3.1 Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons".
- 3.2 The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. Procedures are mostly carried out on young girls sometime between infancy and aged 15, and occasionally on adult women.
- 3.3 Immediate complications can include severe pain, shock, haemorrhage, tetanus, gangrene or sepsis, urine retention, open sores in the genital region and injury to nearby genital tissue, wound infections, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C and in some cases death. Long-term consequences can include recurrent bladder and urinary tract infections, abnormal periods, cysts, infertility, an increased risk of childbirth complications and new-born deaths, chronic vaginal and pelvic infections, kidney impairment and possible kidney failure and the need for later surgeries. Psychological and mental health problems include depression and anxiety, and flashbacks during pregnancy and childbirth.

3.4 FGM predates Christianity, Islam and Judaism, and the Bible, Koran, Torah and other religious texts do not advocate or justify FGM. In some societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation. Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others oppose it and contribute to its elimination. Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.

3.5 Reasons given for practising FGM:

- It brings status and respect to the girl
- It preserves a girl's virginity/chastity
- It is part of being a woman
- It is a rite of passage
- It gives a girl social acceptance, especially for marriage
- It upholds the family honour
- It cleanses and purifies the girl
- It gives the girl and her family a sense of belonging to the community
- It fulfils a religious requirement believed to exist
- It perpetuates a custom/tradition
- It helps girls and women to be clean and hygienic
- It is cosmetically desirable
- It is mistakenly believed to make childbirth safer for the infant

3.6 The issue of FGM in Coventry was raised by Councillor Gingell at Council in December 2013 where a motion to condemn the practice was supported. Coventry City Council was the first Council to support such a motion, and a number of other councils have now taken a motion through to end FGM. Public Health were asked to establish a FGM Task & Finish Group to gather knowledge and intelligence on the extent of FGM in Coventry, how it is being addressed by various partners and the barriers in dealing with FGM.

3.7 An in depth report was developed in 2015 that identified prevalence of FGM in Coventry and included recommendations to eradicate the practice. Recommendations included:

- Preventing FGM from taking place by raising awareness and engaging with communities
- Supporting professionals to identify and support girls and women at risk of or affected by FGM by delivering specialist training programmes, empowering professionals and encouraging them to refer them via safeguarding procedures
- Supporting victims of FGM throughout their lives by offering women access to a specialist FGM midwife at UHCW and providing specialist support services
- Building knowledge and intelligence by collecting and sharing data between agencies where appropriate

4 The Current Position

- 4.1 It is important to note that data for FGM is limited, both locally and nationally. Much of the data available is based on the 2011 census. This issue is being tackled nationally with the introduction of mandatory requirements for Healthcare Professionals to record FGM.
- 4.2 It is estimated that 125 million women and girls worldwide have undergone FGM, and that 3 million girls are subjected to FGM every year. It is estimated that 137,000 women and girls are living with FGM in the UK and that 60,000 girls aged 13 and under are at risk of FGM.²
- 4.3 A recent report by City University London and Equality Now¹ looked at prevalence of FGM in England and Wales and developed estimates of the numbers of women with FGM living in England and Wales, the numbers of women with FGM giving birth and the numbers of girls born to women with FGM. To derive these estimates the report used the results of household interview surveys in the countries in which FGM is practised, demographic data about women born in these countries and girls born to them was derived from the 2011 census and from birth registration. The survey found that;
- London as a whole has the highest prevalence rates, with 21 women per 1,000 affected by FGM. The 10 highest prevalence rates are located in local authorities within the capital.
 - Manchester, Slough, Bristol, Leicester and Birmingham have high prevalence rates, ranging from 12 to 16 per 1,000,
 - Milton Keynes, Cardiff, Coventry, Sheffield, Reading, Thurrock, Northampton and Oxford had rates of more than seven per 1,000.
 - Rural areas show prevalence's of well below one per 1,000, but cases were found in all local authorities in England and Wales.
- 4.4 Since 1 April 2014 Acute NHS Trusts (Foundation and non-Foundation) must provide returns to the Department of Health on a monthly basis of the prevalence of FGM within their treated population.

Data from UHCW from 2014 to date shows the numbers of women affected by FGM accessing midwifery services:

Time period	No. accessing UHCW midwifery services	No. accessing UHCW midwifery services and affected by FGM	% accessing UHCW midwifery services and affected by FGM
2014 – 2015	6941	49	0.7%
2015 – 2016	7070	69	0.97%
April 2016 to date	6252 (Apr – Feb 17)	27 (Apr – Dec 17)	0.43%

Evidence suggests that for these women there may be an increased risk of childbirth complications and new-born deaths. For those mothers who have undergone FGM there is also the potential risk that their female children will also undergo the procedure.

¹ City University London and Equality Now. Prevalence of Female Genital Mutilation in England and Wales: National and local estimates, July 2015

4.5 In January 2017 UHCW established a dedicated clinic for women who have undergone FGM. The clinic is midwifery lead and is based in the Antenatal clinic. The clinic is called 'the inspire service'. UHCW chose this name as it is extremely important that the service is anonymous but they hope it will inspire change in the short term by better supporting the women they see and in the long term through improved education regarding the harmful long term effects of FGM. The service is going very well, the midwife sees around three women every week. It is an opportunity to discuss health implications they may be experiencing as a result of their FGM, any physiological effects they may have, an examination is also undertaken to type fgm and a plan for delivery is made. This is all incorporated into antenatal examination where they listen into the fetal heart of their baby and discuss any other concerns they may have. The safeguarding assessment tool is also used and any RAS referrals made if necessary. The team hope in the future to run some training for UHCW health care professionals regarding the practice.

4.6 Police data for the West Midlands shows FGM referrals to West Midlands Police (WMP):

Year	Total referrals to WMP	Coventry Referrals	Percentage
April 2014 – March 2015	119	62	52%
April 2015 – March 2016	126	57	45%
April 2016 to date	146	20	14%

4.7 The high percentage of Coventry referrals during 2014-2016 may be due to the well-established referral processes and reporting procedures in Coventry. Historically it has been UHCW policy to refer all females affected by FGM who give birth to a girl to West Midlands Police for a joint visit with social care.

4.8 More recently it has been noted by professionals that a home visit by police in uniform is not always appropriate and can sometimes alienate community members. As a result the Department of Health developed the FGM risk assessment tool to clarify referral processes dependant on risk to the child, this risk assessment tool has been implemented at UHCW to ensure that appropriate referrals are made. This has resulted in a drop in the proportion of Coventry referrals to West Midlands Police, but ensures that only appropriate referrals are made.

4.9 According to the 2011 Census data 3% (868) children aged 0-15 and 7% (5,422) women aged 16-49 living in Coventry were born in regions likely to be affected by FGM.

Country of birth of the Female population aged 0-15 and 16-49 in Coventry. Census 2011				
	Age 0 to 15		Age 16-49	
Country of Birth	Number	%	Number	%
Total Numbers of women in Coventry	31,065		78,219	
Africa: North Africa e.g. Egypt	68	0.2	247	0.3
Africa: Central and Western Africa e.g. Mali, Sierra Leone, Guinea	228	0.7	1651	2.1

Africa: South and Eastern Africa e.g. Northern Sudan, Eritrea, Somalia, Djibouti, Ethiopia	454	1.5	2854	3.6
Africa: Africa not otherwise specified	4	0.0	58	0.1
Middle East and Asia: Middle East e.g. Yemen	114	0.4	612	0.8
Total	868	3%	5,422	7%

*The age range has been split to capture the numbers of potential victims of FGM (aged 0-15 years) and those who may have already had the procedure.

5 Local progress to date

5.1 In June 2015, Coventry City Council's Public Health team commissioned Coventry Haven (in partnership with CRASAC and Birmingham and Solihull Women's Aid) to provide a specialist FGM service to tackle FGM in Coventry. This service is the main vehicle through which partners are working to eliminate FGM in Coventry, and through which the recommendations made by Scrutiny Co-ordination Committee in 2015 are being delivered. Work of West Midlands Police on this matter is contained in Appendix 1.

5.2 Recommendation 1: Preventing FGM from taking place by raising awareness and engaging with communities

1. Coventry Haven, in partnership with CRASAC and Birmingham and Solihull Women's Aid, has engaged with communities in a number of ways to raise awareness about FGM, change attitudes towards FGM, and ultimately prevent FGM from taking place. From 1 June 2015 to 31 November 2016, the service attended 116 different community groups in targeted locations, to raise awareness and recruit community champions to end FGM. Some examples of the groups attended include:

- Coventry Refugee and Migrant Centre Women's Group
- Willenhall Community Forum
- Women's Networking Group at Sidney Stringer Academy
- Foleshill Women's Training Centre
- Coventry Refugee and Migrant Men Group
- Allesley Park Muslim Women's Group
- Turkish Mosque Women's Group, Foleshill
- Multi-faith Forum and New Muslim Women's Group, Muslim Resource Centre
- Cheylesmore Somali Community Association Women's Group
- Friendship Group Meeting, Central Library
- Woodend Youth Club

2. By raising awareness and engaging with communities, the service have managed to recruit 32 community champions to date. These are individuals from countries of origin or communities known to practice FGM who have volunteered to undertake engagement activities within communities to raise awareness about FGM, change attitudes and behaviour and prevent FGM from taking place. The community champions come from 15 different countries of origin, including Somalia, Ethiopia, Sudan, Tanzania and Kenya, where it is estimated that over 70% of the female population are estimated to have undergone FGM.

The service is working with these community champions to ensure that they are skilled to tackle FGM and built assets and engagement within their communities.

3. The service has delivered interactive FGM workshops to a total of 265 year 9 & 10 students from local schools.
4. Public Health and the voluntary sector have worked in partnership to develop two films on FGM. One is an educational film featuring influential local leaders from the council, voluntary sector and faith based organisations including the chairs of the British Arab Federation and Coventry's Muslim Forum. This film educates viewers about the practice, the law in regards to FGM, the harmful consequences of FGM and the need for communities to oppose it. A second film entitled 'It Stops with Me' was developed starring local people who are committed to ending FGM. It was designed to raise awareness of the dangers of FGM and encourage practising communities to oppose it; links to the films are below. The films have been viewed approximately 1,300 times.

FGM Interviews - https://youtu.be/ak_g8woS4Zc (11 minutes 56 seconds)

FGM It Stops With Me - <https://youtu.be/Q16OmOp26bk> (2 minutes 30 seconds)

5. Public Health have supported Coventry University in their development of a webapp for young people. Researchers at Coventry University have created the new app, endorsed by the National Society for the Prevention of Cruelty to Children ([NSPCC](https://www.nspcc.org.uk)), to help protect young girls and women from female genital mutilation (FGM). The webapp, developed jointly by experts at Coventry University's Centre for Communities and Social Justice (CCSJ) the Centre for Excellence in Learning Enhancement (CELE) at Coventry University and in partnership with Coventry City Council, is proving to be a valuable resource in the fight against FGM. The app, which works across most mobile devices such as smartphones, tablets and lap tops via an internet browser, is aimed primarily at young girls living in affected communities and at risk from FGM. From 1st February – 9th April 2017, there were 7,567 visits to the webapp. Users were referred from a number of local and national locations, including the Coventry University website, Facebook, the Telegraph, as well as other local authority websites. The visits come from a number of locations, over 3000 visits were from UK users, 1887 visits were from the USA and 424 visits from china. The webapp has also been used in Germany (223 users) and France (194 users). The app has recently been won gold in the digital community category of the London Design Awards. A link to the webapp is included here: <http://petals.coventry.ac.uk/>
6. West Midlands Police have produced a poster campaign for International Day of Zero Tolerance (IDZT) for FGM. The posters include child and adult examples with a cross range of communities, and uses the hashtag #FGMletstalk.
7. West Midlands police have also worked with Birmingham airport and the airport policing unit on an FGM campaign. A training package on FGM has been developed for all new staff, and this is now part of basic training, and stickers have been placed in toilets in departures as well as arrivals encouraging people to call police if they are worried about any of the issues.

5.3 Recommendation 2: Supporting professionals to identify and support girls and women at risk of or affected by FGM

1. Coventry Haven, in partnership with CRASAC and Birmingham and Solihull Women's Aid, is providing training to professionals community members and schools to enable them to understand FGM, the risks and signs to look out for, what to do if a girl or woman is thought to be at risk of FGM and how to support a girl or woman who has been affected by FGM. The service has delivered over 50 training sessions since June 2015. Training has been delivered to over 750 individuals, including:
 - Teachers – primary and secondary
 - Other school and college professionals
 - Nurses
 - Social care workers
 - Midwives
 - Children / family support workers
 - Children's centre staff
 - Voluntary sector staff
 - GPs
 - Youth workers
 - Health visitors
 - Police officers

Of those who received training, 87% reported an increase in their knowledge of FGM, 94% reported an increase in their knowledge of the consequences of FGM, 96% reported an increase in their knowledge of FGM and the law, 82% reported increased confidence in discussing FGM, and 99% reported a change in their perception of FGM.

2. In addition, in 2016, Coventry City Council commissioned Coventry University to launch a new FGM webapp, building on 'Petals', tailored for professionals. The new FGM webapp, 'Petals for Professionals' was launched in October 2016. The webapp includes information on the signs that someone may be at risk of FGM, information about how to have appropriate conversations about FGM, how to fulfil mandatory reporting requirements and contains specific sections for social workers, teachers and healthcare professionals to explain their responsibilities and actions to take. Over 50 people attended the launch event back in October, and the webapp is currently being disseminated to social workers, teachers, healthcare professionals and others both locally and nationally. A link to the webapp is included here: <http://petals.coventry.ac.uk/professionals/>
3. The Local Children's Safeguarding Board (LSCB) has been working partnership to address FGM locally since 2009 and offers training, has developed a safeguarding procedure and website. The Coventry Safeguarding Board's policies and procedures have been updated to include FGM. All suspected cases continue to be referred as part of existing child safeguarding obligations, and information and support is given to families to protect girls at risk.

4. In June 2016, letters were sent by West Midlands Police to all safeguarding boards and headteachers in relation to the vulnerability of young people in the summer holidays who may be taken abroad for FGM. In February 2017, West Midlands Police sent letters to all headteachers and GPs across Coventry to remind them of their mandatory reporting duties under the Serious Crime Act.
5. The service has worked hard to engage with both primary and secondary schools and has successfully delivered training in 15 local schools to an audience of 362 teaching staff. Mandatory reporting duty for FGM applies to teachers. Roles and responsibilities along with reporting processes has been disseminated by the Department of Health to all schools and staff. FGM features in the LSCB safeguarding training that educational professionals attend and it is also covered in the school governor training. Secondary Schools have been provided with lesson plans and are encouraged to deliver a whole school approach to FGM. Anecdotal feedback has shown that a number of schools have delivered FGM sessions to pupils and a number of students are currently leading their own projects to raise awareness of FGM. A group of students recently piloted the new FGM app developed by Coventry University and presented this work at a national and local launch.

5.4 **Recommendation 3: Supporting victims of FGM throughout their lives**

1. The Ending FGM in Coventry service, commissioned by Coventry City Council, provides specialist one-to-one emotional support to survivors of FGM. To date, the service has provided one-to-one emotional support to 45 women, and has had an average of 6 contacts with each woman (including telephone support, drop in sessions and one-to-one appointments). Most women have referred themselves for one-to-one support, following training or community engagement sessions, but other referrals have come from the voluntary sector, social care, schools and word of mouth. The numbers of self-referrals and disclosures is evidence that the service is reaching and engaging with communities effectively, as women feel safe to come forward and receive support. In some cases, those who have received support have been signposted to GPs and other healthcare professionals, the police and to CRASAC, who offer specialist counselling for victims of FGM. As a result of their support from the Ending FGM in Coventry service, 59% reported a reduction in stress, 75% reported feeling less alone, 57% reported feeling more in control of their lives, 67% reported increased self-confidence, 53% reported improved physical health, 9% reported that they were able to gain or retain employment when they might not have done otherwise, and 10% reported they were able to start or continue to volunteer, which they may not have otherwise been able to. In addition, through the one-to-one support provided, the service estimates that it has managed to prevent 81 cases of FGM since June 2015.
2. The service has also been liaising with GPs and with UHCW to ensure that any child or woman who has undergone FGM is offered medical help, as well as psychological support or counselling. UHCW continues to offer women access to a specialist midwife or consultant through the provision of dedicated clinic time, and the Ending FGM service ensures that those who have undergone FGM receive the medical help that they need.

5.5 **Recommendation 4: Building knowledge and intelligence**

Progress in the collection of FGM data continues to improve both locally and nationally. Locally, Public Health continue to work with key stakeholders such as the MASH, UHCW and West Midlands Police to gather data and share intelligence to ensure that knowledge of the extent of FGM improves. The Ending FGM Service has also helped to gather intelligence in regard to practicing communities, and this will help shape services in future and ensure that all initiatives can be monitored in terms of success.

6. Next Steps

- 6.1 A significant amount of work to tackle FGM has been undertaken by the 'Ending FGM in Coventry Service', commissioned by Coventry City Council and provided by Coventry Haven, in partnership with CRASAC and Birmingham and Solihull Women's Aid (BSWA) over the last 18 months. The contract with Coventry Haven, CRASAC and BSWA comes to an end on 31 May 2017 and there are no resources available to extend the contract beyond that date. However, the service was designed to be self-sustaining through the recruitment of community champions.
- 6.2 Coventry's work to tackle FGM has been highlighted regionally and nationally as an example of good practice, and the evidence from the work that Coventry has undertaken is being incorporated into national policy. This will help to ensure that community engagement and development work continues to tackle FGM, for example through the national FGM centre developed by Barnado's and the LGA which is aiming to work with all local authorities to end FGM within 15 years.
- 6.2 A number of measures will be implemented over the coming months to ensure the service's work to engage with communities, train professionals and support women who have undergone FGM can be sustained beyond 31 May 2017:
- Enhanced training and support for community champions to develop their resilience and ensure they are able to continue to work within communities to raise awareness, change attitudes and ultimately prevent FGM.
 - Further dissemination and promotion of the webapp 'Petals for Professionals' to enable professionals to support those who have undergone FGM, spot the signs of those at risk and report concerns appropriately.
 - Development and communication of clear referral pathways for survivors of FGM to access therapeutic counselling and emotional support provided by Coventry Haven and CRASAC, and community engagement to enable and encourage self-referrals to continue
 - A refresh of the multiagency FGM Steering Group to bring professionals from a variety of organisations together (UHCW, West Midlands Police, Coventry City Council, the voluntary sector, Coventry and Rugby CCG) to consider further measures for partnership working and next steps to tackle FGM.

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