

Female Genital Mutilation: the case for a national action plan

On July 3 2014, the Home Affairs Committee issued its second report on Female Genital Mutilation (FGM).

The report highlighted some key areas for tackling FGM in the UK making recommendations for all key agencies i.e. health practitioners, schools, social services and the police. But most importantly, the call for a national action plan.

The recommendations put forward in the report (see below), were formed following submissions from anti-FGM Campaigners, organisations that support women and girls who have had FGM, medical practitioners, the Police and educators. The evidence pulled no punches as to what they feel is urgently required to address this issue in the UK.

"The failure to respond adequately to the growing prevalence of FGM in the UK over recent years has likely resulted in the preventable mutilation of thousands of girls to whom the state owed a duty of care. This is a national scandal for which successive governments, politicians, the police, health, education and social care sectors all share responsibility".

*Home Affairs Committee
July 3 2014*

The report drew comparisons with France where they have successfully achieved 40 prosecutions since 1979 resulting in the punishment of more than 100 parents and carers - this despite their being no specific law against FGM in France. In addition, children are subjected to regular medical health checks up to the age of six, which also includes examination of the genitals.

The report also highlights the urgency to treat FGM as a child protection matter, mainstreaming it as part of the existing safeguarding framework along with possible changes to the civil law from the Ministry of Justice as an additional tool for tackling FGM. Parents or carers could also have placed on them a positive duty to prevent their child or children from being mutilated by someone else or on the instigation of someone else.

Although the report does propose some long overdue changes to how FGM is addressed in the UK, it does fall short on making it a statutory requirement for mandatory reporting and making the failure to report FGM a criminal offence because:

- a) Mandatory reporting systems will cause a steep rise in the numbers of reports being made
- b) Child protection services are likely to be overloaded with work in investigating unsubstantiated reports with an adverse impact on the resources available to help children and families.

The government have failed to convince its opponents that mandatory reporting is not required citing that existing procedures already in place are sufficient for this purpose - and no doubt, anti-FGM campaigners will continue to push the government in this area. However, in PMQs on 9 July 2014, David Cameron stated that the government is now considering changing the child abuse laws to include mandatory reporting. This comes in the light of historic child abuse cases and UCU will be looking at this with interest.

The report welcomes the £100,000 additional funding from the Home Office to support greater engagement work by voluntary organisations but fails to recommend any overall funding and/or training for any public service against FGM to ensure that all agencies involved have the necessary financial support for it to be effective.

FGM is a severe form of gender-based violence, and where it is carried out on a girl, it is an extreme form of child abuse. Everyone who has a responsibility for safeguarding children must view FGM in this way.

The full report can be downloaded [here](#). This briefing forms part of UCUs wider work in campaigning against violence against women. Visit our equality pages [here](#) for further information and resources.

Key Recommendations

The following recommendations have been seen as a huge step forward to stopping the practice of FGM in the UK from across the spectrum of organisations campaigning against FGM and violence against women

Government Action

1. Government must implement a comprehensive and fully-resourced national action plan for tackling FGM. The plan should provide clear leadership and objectives, setting out the standards expected of all relevant bodies, and to which they will be held accountable. It should incorporate a number of interlinked aspects, including:
 - a) The achievement of successful prosecutions for FGM
 - b) Working with professional in the health, education, social care and other sectors to ensure the safeguarding of at risk girls
 - c) Changes to the law on FGM
 - d) Improved working with communities to abandon FGM
 - e) Better services for women and girls living with FGM
2. The government brings forward proposals to extend the right to anonymity under the Sexual Offences (Amendment) Act 1992 to include victims of FGM.
3. The government update the guidelines and place them on a statutory footing giving them parity with guidelines for handling cases of forced marriage.

4. Government must provide additional funding to increase significantly the capacity of grass-roots groups and to encourage the roll-out of best practice from groups such as Integrate Bristol (<http://integratebristol.org.uk/#>).
5. Government must do more to promote awareness of the NSPCC's FGM helpline and its existence among frontline practitioners.

Police

1. Police forces must ensure that Police receives training to respond appropriately.
2. More must be done to publicise that information relating to an FGM case can be reported anonymously.

Health Professions

1. There is a case for a system that empowers medical professionals to make periodic FGM assessments where a girl is identified as being at high risks. Any such system would need to form part of a much wider scheme of preventative and safeguarding work.
2. Training for all professional including midwives, GPs, health visitors, practice nurses, teachers, obstetricians and gynaecologist, social workers and teaching assistants is therefore vital both during education and through continued professional development.
3. Department of Health should improve the accessibility of the guidelines and provide funding for the development of e-learning materials for practitioners.
4. Department of Health and Department for Education should also ensure arrangements are in place to monitor compliance and hold to account bodies who are responsible for training provision.
5. The national action plan on FGM must include training for practitioners to give them the confidence to know that they will not suffer any detriment as a result of raising legitimate concerns about FGM.
6. The FGM status of the mother and her intentions for the child if it is a girl be made a compulsory question at the antenatal booking interview.
7. The Royal College of Paediatrics and Child Health amend the Personal Child Health Record (or Red book) to include a specific reference to the risk of FGM to the child and any safeguarding steps that have been taken.

Education

1. Vital for school staff to have an awareness of FGM indicators and know when to refer the matter to children's social care and the police.
2. Secretary of State for Education resends the guidance to all head teachers and child protection officers.
3. The Department for Education should link the receipt of a proportion of school funding that relates to social education and child protection to the electronic notification that the guidance has been viewed.
4. Head teachers and Child Protection Officers undergo compulsory training that specifically deals with FGM.
5. Training to be delivered during the remaining in-service training days in 2014 to provide guidance on child safeguarding in respect of FGM and forced marriage.
6. Ofsted assess PSHE provision in schools that it explicitly examines the school's approach to education on FGM and violence against women and that PSHE is made compulsory.