

## **Committee: Health and Wellbeing Board**

**Date: 25<sup>th</sup> November 2014**

Wards: All

## **Subject: Local Authority role on reducing particular vulnerabilities faced by girls**

Lead officer: Yvette Stanley, Director of Children, Schools and Families

Lead members: Cllr Maxi Martin, Cllr Martin Whelton

Forward Plan reference number: N/A

Contact officers: Promote and Protect Chair & QA & Practice development -Lee Hopkins (CSF); Education Inclusion – Keith Shipman (CSF); Mawuli Beckley-Kartey – MASH & First Response (CSF); Curtis Ashton - FAS (CSF); VAWG – Zoe Gullen, Safer Merton Kay Eilbert – Director of Public Health (C&H)

---

### **Recommendations:**

A. Members of the Health and Wellbeing Board to note the contents of the report.

---

## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1 This report provides members of the Health and Wellbeing Board with information on some of the work Children Schools and Families, schools and the wider Council undertakes in relation to girls and vulnerability including: violence against women and girls (VAWG); child sexual exploitation (including trafficking) (CSE); female genital mutilation (FGM); girls and the criminal justice system including girls and gangs; and forced marriage.

## **2 VIOLENCE AGAINST WOMEN AND GIRLS – STRATEGIC RESPONSE**

2.1 The Council has a number of statutory duties relating to tackling and effectively responding to domestic abuse and violence against women and girls, duties which are delivered across a number of departments and in partnership with a range of partners. At a partnership level the overarching historic domestic violence strategy has been led by the Safer Merton Partnership who have the lead on prevention, prosecution, overseeing and performance managing the Multi- Agency Risk assessment Committee (MARAC) and commissioning any Domestic Homicide Reviews (DHRs) agreed by the partnership including reporting to the Home Office on such matters. The Merton safeguarding Children's Board (MSCB) has statutory oversight of a range of related issues including child sexual exploitation, child trafficking; girls and gangs and the safeguarding aspects of FGM. The Health and Wellbeing Board also have an interest, due to your leadership of our overall Health and Wellbeing Strategy.

2.2 In terms of service responses, CSF department provides a broad range of services from acute end safeguarding and child protection, to work with schools

around young people's wellbeing which prevent or respond to domestic violence and violence against women and girls and other related work with vulnerable girls and young women. Community and Housing commission our local refuges and have a role in relation to vulnerable adults who experience abuse including domestic violence. Safer Merton have historically led the strategic needs analysis process, commission the Independent Domestic Violence Advisor (IDVA) Service, administer the MARAC, oversee any DHR process and support the overall strategic response including governance of the strategy overall and supporting work groups such as the practitioners forum.

- 2.3 Given the need to have an up to date strategy and response to DV encompassing the various partnerships and roles of specific service departments the Director of E&R and Director of CSF commissioned an up to date needs assessment which was undertaken by a specialist consultancy during spring and summer 2014. The following paragraphs detail some of their key findings.
- 2.4 Domestic abuse is in particular a key feature of the work of the CSF department as DV is one of the "toxic trio" featuring in the majority (60%+) of child protection cases and the department has a strong track record of working with partners tackling domestic violence within families. However, in relationships where children are not present there are limited identified resources to support the victims of abuse. The review established that the partnership's response to this small but important group is limited and less coherent than the current response to families.
- 2.5 The review noted that Merton's population has been changing rapidly over time. 35% of our adult population are BME but 55% of our child population are BME. The fastest growing populations are the overall Asian population, which grew by 6% between 2000 and 2011, specifically those with Pakistani ethnicity which increased by 1.3% and other Asian ethnicity which increased by 4.4%. The overall Black population grew by 3% over the same time period, with the Black African population growing by 1.8%. They recommend that any future service commissioning needs to respond to these changing profiles.
- 2.6 The review also looked at services available to victims of domestic abuse that are not commissioned directly by the council and are either funded by external agencies (HO and LGA) or are direct provision from the voluntary sector. The full needs assessment covers some 170 pages but is available on request. The assessment recommended that Merton in future has a Violence Against Women and Girl's Strategy incorporating domestic violence but encompassing:
- Domestic Violence (including men, same sex relationships, and people with and without children); rape and sexual violence; female genital mutilation; forced marriage; crimes in the name of "honour"; sexual harassment; stalking; trafficking; prostitution and sexual exploitation of adults; and children and young people at risk of sexual exploitation.
- 2.7 The Director of CSF has been tasked with putting in place the partnership governance arrangements to oversee this broader agenda. The board will be

supported by a working group of commissioners from Public Health, CSF, C&H and partners whose task will be to ensure we have a joined up commissioning and by a practitioners forum which will share good and best practice and strengthen our risk assessment and response. The first meeting of the new board will take place before Christmas subject to partner agencies making appropriate nominations.

### **3 CHILD SEXUAL EXPLOITATION – MSCB PROMOTE & PROTECT SUB GROUP**

- 3.1 Following the recent Jay report into child sexual exploitation in Rotherham, and at the prompting of the Independent Chair of Merton's LSCB, the council's Chief Executive and the Director of CSF, agencies in Merton are reviewing the effectiveness of local arrangements to identify children at risk and to intervene robustly with both victims and perpetrators of child sexual abuse. At a national level, Ofsted has recently begun a bespoke programme of sample thematic inspections on this issue with two London boroughs so far included. The inspectorate has announced that future inspections of local children in need, looked after and safeguarding services will all include specific enquiry into the arrangements for responding to child sexual abuse.
- 3.2 The responsibility for identifying and responding to issues of known or suspected child sexual exploitation in Merton has been led by the Promote and Protect Young People steering group which reports to the Safeguarding Children's Board. Specialist services have been commissioned to support CSE victims and to support vulnerable children who go missing with the providers being Jigsaw4U and Barnardos. The following paragraphs are taken from the latest monitoring information from the group to the Chair of the MSCB and DCSF.
- 3.3 In 2013 Merton launched its first Child Sexual Exploitation (CSE) Strategy which sets out local multi-agency working arrangements under the MSCB. This strategy promotes a multi-agency approach to addressing CSE through a shared understanding which better supports prevention through information sharing and improved identification and interventions to protect those most at risk of being sexually exploited. The current CSE Strategy was refreshed and approved by the MSCB in January 2014 and incorporates the multi-agency operating protocol for identifying and responding to CSE concerns. It includes arrangements for multi-agency information sharing and collaboration. Monthly case tracking meetings are minuted and distributed to partners on a password protected document to then incorporate into relevant agency records.
- 3.4 The PPYP group has a broad multi-agency membership including representation from: Barnardos, Jigsaw4U, Catch22, Education Welfare, Youth Offending Service, Police (Missing Persons Officer and the new Central CSE team), Primary Health (School Nursing and Health Visiting), Pupil Referral Unit, MASH and the 14+ Looked After Team.
- 3.5 Over the last year we have worked with 67 cases. There are currently 30 open cases.

### Age at time of Referral

Age	Open Cases	Closed Cases
11	1	0
12	2	1
13	3	2
14	4	8
15	11	13
16	2	11
17	7	2
18	0	0
<b>Total</b>	<b>30</b>	<b>37</b>

Of the Open cases 5 are assessed as High risk: 15 as Medium risk and 10 as Low risk.

### 3.6 CSE Cases

- All 30 cases are or have been open to CSC&YI.
- 1 of the open cases is male.
- 3 cases have been or are subject to a child protection plan.
- 8 cases are looked after young people 7 of which are placed out of Borough
- Ethnicity is broadly in line with the changing demographics in Merton with just over 50% from a White/British or White background
- The age distribution shows 13% of young people referred for possible sexual exploitation are aged 13 and under.
- The majority at 35% were aged 15 at the time of referral.
- Risk factors include 5 cases with drug and alcohol concerns and 6 with mental health issues.
- Routes of victimisation include 6 gang related: 14 older male and 9 victimised through peers and 1 trafficked young person.
- 5 of the cases have been identified as at risk because of images and messages posted on social media.

### 3.7 The mid-year analysis of the outcomes for the cohort of young people that received specialist support showed that:

- Satisfactory school/college attendance baseline has improved from 17% to 83%
- Episodes of missing from home/care have reduced from 77% to 11%
- Family has access to support services has been maintained at 100%
- Stable and secure accommodation has improved from 6% to 89%
- Remains in regular contact with the service has increased from 61% to 89%
- Reduced association with risky peers/adults has increased from 39% to 83%
- Recovery from sexual abuse/exploitation has increased from 33% to 83%
- Able to identify abuse/exploitative behaviour has increased from 39% to 94%
- Reduced/safer consumption of controlled substances has increased from 11% to 89%
- Knowledge of sexual health strategies has increased from 33% to 89%
- Enhanced parent/carer/adult – child relationships has risen from 22% to 78%

- 3.8 In recent months we have been reviewing our LAC children placed outside the borough to ensure arrangements for their support are robust. In all the cases there was evidence of the involvement and support from the specialist commissioned services Jigsaw4U and Barnardos providing direct work and consultation to address concerns as young people were reported missing through to detailed relationship based work to address self esteem and risk awareness.
- 3.9 Police engagement.** Merton supported the draft and launch of the Metropolitan Police Pan London CSE protocol. The local PPYPO group has membership from the central CSE police team to support identification and escalation of any potential significant high profile investigations and to make sure there is effective local Borough Police action to disrupt CSE activity.
- 3.10 The Central Police CSE team are delivering a programme of briefings to local Police and multi-agency colleagues on their role in combatting CSE led by a Detective Sergeant from the service.
- 3.11 Health and wellbeing.** ADAD Theatre Company have presented an interactive play focussing on sex and relationships and drugs and alcohol with interactive workshops in Merton Secondary Schools and youth services. The project reached approximately 1000 young people and incorporated workshops for young people to discuss the issues arising in the play.
- 3.12 Multi-agency training:** Up to 75 professionals have attended sexual health and drugs and alcohol related training as a part of the MSCB training programme. Evaluations were good.
- 3.13 The Teenage Pregnancy and Substance Misuse Partnership Board have agreed to continue the above projects into this year.
- 3.14 BASHH – British Assoc. of Sexual Health & HIV** have worked on and circulated a risk assessment pro forma to support identification and referral of potential cases of CSE, to be circulated to the group for information.
- 3.15 Education –** CSE Champions in schools were identified as a priority and the matter was taken to the secondary heads meeting in June. The CSE Champions have been identified and an induction is being planned for September 2014. There are currently 16 CSE champions located in all the special schools, all secondary schools and a number of the primary schools. Stonewall guidance has been launched to all schools and CSF have commissioned the Christopher Winter Project to deliver training to teachers and staff in schools on SRE and Drugs and Alcohol Education. The training has been prioritised and uptake has been good. They are also producing borough guidance for schools and have delivered training for governors.
- 3.16 Voluntary sector** Barnardos began its partnership with Merton in 2010 when, with funding from City Bridge Trust, offering a service to boroughs in the South West of London where services for sexually exploited children were needed.

Merton became a key member of the steering group, which includes members from London Councils, the GLA and SWL&ST Mental Health Trust and neighbouring LA's including Richmond, Kingston, Sutton, Wandsworth, Croydon, Hammersmith and Fulham and Hounslow.

3.17 Barnardos Service operates an Assertive Outreach Approach, which is the Barnardos model of practice in our sexual exploitation services, which has been researched and evidenced as being a successful methodology in engaging with this client group (Reducing the Risk, Scott & Skidmore, Barnardos 2006). The regular consistent contact provides opportunity for the young person to develop trust with their worker, which is particularly important as this persistent engagement technique helps to counteract the influence from the abusive adults or peers. Our practitioners are skilled in working with young people and in engaging the most hard to reach.

3.18 Direct one on one key work with children using the core features of Barnardos evidenced and researched model of practice which can be summarized in the 4 A's:

- ❖ **Access:** provide services in a space that the child feels comfortable and safe; support young people on their own terms; build trust
- ❖ **Attention:** give young people time and positive attention, focusing on what matters to them
- ❖ **Assertive Outreach:** make consistent and persistent attempts to contact the young person through a range of methods
- ❖ **Advocacy:** support young people to get the support they need from multi agency protocols

3.19 **Jigsaw4U and Missing** – The Jigsaw4U Project Worker plays a significant and important role in safeguarding for young people in Merton who go missing and especially those experiencing sexual exploitation. This includes advocating for a child protection response, providing information to social workers which enables them to form a more coherent picture of what is happening to a young person, helping to locate and safeguard vulnerable young people who are missing. The worker also provides information and intelligence increasing the ability of the multi-agency network including the police to identify hot spots, potential perpetrators and gangs and through this the worker develops local intelligence links and supports best practice. The report on their activity for the last year shows:

- 75 young people received a service (43 young people had a 1:1 service )
- 56 adults had a service (53 had a 1:1 service)
- 64 independent return interviews conducted
- 282 x 1:1 sessions were delivered to young people
- 156 x 1:1 sessions were delivered to adults
- 48 mediation sessions were delivered

- 2 group work programmes were delivered.
- 86 meetings were attended including Promote and Protect Operational and Strategic Groups, Core groups, Sexual Exploitation Strategy Meetings, Professionals meetings, LAC reviews.

### **3.20 Persons of Interest and Perpetrators**

Merton has successfully bid for MOPAC funding for a full time worker with responsibility for coordinating work to tackle child sexual exploitation by gangs and groups, support sharing information and mapping data between agencies and to help develop systems for identifying and acting against persons of interest/perpetrators.

3.21 The MOPAC worker supported the recent Gangs and Violence awareness raising event and the link to CSE mapping being undertaken jointly by the MOPAC Gangs and Girls worker and the Gangs workers in Merton.

3.22 There are a number of routes into sexual exploitation. The following figures are compiled from information of 151 individual cases (aged 11-18 yrs) that Barnardos practitioners worked with in 2012 in 23 London boroughs including Merton:

- Older boyfriend/male (face to face) – 28 (18.5%)
- Older boyfriend/male (internet/social media) – 13 (8.5%)
- Adult Criminal Gang – 7 (5%)
- Street Gangs – 20 (13%)
- Peer (face to face) - 25 (17%)
- Peer (internet/social media) – 17 (11%)
- Opportunistic – 24 (16%)
- Familial – 12 (8%)
- Trafficked – 5 (3%)

3.23 This data provides a useful base from which to benchmark local data on 'persons of interest or perpetrators' for Merton in conjunction with colleagues in Safer and Stronger.

3.24 There has also been an increase in children and young people reporting that technology was used in their exploitation. A snapshot survey of 29 Barnardos specialist services has shown that during September last year, technology was used in the exploitation of 370 children while 285 were reported missing on more than one occasion. Of the total number of children supported by the Barnardos Pan London Service for Child Sexual Exploitation, Missing and Trafficked Children, 85% reported that technology was used in their exploitation.

**3.25 Training and awareness raising** Barnardos has provided training to a broad multi-agency audience aimed at raising awareness of the risks and prevalence

of CSE and making sure partners are aware of how to refer in to the CSE services in Merton.

- 3.26 Since 2010 when Barnardos worked within Merton it has offered group work to schools and a number of schools have engaged with this service and made close links to the service often seeking support and advice.
- 3.27 During 2014 Barnardos linked with the MOPAC worker for Girls and run joint workshops within schools looking at Sexual Exploitation and Girls within Gangs. Barnardos has also provided a number of training sessions for Merton both social work focused and multi- agency. These have consisted of lunch time seminars and full day trainings. Feedback given to the Local Authority has always been of a positive and productive nature (see attached)

## **4 WORK WITH SCHOOLS**

### **4.1 Schools work with vulnerable girls**

**Safeguarding** is a key responsibility for schools and governors. The LA works to both challenge and support schools in their work on safeguarding and with vulnerable pupils including vulnerable girls. To provide schools with a robust self assessment framework the LA has refreshed the safeguarding checklist for schools to ensure that they have the correct policies and procedures to to keep their pupils safe. This includes work around CSE and other safeguarding issues. Schools complete the audit and are challenged by Governors and LA officers to ensure the subsequent actions are followed up and completed.

- 4.2 Designated Teachers:** All schools must have designated teachers for child protection and safeguarding. Termly designated teacher child protection training events are held, facilitated by the LA, and they regularly include updates on CSE, FGM and forced marriage.

- 4.3 Prevention:** Schools are involved in a range of preventative work with their whole school and targeted groups of young people as well as individual case work. This work is supported by a wide range of CSF services: education inclusion; SENDIS; school improvement; EWS; CSC, VBS and from a range of partner agencies: Police; Health, VCS.

- 4.4 Schools work with the Education Welfare Service, Virtual Behaviour Service, CAMHS, and Vulnerable Children's team to identify children at risk - this is done through school panel processes or team around the child meetings. Secondary school representatives and in particular Melbury College are well embedded in multi-agency panels such as Prevent and Protect. In addition if girls are identified as missing education they are referred to the Children Missing Education Panel.

- 4.5 Children Missing Education:** The breakdown by gender over time shows CME applies equally to boys and girls (current open cases 37 boys, 37 girls.) A new prevention pilot between the Education Welfare Service and Transforming Families is identifying and supporting children in primary schools whose attendance has been below 90% for 3 years. The initial case loads of this new



team targeting chronic absence has 26 girls against 20 boys. The aim is to change this pattern of attendance prior to transfer to secondary schools and prevent future risk.

**4.6 Personal Health and Social Education** in secondary schools covers a range of risk issues such as “sexting”, e-safety and safe peer relationships. Safer Merton’s annual Youth Conference was planned with secondary heads last in 2013/14 and commissioned a National Organisation Tender to work with mixed gender groups from secondary schools on safety in peer relationships and teenage domestic violence. A touring theatre company commissioned by the council has visited a number of secondary schools looking at issues of consent. Schools run targeted prevention programs such as “leading ladies” empowerment programme and aspiration.

**4.7 Growing against Gangs and Violence (GAGV):** a Met Police PSHE project has also begun to roll out whole school work on risk to girls to compliment the work that they have previously done on gangs and knife crime.

## **5 GIRLS AND GANGS**

5.1 A recent study by the Centre for Social Justice (CSJ) said the "daily suffering" of thousands of women and girls "goes largely unnoticed" and that girls in gangs are leading "desperate lives" in which "rape is used as a weapon and carrying drugs and guns is seen as normal" and that:

- Female gang members in their teens are being pressured to have sex with boys as young as 10 to initiate males into gangs.
- Young women associated with rival gangs are targets, in some cases forced to take part in a "line up", where they are made to perform sexual acts on several men in a row.
- Girls and young women are frequently used to hide weapons and drugs - sometimes in pushchairs - because they are less likely to be stopped and searched by police.

5.2 The research was carried out by the CSJ with London youth charity XLP. Although Merton has not experienced a large number of cases in this regard, the issue is not being ignored by the borough as it is recognised that it is an issue that is increasing London-wide and nationally. It is therefore important to ensure that the issue is recognised, tackled and prevented.

5.3 Merton has strategies and systems in place to address the issue of gangs and girls. As detailed above our a Child Sexual Exploitation (CSE) strategy sets out local multi-agency working arrangements under the MSCB

5.4 Our Offender Management Panel (OMP) is a monthly multi-agency meeting which tracks and monitors the highest risk adolescents in Merton. With representation including the Police, Youth Justice/Offending Service, secondary education, the My Futures education, training and employment team,

Transforming Families, colleges, housing and children's social care, the panel discusses cases in detail and decides upon the best plan of action to reduce the risk presented by each young person (and their respective gang where necessary). The OMP has a successful track record and whilst ultimately the objective is to formulate exit programmes for offenders in the community and to fuel rehabilitation plans, the panel has contributed to intelligence gathering and sharing. The local Police are very effective at increasing enforcement measures where appropriate on particular high risk young people, which disrupts youth violence and the impact of gang activity.

5.5 Merton has also recruited to some key posts within its Children's Services to assist with this agenda including that of Gangs worker and Young Women and Girls Worker which we have recruited with funding from the Mayor of London's Police and Crime Committee (MOPAC). The Young Women and Girls' Worker has been appointed and engages with a cohort of young women who are offending or who are at risk of offending behaviour. In addition, the cohort are young women who are at risk of sexual exploitation. The outcomes agreed with MOPAC in relation to the identified cohort are:

- 50% of the young women who the VAWG worker works with will report a reduction in substance and/or alcohol misuse;
- There will be a reduction in police reports in relation to 50% of the young women who the VAGW works with;
- 80% of the young women who are being worked with through VAGW will express satisfaction with the service delivery and the support that is being provided to them;
- The number of CSE borough prosecutions will increase by 20% ;
- 70% of the VAWG workers caseloads of young women will be engaged in a form of education, training and employment at the end of the period; and
- 90% of the young women who are being worked with by the VAWG worker in will receive a sexual health intervention as part of their VAWG intervention plan/package.

## **6 FEMALE GENITAL MUTILATION**

6.1 It is estimated that 60,000 girls under 14 have been born in England and Wales to mothers who have undergone FGM: a major risk factor for them becoming victims themselves. In common with other critical child safeguarding issues our response across London is agreed through pan London protocols over seen by the London Safeguarding Children's Board and our own local SCB.

6.2 Merton Children's Safeguarding Board has convened a multi-agency task and finish group comprising of partner agencies from health, children's social care, education, police and the voluntary sector to produce a multi-agency FGM policy to provide a proactive response in Merton to FGM as a child protection issue. The aim of this group is to:

- Establish community links

- Scope all agencies in MSCB to establish support services currently available for girls/women who have undergone FGM
- Raise awareness of FGM amongst professionals and the community, including the legal aspects of FGM
- Identification of young girls at risk of FGM
- Identification of women and girls having undergone FGM and the provision of appropriate health services
- Undertake a training needs analysis for professionals

6.3 A briefing produced by the task and finish group is attached as an appendix.

6.4 Numbers of FGM cases in Merton remain low. FGM is often first discovered when female adults report to maternity services when they are pregnant. Health make appropriate referrals and then Children's Social Care have to assess the risk to any female child in the family. Our response will be determined by the risk. The Police have to assess whether any offence has occurred under UK jurisdiction. An issue with mothers presenting has been that the offence took place in another country and the victim was not at the time a UK national. The Police and all partners on regional and local SCBs are committed to ensuring perpetrators are actively pursued where UK laws have been breached.

## **7 TRAFFICKING**

7.1. Merton operates within the London safeguarding Children Board Pan London protocols regarding trafficked children and young people. Most of these young people (excepting un-accompanied asylum seeking YP) are referred to us through the Police when they have taken action against a specific address/adult operation. Sometimes operations are undertaken jointly with the Police when they have a suspicion children may be involved. Examples include young people brought here to work in cannabis farms, for domestic servitude or to work in the sex industry. In all cases we would undertake a child protection investigation and normally the young person would become looked after. Numbers of children in this category have been and continue to be in single figures.

7.2. The most significant group who could be considered as trafficked would be our unaccompanied asylum seeking children. Again there are Pan London agreements and cases are allocated to boroughs on a rota basis. Merton usually gets 1 young person allocated each month and the countries of origin change reflecting the international situation. Currently we are mostly receiving Afghan and Albanian young men. Following an age assessment local authorities would accommodate a UASC as looked after and they would receive care and leaving care services. Once they reach adulthood if their status has not been agreed they are usually returned home by the UK Border Agency.

## **8 CONSULTATION UNDERTAKEN OR PROPOSED**

8.1. None for the purposes of this report.

- 9**            **TIMETABLE**
- 9.1.          N/A
- 10**          **FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**
- 10.1.        No specific implications.
- 11**          **LEGAL AND STATUTORY IMPLICATIONS**
- 11.1.        No specific implications.
- 12**          **HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
- 12.1.        No specific implications.
- 13**          **CRIME AND DISORDER IMPLICATIONS**
- 13.1.        No specific implications.
- 14**          **RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 14.1.        No specific implications.
- 15**          **APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
- Appendix 1: Information on FGM
- 16**          **BACKGROUND PAPERS**
- 16.1.        None

## **Appendix 1**

The World Health Organisation (WHO) defines FGM as:

*Female genital mutilation (FGM) comprises 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 (WHO, UNICEF, UNFPA, 1997).<sup>i</sup>*

The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences, both at the time when the mutilation is carried out and in later life. FGM is not a matter that can be left to be decided by personal preference or tradition; it is an extremely harmful practice. FGM is child abuse, a form of violence against women and girls.

FGM in England has been illegal since 1985, and in 2003 the Female Genital Mutilation Act increased the penalty for aiding, abetting or counselling to procure FGM to 14 years imprisonment.<sup>ii</sup> Despite this, it was not until April 2014 that a prosecution was brought. .

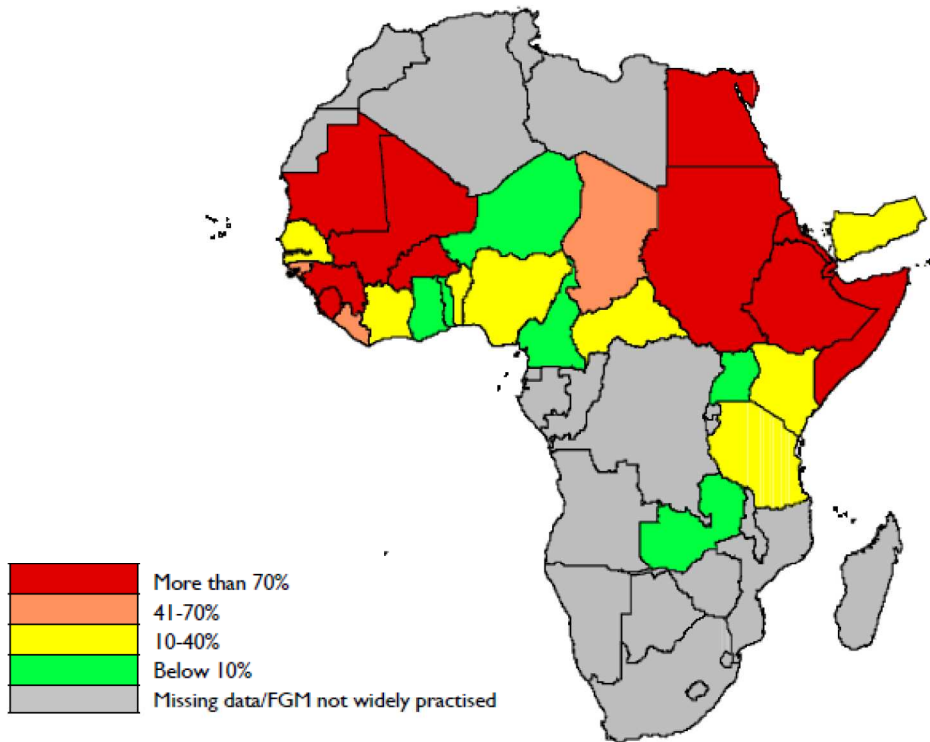
### **How Widespread is FGM?**

In 2013 UNICEF estimated that about 100 to 140 million women and girls have undergone FGM across the globe, and a further 3 million girls undergo FGM every year in Africa.<sup>iii</sup> The map on the next page shows that the practice is most common in 28 African countries and some parts of the Middle East and Asia. National FGM prevalence rates vary from as low as 1% to 90% or more. In the UNICEF Survey, FGM was conducted on girls under 5 years of age in half of the countries surveyed. In the rest of the countries, it was done between the ages of 5 to 14 years.

As people immigrate abroad, girls and women who have suffered FGM or are at risk are now either British citizens born to parents from FGM practising communities or girls resident in the UK who were born in countries that practice FGM.<sup>iv</sup> While the full extent of the problem in UK is not known, a 2001 estimate revealed that about 66,000 residents in England and Wales had undergone FGM and over 23,000 under the age of 15 are at risk of FGM.<sup>v</sup>

## FIGURE 1: PREVALENCE OF FGM AMONG WOMEN AGED 15-49 IN AFRICA

Source: UNICEF (October 2010), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997–2009.



DATA YEAR	COUNTRY	FGM PREVALENCE
2006	Somalia	97.9%
2005	Guinea	95.6%
2006	Djibouti	93.1%
2008	Sierra Leone	91.3%
2008	Egypt	91.1%
2006	Sudan	89.3%
2002	Eritrea	88.7%
2006	Mali	85.2%
2005/06	The Gambia	78.3%
2005	Ethiopia	74.3%
2006	Burkina Faso	72.5%
2007	Mauritania	72.2%
2007	Liberia	58.3%
2004	Chad	44.9%
2006	Guinea-Bissau	44.5%

DATA YEAR	COUNTRY	FGM PREVALENCE
2006	Côte d'Ivoire	36.4%
2008	Nigeria	29.6%
2005	Senegal	28.2%
2008/09	Kenya	27.1%
2006	Central African Republic	25.7%
1997	Yemen	22.6%
2004/05	Tanzania	14.6%
2006	Benin	12.9%
2006	Togo	5.8%
2006	Ghana	3.8%
2006	Niger	2.2%
2004	Cameroon	1.4%
2005	Zambia	0.9%
2006	Uganda	0.6%

### Factors that Increase Risk of FGM

- Level of integration of family within UK society
- Any girl born to a woman who has been subjected to FGM and other female children in the extended family.
- Any girl who has a sister who has already undergone FGM
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education

## **Roles of different Professionals**

- Health professionals are key to providing support to victims of FGM and intervening to prevent girls and women from being harmed.
- Police Officers have a duty to investigate any suspicion of FGM
- Children's social care has a clear duty to safeguard children and so should work to prevent FGM taking place, and offer support to any girls affected by the practice.
- Educational professionals can create an environment where students feel safe and know that their concerns, including FGM will be taken seriously.

## **What Can We Do to Reduce the Practice of FGM?**

FGM is not a matter that can be left to be decided by personal preference; it is illegal. Professionals should not let fears of being branded racist or discriminatory get in the way of their important role in protecting vulnerable girls and women. The child's safety and wellbeing is the priority.

FGM is a cultural practice, deeply embedded in communities. A community—led approach is most appropriate to reduce the practice of FGM. This approach includes not only women themselves but community leaders and male partners

The UK Intercollegiate report, launched on the 1<sup>st</sup> of November 2013, made the following recommendations for tackling FGM in the UK:

1. Treat FGM as child abuse.
2. Document and collect information on FGM.
3. Share information on FGM systematically.
4. Empower frontline professionals to ensure prevention and protection of girls at risk of FGM, and provide quality care for girls/women who suffer complications of FGM.
5. Identify girls at risk and refer them as part of child safeguarding obligations.
6. Report cases of FGM – all girls and women presenting with FGM must be considered potential victims of crime and should be referred to the police and support services.
7. Hold frontline professionals accountable.
8. Empower and support affected girls and young women - both those at risk and survivors.
9. Implement FGM awareness campaigns.

## **What We Are Doing in Merton**

Merton Children's Safeguarding Board has convened a multi agency task and finish group comprising of partner agencies from health, social care, education, police and the voluntary sector to produce a multi agency FGM policy to provide a proactive response in Merton to FGM as a child protection issue. The aim of this group is to:

- Establish community links

- Scope all agencies in MSCB to establish support services currently available for girls/women who have undergone FGM
- Raise awareness of FGM amongst professionals and the community, including the legal aspects of FGM
- Identification of young girls at risk of FGM
- Identification of women and girls having undergone FGM and the provision of appropriate health services
- Undertake a training needs analysis for professionals

If any professional have concerns that a girl/woman is at risk of FGM please contact MASH on 020 8545 4226.

The task and finish group would welcome information regarding services currently available in Merton for girls/women who have undergone FGM, including any community contacts who would like to be involved. Please contact Louise Doherty, Named Nurse Safeguarding Children, Sutton and Merton Community Services (Chair of FGM task and finish group) [louise.doherty@smcs.nhs.uk](mailto:louise.doherty@smcs.nhs.uk)

Dr Kay Eilbert, Director of Public Health, Merton

Louise Doherty, Named Nurse Safeguarding Children, Sutton and Merton Community Services

---

<sup>i</sup>. **World Health Organisation (2008)**. Classification of female genital mutilation. Available at <http://www.who.int/reproductivehealth/topics/fgm/overview/en/index.html>. Accessed on 22 November 2013

<sup>ii</sup> Multi-Agency Practice Guidelines Female Genital Mutilation HM Government February 2011.

<sup>iii</sup>. **United Nations Children’s Fund (2013)**. Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change, UNICEF, New York.

<sup>iv</sup>. **Bristol Safeguarding Children Board (2011)**. FGM Multiagency Guidance. Available at: [http://www.bristol.gov.uk/sites/default/files/documents/children\\_and\\_young\\_people/child\\_health\\_and\\_welfare/DRAFT%20Revised%20%20Bristol%20FGM%20Multi%20Agency%20Guidance%20FINAL011111.pdf](http://www.bristol.gov.uk/sites/default/files/documents/children_and_young_people/child_health_and_welfare/DRAFT%20Revised%20%20Bristol%20FGM%20Multi%20Agency%20Guidance%20FINAL011111.pdf) . Accessed on 2<sup>nd</sup> October 2013.

<sup>v</sup>. **Dorkenoo, E, Morison, L, Macfarlane, A, (2007)**. A Statistical Study To Estimate the Prevalence of FGM in England and Wales. FORWARD, London