

Tackling & Preventing Female Genital Mutilation (FGM) - City and Hackney Strategy 2016-2019



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1. INTRODUCTION & BACKGROUND

- 1.1 This document outlines our strategy for preventing, identifying and tackling Female Genital Mutilation (FGM) in Hackney and the City of London. It has been developed with regards to the existing knowledge of the issue and has drawn on evidence about effective practice from national research and local multi-agency focused discussions, legislation, policy and guidance.
- 1.2 In July 2013, Hackney was successful in its application for a grant from the King’s Fund, “Local Vision” systems leadership programme. The bid aimed to identify the required system change for reducing the risk of FGM faced by girls and women in Hackney and to identify the services that might be needed by women who have experienced it. An initial analysis of the approach to tackling FGM was conducted between 12th November and 17th December 2013. Individual meetings and focus groups were conducted across professional groups and communities to understand current practice and identify opportunities.
- 1.3 City of London Corporation has a history of successful collaboration with Hackney – sharing both a children’s safeguarding board and clinical commissioning group. As such it is partnering with Hackney in the adoption and delivery of this strategy, drawing on shared expertise and ensuring that the risks and issues within the City’s much smaller population are not overlooked. Specific features of the City’s population and services have been drawn out, and the local delivery of the strategy in the City will be supported by specific actions in the action plan.
- 1.4 To get an indication of how widespread FGM is in the local area, and what policies or training are in place we asked ourselves the following questions:
- How many members of FGM-affected communities live in the area?
 - Is there a policy on FGM, and who is accountable for leading and implementing it?
 - Which area does FGM prevention fall under?
 - What training is there for professionals like health, teaching and safeguarding workers?
 - What steps have been taken to use the national multi-agency guidelines on FGM?

- Are designated senior staff for safeguarding aware of FGM and have they ensured that their staff are aware of the potential risks?
- What support services are available for survivors?
- How can we engage with survivors, the community and faith groups

1.5 A number of individuals meetings took place with partners and a multi-agency working group was then established and met several times during 2014. The working group has made a start, but due to ongoing national developments the journey towards tackling the practice of FGM will be a lengthy one where continual reflection, learning and review of progress will be essential.

1.6 Building upon extensive work already undertaken, this strategy presents a roadmap for the future towards which all local professionals can work and in so doing eliminate the practice of FGM. It focuses on the following three main priorities:

- **Prevention and early intervention**
- **Strong and effective leadership**
- **Effective protection and provision of support**

2. KEY ACHIEVEMENTS SO FAR

2.1 This strategy should be read in the context of the significant work already undertaken by partner agencies in developing the local response to FGM. Below is a summary of key achievements already accomplished which are helping to address FGM

Hackney

- Established a multi-agency FGM steering group which coordinates the development of the FGM action plan.
- Information on FGM has been included in Hackney's Sex and Relationships Education (SRE) support documentation.
- Piloted a whole school approach to FGM in two primary school through the Christopher Winter Project.
- Engagement with anti-FGM campaigners (such as Daughters of Eve, Family Action, Forward, Hawa Trust) to understand their perspective on what actions are needed to prevent FGM.
- IT systems in health and Children's Social Care have been updated to record all cases of FGM.
- Funding for local voluntary community organisations working to tackle this issue.
- Homerton University Hospital has developed a FGM policy.
- The Independent Chair of the City and Hackney Safeguarding Children Board (CHSCB) engagement with FGM survivors, voluntary sector groups and a local imam.
- The production of an awareness DVD produced by the CHSCB in partnership with local survivors and Hackney Council for Voluntary Service.
- Community conference held in partnership with Hawa Trust.
- Survey administered to the community to garner their views on the types of support services needed.
- The Children and Young People's Scrutiny Commission conducted an investigation to explore the multi-agency response to FGM.

City of London

- A City of London FGM needs assessment has been conducted outlining the likely scale of the issue in the City and approach to addressing FGM.
- A FGM Single Point of Contact (SPOC) in the Public Protection Unit has been established. The SPOC is a City of London Detective Constable who has been trained and works with the Metropolitan Police Service on operation at airports during summer holidays to identify those at risk.
- Established a Vulnerable Victim Coordinator, who holds weekly outreach sessions within the Mansell Street Estate Library, giving the community the opportunity to discuss issues.
- The Vulnerable Victim Coordinator and SPOC have worked together on a training package for frontline police officers and staff on FGM, how to respond and how to support people. This was delivered to different departments in the force.
- City of London Police have created a Standard Operating Procedure for FGM and frontline officers and Public Protection Unit officers trained in identification and support for women and girls who have experienced FGM. These have been delivered to different departments in the force along with the training package.
- Between January and March 2015 the City of London Police held ten multi-agency half day training events covering various aspects of public protection and this included an input in FGM. There were police officers, staff and other agencies present.
- A poster campaign early 2015 around the City and internally raising awareness of what FGM is. The posters were put up in GP surgeries, Mansell Street Estate and City of London libraries.
- In February 2015 an FGM awareness day was held in the City, this aimed to inform business employees that FGM is an offence, contact details for support and asked the public be aware within their own communities and workplaces
- Sessions are being held with foster carers to make them aware of the issues surrounding FGM.
- FGM is on the agenda of the City of London Children Looked After and Care Leavers Improvement Group.

3. PURPOSE OF THE STRATEGY

- 3.1 This document sets out the strategic aims and priorities on tackling and preventing FGM. This strategy should be considered alongside other key strategies, policies and procedures such as, the forthcoming Hackney Council’s Violence against Women and Girls Strategy¹ (VAWG), City of London Children and Young People’s Plan 2015-2018, London Child Protection Procedures, FGM Multi-agency guidelines, Working Together to Safeguard Children (2015) as well as the Department of Health FGM Guidance.
- 3.2 This strategy outlines how we aim to prevent FGM from happening, improve services and professionals’ responses to girls and women who have undergone or are at risk of FGM, and ensure sensitive specialist support, information and advice is available and targeted to the right people.
- 3.3 This FGM strategy and its accompanying action plan ([page 23](#)) have been produced to take stock of research, recent policy and legislative changes and approaches to tackling FGM across Hackney and the City of London. The strategy illustrates the steps that will be taken to realise our strategic vision.
- 3.4 The overarching aim is to promote the welfare of girls of women and reduce FGM and the deleterious impact of the practice by knowing and understanding the issue locally, providing strong leadership, prevention initiatives, protection and support. We are focusing on the following three priorities:

Priority 1: Prevention and Early Intervention

- 3.5 The aim of this priority is to ensure the safety of the girls and women at risk of FGM. Key actions under this priority include:
- Conducting an audit on relevant agencies to examine what and how information is collected and recorded on FGM.
 - Identify key staff and ensure they are effectively trained to identify and support those at risk of FGM.
 - Developing and implementing a public awareness campaign which focuses on preventing FGM.

¹ This strategy is due to be developed following the outcome of the Domestic Violence and VAWG review

Priority 2: Strong and Effective Leadership

3.6 The aim of this priority is to ensure key partners promote zero tolerance to FGM. Key actions under this priority include:

- Develop services specification requirements for new and existing commissioned services that are working with girls and/or women to ensure these providers understand how to address FGM issues.
- Officially launching the FGM protocol and encouraging other key agencies to adopt it.
- Embedding tackling and preventing FGM into existing safeguarding and VAWG strategies.

Priority 3: Effective Protection and Provision

3.7 The aim of this priority is to ensure the health and wellbeing needs of girls and women affected by FGM are met. Key actions under this priority include:

- Engaging with girls and women who have been affected by FGM to understand which interventions and services have been most effective.
- Developing and publicising a directory of key health and support services available to those affected by FGM.
- Communicating with key professionals to ensure they recognise their responsibility to refer appropriate cases to the police for further investigation.

4. OUR VISION

4.1 The overarching vision for this strategy is to promote the welfare of girls and women, preventing FGM and the harmful impact of the practice as well as to understand the issue locally whilst providing strong leadership, protection and support to those who need it the most.

4.2 This strategy aims to make advances to achieve the following:

- Girls and women are provided with the opportunity to understand that they have a right to be protected from being harmed and are confident to seek support.

- Boys and men understand the impact of FGM on the physical, emotional health and wellbeing of girls and women and the part they can play in eliminating the practice.
- Educate influential men and women who condone FGM to ensure they understand it is an illegal and harmful practice.
- Girls and women who are particularly at risk of FGM are identified and supported by their families/carers, professionals and their community to speak out against the practice.
- Girls and women who have experienced or are at risk of FGM are identified, safeguarded and supported for as long as they need.
- Professionals, families, carers, and communities can identify the signs of FGM, know what to do with that information, and are aware of agencies' responses and responsibilities to protect and promote the welfare of girls and women.
- Those who subject girls and women to FGM are identified and held to account.

5. GUIDING PRINCIPLES

5.1 This strategy is based on the following key principles

- Girls and women at risk of or who have undergone FGM, should be seen, heard and helped.
- FGM is a crime and a serious violation of human rights.
- It is a form of violence against girls and women.
- It is child abuse.
- There are no health benefits associated with FGM.
- Sharing of FGM data is essential to safeguard those at risk.
- Reducing FGM requires a multi-agency approach.

6. WHAT IS FGM

Definition

- 6.1 **FGM is child abuse, it is a form of violence against girls and women and is a violation of human rights.**
- 6.2 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.²
- 6.3 FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman. However, **it has no health benefits and harms girls and women in many ways.**
- 6.4 FGM has been classified by the World Health Organisation into 4 main types:

Type 1 – Clitoridectomy	Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
Type 2 – Excision	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the ‘lips’ that surround the vagina).
Type 3 – Infibulation	Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
Type 4 – Other	All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

- 6.5 The age at which girls undergo FGM varies enormously according to different communities. The procedure may be carried out when a girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.³

² World Health Organisation (updated February 2014) “[Fact Sheet No.4: Female Genital Mutilation](#)”

³ *Ibid.*

Consequences of FGM

- 6.6 As mentioned earlier, there are no health benefits related to FGM. It involves removing and damaging healthy and normal female genital tissues, and hence interferes with the natural function of female bodies. The practice causes severe pain and has several immediate and long term health as well as psychological consequences, including difficulties in childbirth also causing dangers to the child.
- 6.7 The list below shows some of the short term and long consequences arising from FGM
- Severe pain
 - Urinary and wound infections (such as Hepatitis B)
 - Excessive bleeding
 - Fractures or dislocation
 - Difficulties menstruating
 - Renal failure
 - Damage to reproductive system
 - Complications in pregnancy and child birth
 - Emotional and psychological issues which may lead to long term mental health problems
 - Difficulties with personal and family relationships
 - Death

FGM related legislation

- 6.8 With the passing of the Prohibition of Female Circumcision Act 1985, FGM became a specific criminal offence. This was subsequently replaced by the current offences set out in the Female Genital Mutilation Act 2003 for England, Wales and Northern Ireland.
- 6.9 Under the FGM Act 2003, 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 professional on physical and mental health grounds. It is also an offence to assist a girl

to perform FGM on herself. Any person found guilty of an offence under the Act will be liable to a maximum penalty of 14 years imprisonment or/and a fine.

6.10 The 2003 Act created extra-territorial offences to deter people taking girls abroad for mutilation but the victim or perpetrator must either be a UK national or a permanent UK resident. Therefore, the law failed to protect girls and cover perpetrators, with a different residency status. The Serious Crime Act 2015 blocked this loophole by covering those who are 'habitually resident' in the UK.

6.11 The Serious Crime Act 2015 also brought in a number of other changes:

- **Duty to notify the police of FGM (mandatory reporting):** This section places a duty on those who work in 'regulated professions' namely healthcare professionals, teachers and social care workers, to notify the police when, in the course of their work, they discover that an act of FGM appears to have been carried out on a girl who is under-18. Failing to comply with the duty will be dealt with via existing disciplinary measures, which may include referral to the professional regulator and/or Disclosure and Barring Service as appropriate.
- **Anonymity for victims:** lifelong anonymity for alleged victims of FGM. The aim here is to increase reporting of FGM by encouraging victims to report FGM offences and to increase prosecutions by helping the victim feel safe in their anonymity if they report a crime against them.
- **Duty to protect a girl:** there is a new offence of failing to protect a girl under the age of 16 from FGM. A person is liable if they are 'responsible' (possess parental responsibility) for a girl or have assumed responsibility for caring for a girl at the time when the offence is committed against her (this can include a Local Authority who has parental responsibility).
- **FGM Protection Orders:** the high court or family courts will be able to make a protection order, which can be used to protect a girl who may be at risk of an FGM offence or a girl to whom FGM has been committed. It will be a criminal offence to breach the order and the penalty will be a maximum penalty of five years imprisonment or as a civil breach punishable by up to two years' imprisonment.

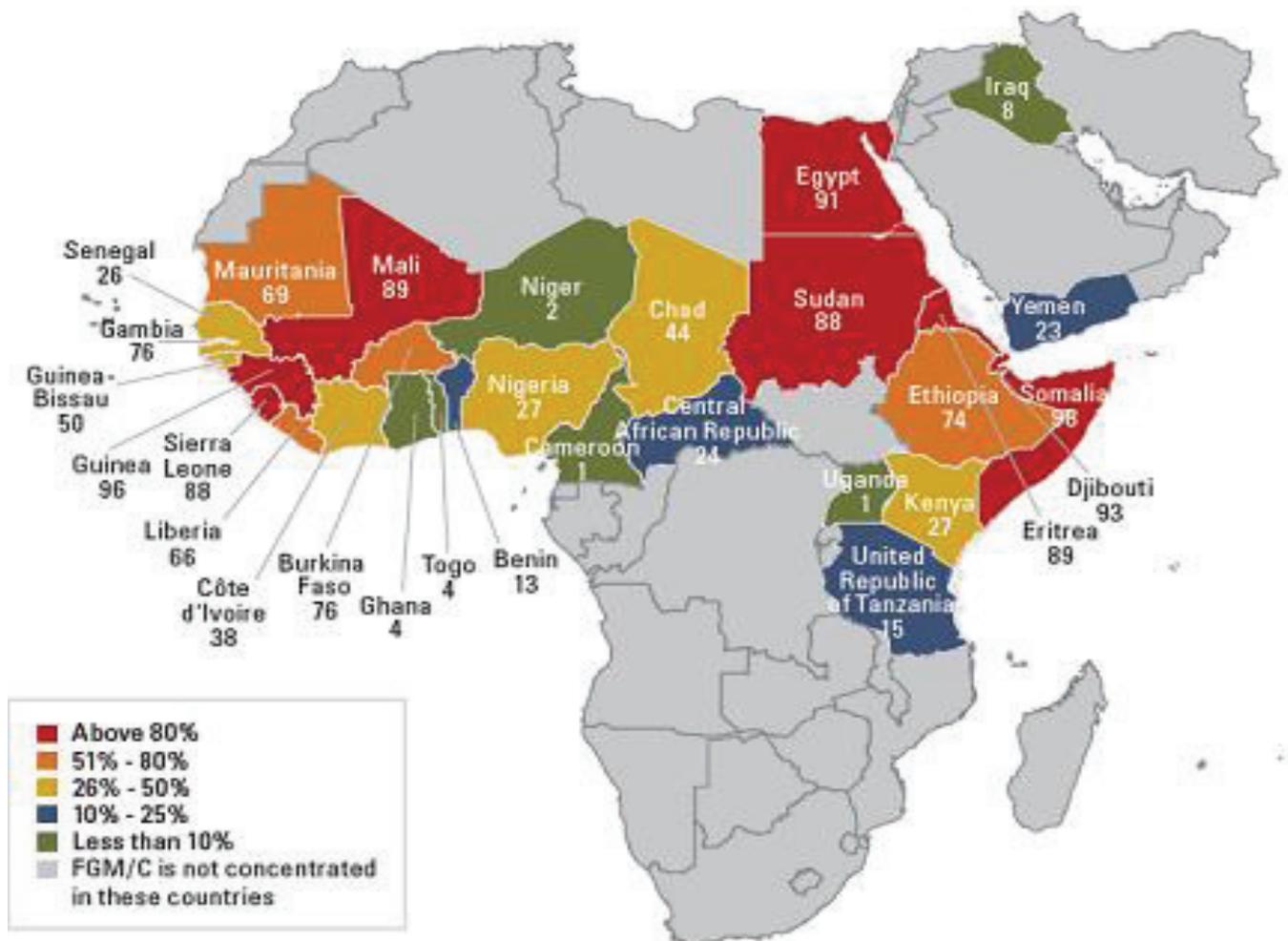
7. PREVALENCE OF FGM

International prevalence

7.1 More than 125 million girls and women alive today have undergone FGM in the 29 countries in Africa and Middle East where FGM is concentrated.⁴ The World Health Organisation estimates that between 100 and 140 million girls and women worldwide have experienced FGM and around 3 million girls undergo some form of the procedure each year in Africa alone.⁵

7.2 As shown in Figure 1, FGM is mainly practiced in the western, eastern and north-eastern regions of Africa. It is also practiced in some countries in Asia as well as the Middle East, and among migrants from these areas.

FIGURE 1 - PREVALENCE OF FGM AMONG WOMEN AGED 15-49 YEARS IN AFRICA AND THE MIDDLE EAST



Source: UNICEF (July 2013), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997-2012

⁴ UNICEF (2013), "Female Genital Mutilation/Cutting: a statistical overview and exploration of the dynamics of change"

⁵ World Health Organisation (updated February 2014) "[Fact Sheet No.4: Female Genital Mutilation](#)"

National prevalence

- 7.3 A prevalence study in the UK estimated that approximately 60,000 girls under the age of 15 years in 2011 were born in England and Wales to mothers who had undergone FGM.⁶
- 7.4 It is estimated that approximately 103,000 women aged 15 to 49 and around 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.⁷
- 7.5 Figures produced by Trust for London and City University shows that London has the highest national prevalence for any city with an estimated 2.1% of women affected by FGM.⁸
- 7.6 Data produced by City University estimates that between 2005 and 2013, 1,114 girls were born to women with FGM, which represents 5.3% of all females births in City and Hackney. In addition, it is also estimated that 3,193 girls were born to women from FGM practising countries.

8. FGM IN HACKNEY

Local figures

- 8.1 A statistical study by FORWARD was conducted in 2007 using the 2001 census data estimated that 921 women with FGM had given birth in Hackney between 2001-2004.⁹
- 8.2 All women using Homerton University Hospital antenatal services were routinely asked if they have been “cut” before mandatory recording came into effect in 2014.

⁶ City University & Equality Now (2014), [*“FGM in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk”*](#)

⁷ *Ibid.*

⁸ City University & Equality Now (July 2015) [*“Prevalence of FGM in England and Wales: National and Local Estimates available”*](#)

⁹ FORWARD (2007), [*“A Statistical Study to Estimate the Prevalence of FGM in England and Wales”*](#)

Homerton University Hospital has approximately 6,000 births a year and the number of women who disclosed a history of FGM, at booking for maternity care (usually 12 weeks) from January 1st 2008 to 31st December 2013 was 245 according to the Electronic Patients Record system. It is possible that a greater number of women do not disclose but are recognised later.

- 8.3 Homerton University Hospital undertakes approximately 10 FGM deinfibulations (“reversals”) a year.
- 8.4 The Learning Trust has provided information from the annual school census on the number of pupils from different ethnic groups at schools across Hackney. Of the countries where FGM is practised only 6 countries are covered by the school census. The number of girls whose parents are from a practising country was recorded as 3,028 in 2014 and 3,165 in 2015.
- 8.5 Between December 2014 and November 2015, 140 referrals were made to Children Social Care because there were concerns about potential risk of FGM. In none of the cases the girl had FGM performed.

9. FGM IN THE CITY OF LONDON

- 9.1 The Office for National Statistics does not publish data on the exact country of birth for City of London residents. In addition to this and other data restrictions, it is hard to ascertain the prevalence and risk of FGM in the City and London, however a statistical study conducted by Trust for London and City University (July 2015) showed that, between 2005 to 2013, there were ten girls who were born to women from FGM practising countries.¹⁰ There were no girls aged between 0 to 15 years living in the City of London who were born in countries where FGM is prevalent, however female children born to mothers who were born in FGM practising countries may be at risk themselves.

¹⁰ Trust for London, ONS 2015

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- 9.2 Latest census data (2011) does show that there are 45 women born in or near countries where there is a high prevalence of FGM (North, Central and Western Africa),¹¹ which may be an indication of the level of risk to City of London residents.¹²
- 9.3 It is recognised that the high volumes of people entering the City of London would indicate there are girls and women who are a risk or who have undergone FGM will be traveling within the area.

10. RECORDING AND REPORTING OF FGM

- 10.1 Since April 2014, it is mandatory for NHS healthcare professionals to record FGM in a patient's healthcare record, if they identify through the delivery of healthcare services that a woman or girl has had FGM.¹³
- 10.2 In September 2014, it also became mandatory for Acute Trusts to collate and submit basic anonymised details about the number of patients treated who have had FGM to the Department of Health.
- 10.3 While there is no requirement to ask every girl and woman whether they have had FGM, professional judgement (in line with the Department of Health guidance) should be used to decide whether to ask the patient.
- 10.4 It is best practice to share information between healthcare professionals to support the ongoing provision of care and effort to safeguard women and girls against FGM. For example, after a woman has given birth, information about her FGM status should be included in the discharge summary record which is sent to the GP, Family Nurse and Health Visitor. In addition, it is useful to include that there is a history of FGM within the Personal Child Health Record (often called the "Red Book").

¹¹ Office for National Statistics (2011) "*Census: Local characteristics, table LC2103EW, Country of birth by sex and age*"

¹² This is likely to be an overestimation, as not every country in North, Central and Western Africa practices FGM)

¹³ [FGM Prevention Programme: Requirements for NHS staff - Statement by the Department of Health and NHS England](#)

10.5 In October 2015, it became a mandatory requirement, under Section 5B of the FGM Act 2003, for healthcare professionals, teachers and social care workers to notify the police when they discover that an act of FGM appears to have been carried out on a girl (under 18 years).¹⁴

11. FGM PROTOCOL

11.1 A Hackney FGM protocol has been developed which enables health professionals to use a FGM screening tool (which incorporates the Department of Health FGM Guidance) to help identify women who have experienced FGM and are pregnant with a girl or have girls in their home.

11.2 The aim of this protocol is to help certify that any organisations signed up will be committed to ensuring that upon the identification of a woman having been subjected to FGM:

- The woman will be offered appropriate and consistent support and guidance
- Contact will be made with Children’s Social Care Services when deemed appropriate and in line with London Safeguarding Children Board and local safeguarding procedures
- An assessment of risk of FGM being performed on all female children under the age of 18 years within the identified women’s household will be carried out by Children’s Social Care.

11.3 At present, this protocol has been adopted by Homerton University Hospital Foundation Trust Hospital and Hackney Children’s Social Care.

11.4 The strategy includes an action to develop a multi-agency protocol, following the publication of the statutory guidance on FGM. In addition, the City of London will liaise with colleagues in Hackney, Tower Hamlets and Islington in order to develop a protocol to ensure girls and women are offered consistent support and guidance, contact is made with the City of London Children’s Social Care and a risk assessment is carried out. This will be formally agreed in the hospitals where we know City women give birth, namely the Homerton, University College London and the Royal London

¹⁴ Home Office (October 2015), [“FGM Mandatory Report Procedural Information”](#)

12. OUR PRIORITIES

- 12.1 The following strategic priorities, informed by national developments, research and the voices of girls and women provide the focus for further developing our local arrangements and responses to FGM. An action plan have been developed against these areas.

Priority 1: Prevention and early intervention

- 12.2 **Prevention is key to ending FGM and must be one of the focal areas to centre our work.** FGM is preventable, so with appropriate awareness and preventative work targeting attitudes and beliefs about the practice this can be achieved. The focus of this priority is to ensure that professionals are able to understand the risks and respond to concerns about the possible risks of FGM taking place. This priority also focuses on identifying girls and women at risk or those who have already undergone FGM to ensure that they can access the appropriate level of support to ensure their safety. In addition, this priority also addresses the need for residents in Hackney and the City of London to live in an environment that promotes a culture based on equal rights, safeguarding, preventing girls and women being subject to FGM and building the resilience of girls and women.
- 12.3 In support of this priority, some primary and secondary schools have already included work on FGM within the content of Personal, Social and Health Education (PSHE) and SRE. In understanding its role in implementing strategies to prevent FGM, Hackney's Public Health team has provided schools with financial support to deliver this to students and funded the Christopher Winter Project to work in two primary schools to implement a pilot whole school approach involving work with students, staff and parents. This innovative and unique approach will be used, as a template for other schools to follow. In addition, some secondary schools in Hackney currently partner with Brook and FORWARD, to provide training to staff and direct work with students. Awareness-raising activities have been delivered to staff across schools and the health sector (GPs, health visitors, school nurses etc.).
- 12.4 Our overarching aim with this priority is **'to ensure the safety of girls and women who are at risk of FGM'**.

12.5 Through continued focus on this priority area it is intended that by 2019 Hackney and the City of London will have made significant progress towards being a place where:

- Improved identification of girls and women who are at risk or have undergone FGM by universal services.
- Systems are in place to enable all relevant agencies to capture and record information on girls and women who present with or are at risk of FGM.
- Schools deliver PSHE and SRE where they strive to take a whole-school approach to safeguarding girls at risk and preventing FGM.
- Pregnant women and new parents will have access to information to improve their understanding of the health implications, legal position, how to safeguard their daughters and where to access services.
- Professionals adopt a consistent attitude towards identification, assessing risks, offering support and making appropriate referrals.
- There are clear processes and mechanisms to enable practitioners to assess and identify risk.
- There is a clear understanding amongst professionals about how, when and why to share information both within and across agencies.
- Engagement with young people, parents/carers and communities creates public confidence in the actions of agencies and these groups feel safe to refer concerns to statutory services.
- Girls and women who are particularly vulnerable to FGM are identified early and supported by professionals, and their community to prevent and build resilience against violence.
- Making best use of voluntary sector capacity through outreach to girls, women, men and faith leaders.
- Organisations within the voluntary sector working to tackle FGM use effective evidence based approaches to change attitudes, behaviours and beliefs in communities.
- Professionals who come into contact with girls and women have the relevant knowledge to help them identify who within the community is at risk of FGM.

- Professionals, parents/carers, young people, in addition to residents of Hackney, can speak out against FGM, know who to contact to report their concerns, and know what will be done in response.
- FGM is understood by professionals as being violence against girls and women and that it can overlap with other issues e.g., witchcraft, mental health, domestic violence, forced marriage etc.

Priority 2: Strong and effective leadership

12.6 **The focus of this strategic priority is a recognition of the need for ongoing strong leadership to successfully tackle FGM.** Agencies should be aware of their responsibilities and obligations in relation to FGM. Tackling FGM requires a joint and coordinated approach and this can only be achieved through strong leadership at all levels. Political leaders, Chief Executives, Directors and senior leaders in all organisations, together with leaders in the local community, have a responsibility to set a culture within which FGM is not tolerated, where it is not seen as a cultural issue and where their staff adopt an approach involving respectful uncertainty. Their staff must also have an understanding of cultural competence and cultural sensibilities, along with an understanding that cultural sensitivities should not override safeguarding concerns. Continuing to promote a culture that encourages professional curiosity and challenge is fundamental. Strong leadership ensures this approach is hardwired into the professional and community response to FGM.

12.7 Supporting this priority, FGM remains a key strategic focus in the CHSCB business plan and as such is subject to the statutory objectives of the CHSCB; coordinating what is done by partners and scrutinising the effectiveness of the arrangements to tackle FGM. In addition, Public Health recognise the importance of its role in tackling FGM. Enhanced governance arrangements as well as scrutiny from the Children and Young People Scrutiny Commission also ensure FGM is kept firmly on the agenda across key strategic leaders.

12.8 Our overarching aim with this priority is **‘to ensure key partners promote zero tolerance to the practice of FGM’**. Through a continued focus on this priority, it is intended that by 2019, the City and Hackney will be places where:

- The safety and wellbeing of girls and women affected by FGM continues to be a priority across all relevant organisations and community settings and this is evidenced in respective strategic planning.
- The culture of organisations set by senior leaders are receptive to the needs of communities affected by FGM and that young people, parents/carers and communities feel confident that their concerns are taken seriously and help is provided when needed.
- Strong leadership will lead to a trajectory where communities are confident that statutory services tackle FGM.

Priority 3: Effective protection and provision of support

12.9 **This priority arises from the an understanding that to safeguard girls and women from undergoing FGM and protecting those who have experienced the harmful practice, professionals need to adopt a multi-agency response, they must be aware how to identify and support those who are affected by FGM.** In addition, those who perpetrate violence towards girls and women are held accountable for their actions.

12.10 Supporting this strategic priority, professionals in Hackney and the City of London are identifying cases of girls and women at risk of or have experienced FGM, referring them to the police and Children’s Social Care to take a multi-agency approach towards intervention and investigations. It is recognised that prosecution alone will not prevent FGM from taking place however, where such a response is required the legislation must be used, as this sends the right message; Zero tolerance on the practice of FGM.

12.11 Our overarching aim with this priority is **‘to ensure the health and wellbeing needs of girls and women affected by FGM are met’**. By 2019 City and Hackney will protect girls and women from FGM through:

- Ensuring that all professionals are aware of the FGM multi-agency guidance and that FGM is embedded within safeguarding arrangements and protocols
- Ensuring that frontline staff have an enhanced awareness of FGM
- Ensuring that there are clearly identified referral pathways

- Ensuring existing psychological and physical health services are able to meet the health and wellbeing needs of girls and women.
- Empowering girls, women, boys and men to speak out against and to have a voice in how services are being delivered.
- Creating avenues to engage communities to contribute towards designing FGM services in order to reduce barriers to accessing support and health services.
- Partner agencies ensuring that their commissioning processes include the need to protect and support girls and women at risk of / or who have undergone FGM.