

Female Genital Mutilation (FGM)

Southwark's Joint Strategic Needs Assessment

Public Health Division

Children & Adults Department

April 2023

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GATEWAY INFORMATION

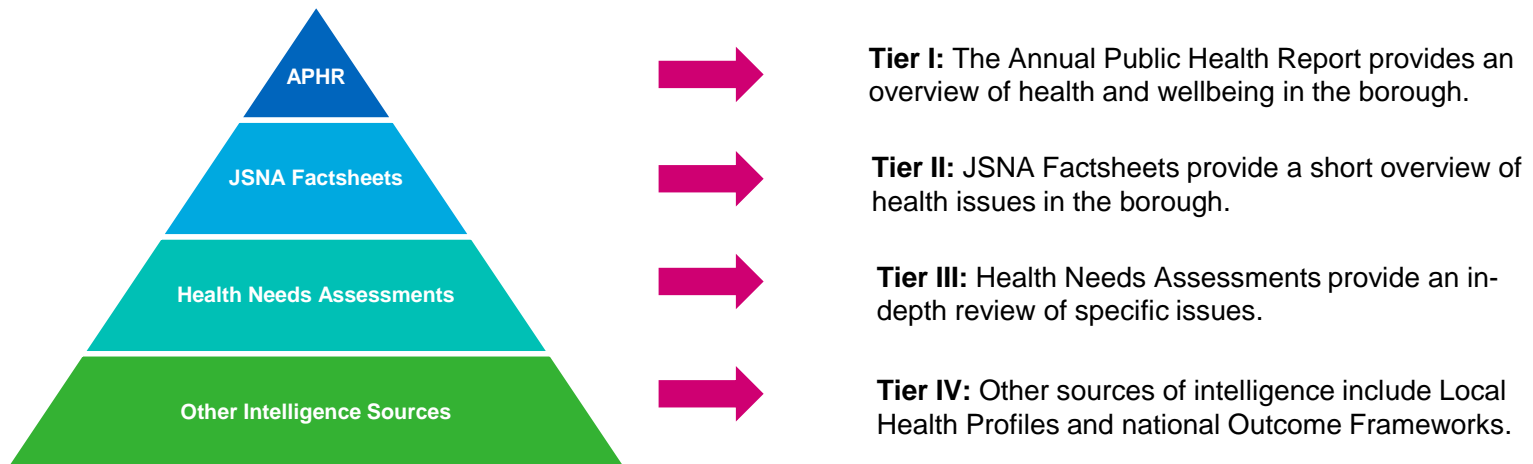
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Prepared by:	H MacDonald
Contributors:	S Garry, C Williamson
Approved by:	S Leahy
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Contact details:	publichealth@southwark.gov.uk
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This health needs assessment reviews the prevalence and needs of women and girls affected by FGM in Southwark

AIMS & OBJECTIVES

This health needs assessment aims to aid understanding of the prevalence and associated health risks of Female Genital Mutilation (FGM) in Southwark.

The objectives of this assessment are to:

- Use the latest available data to understand the likely prevalence of FGM in Southwark and the characteristics of affected women and girls.
- Summarise the current outreach, training, referral pathways and treatment services available to prevent and support women and girls with FGM.
- Understand key insights and concerns of women in Southwark living with FGM and front-line professionals involved in identification or support.
- Synthesise evidence to outline gaps in the current offer and use this to make recommendations to improve prevention, identification and treatment approaches.

CONTENTS

Introduction

The Local Policy

The Local Picture

The Local Response

Community & Stakeholder Views

Summary & Recommendations

Next Steps

Appendices

Female genital mutilation is the partial or total removal of external female genitalia for non-medical reasons

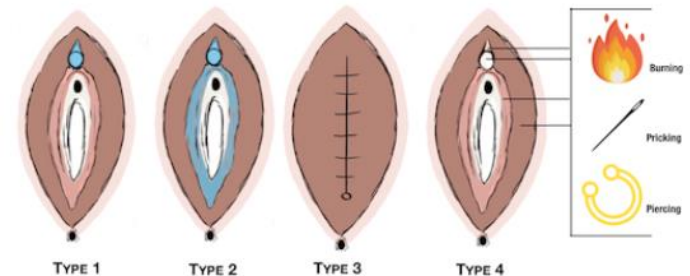
INTRODUCTION

“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 definition of FGM, 2022)¹

Female genital mutilation (FGM) is classified into four types:

- **Type 1** (Clitoridectomy): the partial or total removal of the clitoris and sometimes only the prepuce (fold of skin surrounding the clitoris)
- **Type 2** (Excision): the partial or total removal of the clitoris and the labia minora with or without excision of the labia majora
- **Type 3** (Infibulation): narrowing of the vaginal opening through the creation of a covering seal. The seal is created by cutting and repositioning the labia minora or labia majora sometimes through stitching
- **Type 4:** all other harmful procedures to the female genitalia e.g. pricking, piercing, incising, scraping and cauterisation

Types of FGM



Believe in
children
Barnardo's

Funded by
Department
for Education

Local
Government
Association

NATIONAL
FGM
CENTRE
Developing excellence
in response to FGM and
other harmful practices

CONTENTS

The Local Policy

The Local Picture

The Local Response

Community & Stakeholder Views

Summary & Recommendations

Next Steps

Appendices

Southwark has committed to tackling FGM through a range of local actions

LOCAL POLICY

Southwark's Violence Against Women and Girls (VAWG) Strategy 2019-24 commits to tackling all forms of VAWG locally, including FGM¹:

- Southwark's Safeguarding Children and Safeguarding Adults Boards have developed a multi-agency intervention framework to identify, assess and respond to FGM.
- The council promotes partnership with stakeholders including statutory agencies, Public Health, the National FGM Centre, schools and local voluntary and community (VCS) organisations to carry out community engagement, communication and awareness raising.

Recent activities Southwark has undertaken in an effort to prevent FGM include:

- Setting up an FGM clinic in a local school/children's centre as part of a new approach to encourage wider community engagement.
- Hosting learning events with professionals from health, education and social care sectors
- Covering FGM in mandatory safeguarding training for school staff and two yearly Designated Safeguarding Leads training.
- FGM is included in Southwark's local "Personal, Social, Health and Economic (PSHE) & Wellbeing Education Curriculum Framework" and "Resource Bank" to which all schools have access.

Aims identified in the strategy include to:

- Develop a communications strategy to raise awareness of FGM, including as part of the National FGM Day, consideration of culturally appropriate approaches, and in partnership with local voluntary groups.
- Continue enhancing and delivering training on VAWG issues to front-line professionals to maximise confidence in identifying and reporting concerns.

1. Southwark Council. Violence Against Women and Girls Strategy 2019 to 2024. www.southwark.gov.uk/community-safety/domestic-abuse/information-for-professionals-about-domestic-abuse/violence-against-women-and-girls-strategy-2019-to-2024

CONTENTS

The Local Policy

The Local Picture

The Local Response

Community & Stakeholder Views

Summary & Recommendations

Next Steps

Appendices

The estimated rate of FGM in Southwark is almost 8 times that for England among those aged over 15 years

PREVALENCE

FGM is highly prevalent in some countries of Eastern and Western Africa, the Middle East and Asia and is almost always performed in people who were born or who have ancestry in those countries.

- Women and girls who move to the UK from these countries may have a prevalence of FGM equivalent to that in their countries of birth. This helps to estimate prevalence of FGM in the UK¹.
- Due to sociodemographic differences between people who choose to migrate and those who do not, actual prevalence of FGM is likely to be lower among migrants to the UK².

Estimates suggest that as many as 5,900 women and girls are affected by FGM in Southwark, with the vast majority of cases among women and girls aged over 15 years old³.

- The estimated prevalence of FGM in Southwark is significantly above that for London and England.
- Around 500 girls aged under 15 may be affected, in addition to 5,400 women and girls aged over 15.
- Of those women and girls with FGM aged over 15, 1,700 are estimated to be aged 50+.
- Over-inflated estimates risk racial stigmatisation. Therefore this should be considered an upper estimate.

Figure 1: Estimated prevalence of FGM per 10,000 girls aged 0-14 years, 2021

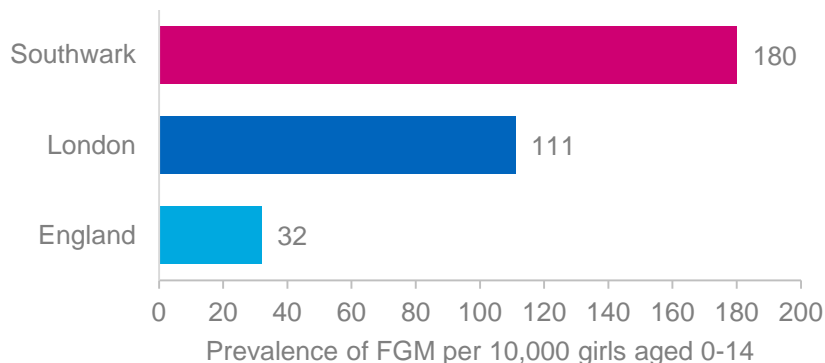
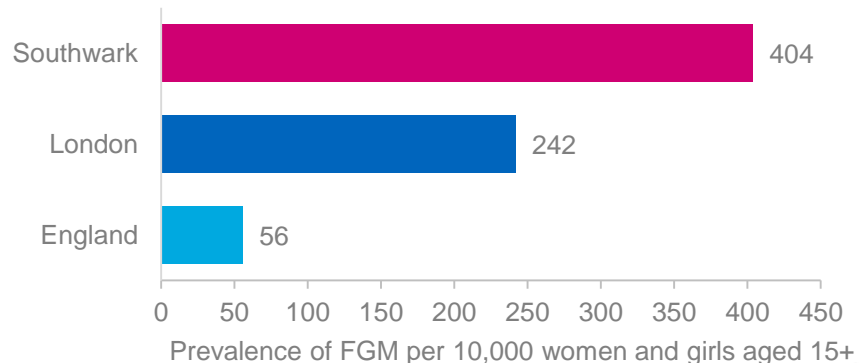


Figure 2: Estimated prevalence of FGM per 10,000 women and girls aged 15+, 2021



1. McFarlane, A. 2015. Prevalence of National and Local FGM estimates
2. Johnsdotter, S; Essén B. 2016. Cultural change after migration: Circumcision in girls in Western migrant communities.
3. Details of methodology can be found in Appendix D (available on request)

NHS services in Southwark recorded 160 women with a history of FGM in 2020-21, with 80 new cases

FGM ENHANCED DATASET 2020-21: TYPES OF FGM¹

Southwark has a higher rate of women and girls found to have FGM than London and England:

- 160 Southwark resident women and girls were recorded as having FGM, more than twice the rate for London and 5 times the rate for England.
- 80 of the 160 women and girls were newly identified as having FGM, around 5 new cases of FGM for every 10,000 women and girls in Southwark.
- This may represent a real difference in prevalence or a better detection rate in Southwark.

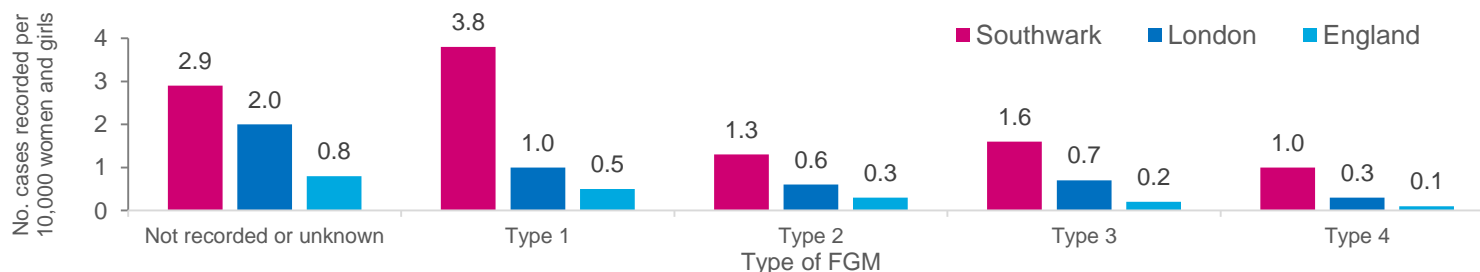
Figure 3. FGM cases identified in the NHS Enhanced Dataset per 10,000 women, April 2020 – March 2021



Type 1 (clitoridectomy) was the most commonly seen FGM in Southwark, London and England.

- Type of FGM was unknown in over a quarter of the 160 cases recorded in Southwark.
- Southwark had the highest number of cases per 10,000 women and girls for all types of FGM.
- Of FGM cases in Southwark where type was recorded and known, a relatively higher proportion had Type 1 or Type 4 FGM, and a lower proportion had Type 2 compared to London and England.

Figure 4. Types of FGM identified in the NHS Enhanced Dataset, April 2020 – March 2021



Of the 160 FGM cases in Southwark most women were aged 30-39, and none were aged under 18

NHS ENHANCED DATASET 2020-21: AGE OF WOMEN & GIRLS AFFECTED¹

Around 79% of the 160 FGM cases identified in Southwark in 2020-21 attended when aged 25-39

- Around a third of Southwark resident women recorded as having FGM were 35-39 years old.
- None of the 160 FGM cases recorded in Southwark were under the age of 18.

Where known, most women with FGM underwent the practice during early to mid-childhood.

- Most frequently, women in Southwark, London and England were aged 5-9 at the time of FGM, with very few women and girls experiencing FGM in late childhood and into adulthood.

Figure 5. Cases of FGM recorded per 10,000 women and girls by age of attendance when FGM recorded, 2020-21

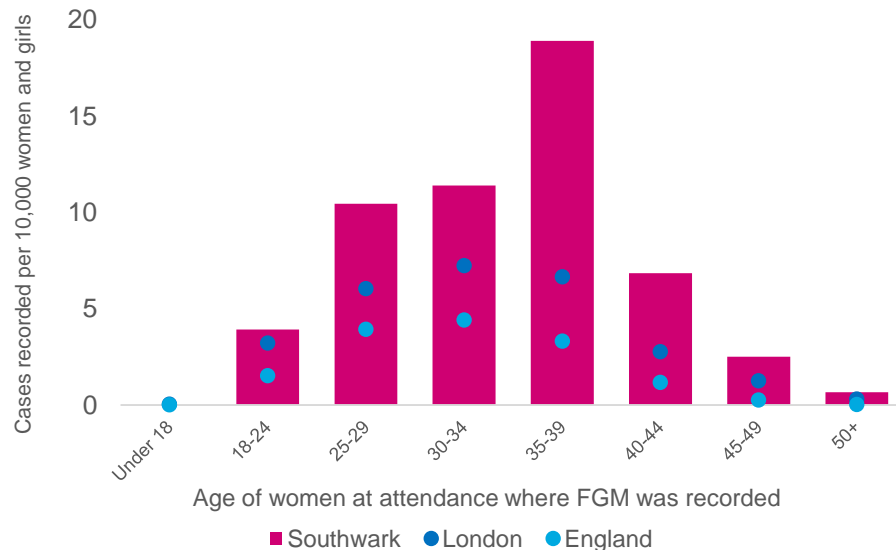
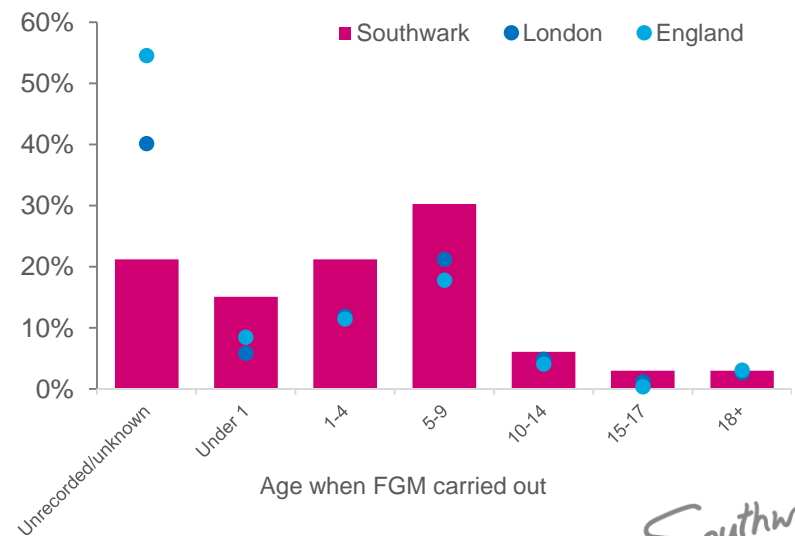


Figure 6. Age of women at the time FGM was performed for women attending NHS services 2020-21

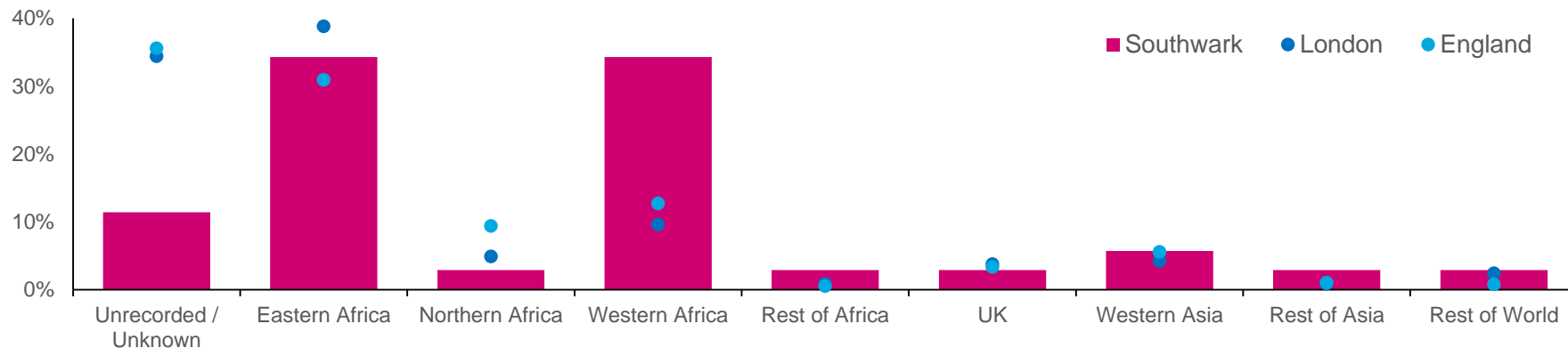


Of the 160 FGM cases in Southwark most women presenting were born in Eastern or Western Africa

NHS ENHANCED DATASET 2020-21: COUNTRIES OF BIRTH AND FGM¹

Of the 160 Southwark resident women recorded to have FGM in 2020-21, two thirds were born in Eastern or Western Africa. A small proportion (2.9%) were born in the UK.

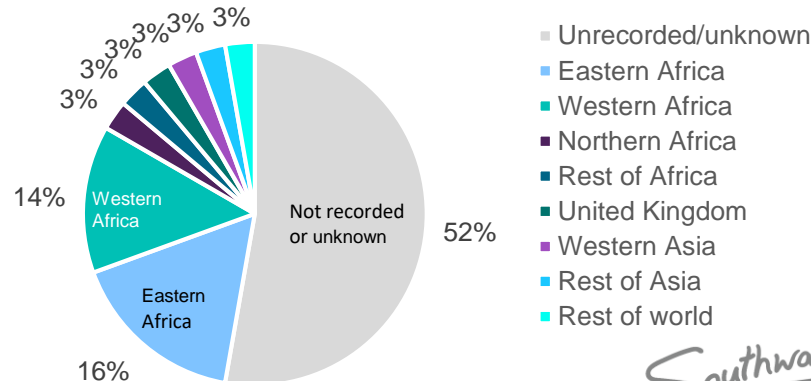
Figure 7. Country of birth among women attending NHS services recorded as having FGM in 2020-21



30% of the 160 women in Southwark underwent the practice in Eastern or Western Africa.

- Around 2.8% of cases reported that they had their FGM performed in the UK.
- In over half of cases the country where FGM was performed is unknown or unrecorded.

Figure 8. Country where FGM was performed for women identified with FGM by NHS services in Southwark



Of 2020-21 NHS attendances by Southwark women around 90% were identified in midwifery services

NHS ENHANCED DATASET 2020-21: WHERE FGM IS IDENTIFIED¹

The 160 women with FGM in Southwark collectively made 195 attendances to NHS services where their FGM status was recorded. Of these, 90% of reports were via midwifery.

- No records of FGM were made by GPs or paediatric health services.
- At nearly all attendances, FGM was identified by the woman self-reporting.

Figure 9. Attendances by Southwark resident women at which FGM was recorded by NHS service type, 2020-21

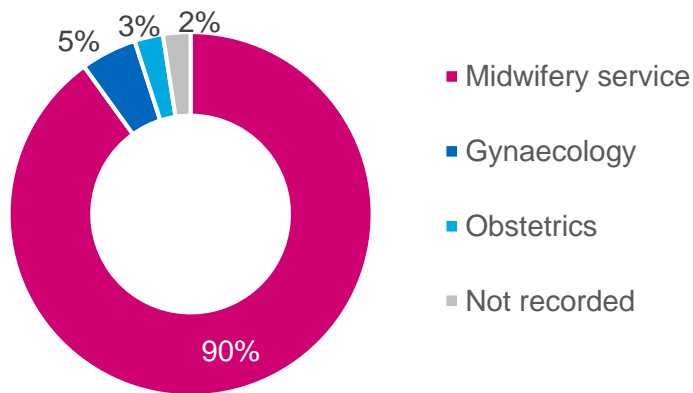
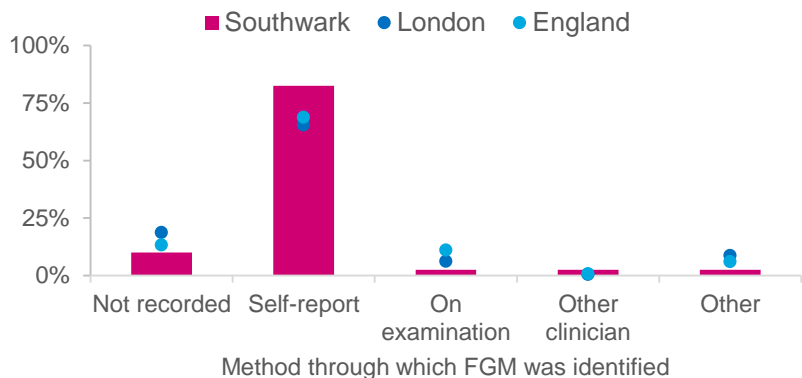


Figure 10. Method through which FGM was identified as a proportion of NHS attendances by Southwark resident women where FGM was recorded, 2020-21



Women identified to have FGM should be advised of the health and legal implications. Of the 195 NHS attendances by women in Southwark where FGM was identified:

- The health risks of FGM were described on at least 90% of occasions.
- It is unknown whether the legal status of FGM was discussed on 87% of occasions, but this did occur on the remaining 13% of attendances.

Around 3-4 Southwark resident girls per year have been referred to the specialist paediatric FGM clinic

UCLH CHILDREN'S FGM SERVICE, 2015-2022

University College London Hospital (UCLH) Children's FGM Service specialises in the identification and treatment of FGM in children and young people (CYP) aged under 18.

The service takes referrals from across London for girls suspected to have had FGM. Most referrals are made by social care services. Other routes of entry into the service have included¹:

- Parents, particularly if new in the country or concerned for the welfare of their child left in the care of a female relative in a country that practices FGM.
- Girls themselves e.g. girls who were born in a practicing country who learnt about FGM at school and consulted the service to find out if they had been affected.
- Early years practitioners e.g. if concerned about genital abnormalities noticed while changing nappies.
- Midwives to whom a pregnant women disclosed that an existing child underwent FGM.
- Charities working with FGM survivors for FGM prevention e.g. FORWARD.

The service has been running since September 2015. In this time:

- 25 suspected cases of FGM were referred to the service from girls living in Southwark, a rate of 3-4 referrals per year¹.
- Of these 25 suspected cases, 19 had no physical evidence of FGM on examination¹.
- The 6 remaining children who were confirmed to have FGM had undergone the practice in their county of origin before moving to the UK¹.

CONTENTS

The Local Policy

The Local Picture

The Local Response

Community & Stakeholder Views

Summary & Recommendations

Next Steps

Appendices

Southwark works with partners to change attitudes on FGM within practicing communities

LOCAL RESPONSE: COMMUNITY OUTREACH & PREVENTION

Southwark Council proactively works to prevent FGM through a multi-agency framework:

- Agencies include Public Health, the National FGM Centre, Barnardos, Community Southwark, Africa Advocacy Foundation and schools.
- A 2017 Ofsted inspection recognised Southwark's strong performance in community outreach work to prevent FGM, particularly the multi-agency approach.

FGM is part of the school curriculum in Southwark:

- The Personal, Social and Health Education (PSHE) and Wellbeing offer at all Southwark schools covers FGM.

The Voluntary & Community Sector (VCS) delivers vital outreach activities to help change perspectives on FGM within practicing communities that statutory services cannot reach e.g. :

- The Iranian & Kurdish Women's Rights Organisation (IKWRO) raises awareness of FGM within the Middle Eastern communities of Southwark and provides support and advice to women and girls at risk.
- The Africa Advocacy Foundation campaigns to end FGM while also training community champions and professionals to engage with affected communities around FGM.
- The Dahlia Project runs community workshops to promote women's health in practicing communities, provides training to therapists and other frontline professionals, and develops and promotes guidance on best practice.
- Keep the Drums, Lose the Knife, based in Peckham, delivers grassroots educational workshops for local communities and professionals both in the UK and abroad to help end FGM.

Professionals in Southwark are trained to identify and respond to risk factors for FGM

LOCAL RESPONSE: TARGETED PREVENTION

The Southwark Safeguarding Children and Adults Boards have produced guidance and flowcharts for front-line professionals to aid in FGM risk assessments:

- The [Multi-Agency Risk Assessment and Referral Pathway](#) outlines steps for identifying and acting on FGM concerns.
- [Children \(under 18\)](#) and [Adults \(18+\)](#) FGM pathways provide guidance on age-appropriate referral options and actions.
 - Professionals should refer to the Multi-Agency Support Hub (MASH) whenever there is concern around the risk of FGM for a child under the age of 18. MASH will investigate and may take preventative action, potentially including applying for an FGM Protection Order (FGMPO) on the child's behalf.
 - Where a woman is found to have had FGM, or a parent is found to come from a community where FGM is practiced, professionals should give a Health Promotion Advice Leaflet and advise on the legal implications of FGM.

Training is promoted for the council workforce and its partners:

- Council staff and partners are able to access [FGM training from the Home Office](#)
 - More advanced training is available from the council's '[MyLearning Source](#)', including around how to approach conversations with families, identification, detection and prevention of FGM.
- All NHS healthcare staff receive training on FGM with increasingly enhanced training provided to those working with children and families, or more likely to work with women and girls subject to FGM.

FGM is included in safeguarding training for all school staff:

- The designated safeguarding lead (and any deputies) undergo training to carry out the role which is updated at least every two years.
- All staff receive appropriate safeguarding and child protection training at induction and this training is regularly updated. In addition, all staff receive safeguarding and child protection updates (for example, via email, e-bulletins, and staff meetings), as required, and at least annually.

The NSPCC FGM Helpline provides support for anyone who is concerned about the risk of FGM being performed on a girl aged under 18.

Identification of existing cases relies on a combination of self-disclosure and recognition of signs

LOCAL RESPONSE: IDENTIFICATION

Midwives are trained to ask about FGM at the booking appointment

- Relies on the pregnant woman self-reporting, when asked, that she has had FGM and being able to describe the type of FGM.
- Identified cases are flagged, with appropriate referrals made to the GP, health visitor and/or link consultant.

School staff are trained to identify indicators that FGM has been performed

- Indicators that FGM has been performed include spending longer than usual in the bathroom or toilet or unexplained reluctance to take part in PE following a holiday.
- All concerns should be reported to the designated safeguarding lead (or a deputy) who can risk-assess whether a referral to Southwark Multi Agency Safeguarding Hub (MASH) is indicated.
- There is also a specific legal duty on teachers to report to the police if, in the course of their work, they discover that an act of FGM appears to have been carried out on a girl under the age of 18.

National guidance for GPs prompts vigilance for FGM when there are clinical indicators

- The CQC advises GPs to consider the possibility that a woman or child has FGM when presenting with symptoms including repeated urinary tract infections, urinary incontinence, dysmenorrhea (period pain) or difficulty getting pregnant.
- The BMJ advises GPs to consider FGM when conducting initial health assessments for newly arrived asylum seekers and refugees, especially where it is prevalent in the country of origin.

The National FGM Centre produces guidance to help professionals identify different types of FGM.

- Awareness can help front-line health and care professionals to identify FGM during clinical examinations and procedures.

Women and girls with FGM in Southwark can be referred to specialist clinics and access VCS support

LOCAL RESPONSE: TREATMENT & SUPPORT

Women and girls known or suspected to have FGM in Southwark can receive NHS treatment and support at the following services¹:

Girls (aged under 18)

- UCLH Children's FGM Service – offers diagnosis, support and treatment of FGM in children.

Women (aged 18+)

- Nearby FGM clinics include: St George's Hospital, Croydon University Hospital, UCLH, Whipps Cross Hospital or St Mary's Hospital.
- Specialist clinics offer medical advice and psychological support to affected women, access to surgical deinfibulation for Type 3 FGM, gynaecological and obstetric support, and referral onto other medical specialties for the treatment of FGM's long-term health consequences.

VCS organisations in Southwark offer a range of social and emotional support:

- The **Dahlia Project** provides therapeutic support groups, individual counselling and empowerment programmes for women affected by FGM.
- The **Africa Advocacy Foundation** runs support activities, specialist one-to-one counselling and peer support groups.
- **FORWARD** have an FGM support helpline, provide one-to-one and group counselling, peer support groups and signposting to other services that promote health and wellbeing.
- **Solace Women's Aid** can provide emotional and practical support to women and girls (aged 16+) affected by FGM.

1. NHS. National FGM Support Clinics. <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/>

CONTENTS

The Local Policy

The Local Picture

The Local Response

Community & Stakeholder Views

Summary & Recommendations

Next Steps

Appendices

Women with FGM believe culturally-sensitive community outreach could prevent risk to girls in Southwark

COMMUNITY AND STAKEHOLDER VIEWS: COMMUNITY

Attendees at the Ending FGM Workshop in Peckham hosted by Keep the Drums, Lose the Knife

	Topic	Detail
Prevention	Occurrence	<ul style="list-style-type: none"> • FGM may be being performed at earlier ages (pre-school) to bypass checks in later childhood and opposition from the girls themselves. • Diaspora and migrant parents face overwhelming cultural and social pressures to perform the practice when travelling back to home countries to visit family. • Children may be incentivised not to tell if they have had FGM e.g. with a new iPad • Women entering into inter-racial marriages may be at risk of FGM in adulthood.
	Messaging / outreach	<p>Messages should be:</p> <ul style="list-style-type: none"> • Delivered by representative community members, but not faith or other community leaders who may spin messages to suit their own values and ideals. • Uncompromising in their warnings on the health harms and legal implications of FGM (i.e. “why do you want to harm your child?”, “why are you going to put yourself in prison for 10 years?”) • Careful not to come across as an attack on culture and ethnic identity. • Inclusive of men. Men can often protect girls from FGM e.g. by stating that they will not marry affected girls or by refusing permission for their daughter’s to be cut. One father was said to have been talked out of allowing his daughter to have FGM after being presented with the health risks, and some fathers later in life who, when confronted with the harms they had allowed, were said to be full of regret. • Sensitive to language used by members of the community (e.g. ‘Bundo’ in Sierra Leone)
	Education	<ul style="list-style-type: none"> • Parents and children need education on how to get support if they have concerns. • General population awareness campaigns (e.g. to all parents) could help in identifying signs of FGM.

Women with FGM may be isolated, need mental health support, and representative healthcare

COMMUNITY AND STAKEHOLDER VIEWS: COMMUNITY

Attendees at the Ending FGM Workshop in Peckham hosted by Keep the Drums, Lose the Knife

	Topic	Detail
Support	Geography	<ul style="list-style-type: none"> • A choice of local and out-of-area clinics was preferred. Specialist clinics are located a long-distance from some women who need support which may prevent those who need to visit discretely from attending. • Other women prefer to visit clinics outside of their area to minimise the risk of stigma.
	Mental health	<ul style="list-style-type: none"> • Most women affected by FGM have mental health needs and need specialist support services • Peer support from other women affected by FGM is often a necessary step before women build the confidence to seek health and social care advice from professional services themselves.
	Isolated groups	<ul style="list-style-type: none"> • Many women who need support are isolated and not well integrated into UK society (e.g. limited English) which affects their ability to seek support. • Women who have No Recourse to Public Funds suffer additional barriers including feeling pressurised to stay with abusive or controlling partners, not understanding their entitlements to free care for FGM, and being less likely to attend front-line public services where FGM may be identified.
	Trust	<ul style="list-style-type: none"> • Front-line services should be representative of affected communities to give women confidence that their concerns will be understood and that they will not be judged. • Continuity of care should be ensured (e.g. the same midwife throughout pregnancy) to help build trust.

Professionals view schools as a crucial pillar in giving girls the information to seek support and prevent FGM

COMMUNITY AND STAKEHOLDER VIEWS: PROFESSIONALS

Consultant midwife, designated safeguarding midwife and nurses for children and adults at Guys and St Thomas' Trust (GSTT), and Senior Psychotherapist at The Dahlia Project

	Topic	Detail
Prevention	Occurrence	<ul style="list-style-type: none">• Relatives may be becoming more aware of the timings of key health checks and periods of high scrutiny and aiming to bypass these through having FGM performed earlier in life (pre-school).• Relatives may take opportunities to disguise suspicious travel (e.g. there was concern over parents taking children to Qatar for FGM using the opportunity of mass-travel for the World Cup in 2022)• Low levels of FGM prosecutions may result from cases collapsing due to children not wanting their parents to go to court.
	Schools	<ul style="list-style-type: none">• Schools should teach all girls about the health harms and illegality of FGM at the appropriate age so that they can identify their own concerns and seek support.• Posters could be placed in discreet areas in high schools (e.g. in girls' toilets) with QR codes so that girls can access information privately.

Professionals recognise many barriers to seeking support making training to identify FGM an important tool

COMMUNITY AND STAKEHOLDER VIEWS: PROFESSIONALS

Consultant midwife, designated safeguarding midwife and nurses for children and adults at Guys and St Thomas' Trust (GSTT), and Senior Psychotherapist at The Dahlia Project

	Topic	Detail
Identification	Risk groups	<ul style="list-style-type: none"> • Around half of the referrals for support received by The Dahlia Project come from asylum seekers, refugees or undocumented migrants.
	Barriers to seeking support	<ul style="list-style-type: none"> • Girls may be discouraged from disclosing they have had FGM if they fear that it is going to get their relatives into trouble. Services should work with police to discuss the best approach. • Prospect of reliving the trauma of FGM may discourage some women from seeking support. • Women may find it difficult to discuss FGM with friends and family so peer groups can be helpful for getting mutual support. • Many women affected by FGM experience language barriers that prevent them from understanding the harms of FGM, the support available, and from feeling comfortable accessing services. • Marginalised women will often face financial difficulties that may place barriers on being able to travel to get support, and prevent them from accessing public services (e.g. if they are NRPF)
	Training	<ul style="list-style-type: none"> • While FGM is covered in mandatory safeguarding training for health and care staff, it was not seen as comprehensive in helping staff identify FGM, FGM risk factors and subsequent referral pathways. • Training was seen as more in-depth and complete for health and care staff who work with children (e.g. health visitors).
	Opportunities for earlier identification	<ul style="list-style-type: none"> • Sexual health clinics may be an opportunity for earlier identification of FGM before women enter into maternity services. • Posters could be placed in maternity services spreading information about how to access support and emphasising confidentiality.

Closure of the GSTT specialist clinic and barriers to mental health support were seen to result in unmet needs

COMMUNITY AND STAKEHOLDER VIEWS: PROFESSIONALS

Consultant midwife, designated safeguarding midwife and nurses for children and adults at Guys and St Thomas' Trust (GSTT), and Senior Psychotherapist at The Dahlia Project

	Topic	Detail
Support	FGM specialist clinics	<ul style="list-style-type: none"> • There has been a gap in support provision at GSTT since a specialist midwife in FGM retired. The FGM clinic was subsequently closed as a decision was made that FGM support sat with obstetrics/paediatrics and not midwifery. • There is a need to understand whether restarting a specialist clinic is cost-efficient (maternity services currently see around 14 women per month with FGM). • Women are not routinely referred to specialist clinics at Croydon or Whipps Cross hospitals following identification of FGM in midwifery. They are informed about the health and legal implications of FGM but will only be referred to a link consultant if Type 3 FGM is identified and the woman needs support through pregnancy (e.g. deinfibulation).
	Mental health support	<ul style="list-style-type: none"> • There are waiting lists of women with FGM to access specialist therapy • Many marginalised women are unfamiliar with mental health services as they are either not common in their home countries, or are associated with serious mental illness and where attending carries a risk of stigma. Education is needed around mental health using non-stigmatising language, to help all women understand why it is important and how to access it.

CONTENTS

The Local Policy

The Local Picture

The Local Response

Community & Stakeholder Views

Summary & Recommendations

Next Steps

Appendices

Working with women affected by FGM could help improve safeguarding training and community outreach

SUMMARY & RECOMMENDATIONS: PREVENTION

What do we know?	What's happening in Southwark?	Recommendations
<ul style="list-style-type: none"> ▪ Anecdotes indicate that girls in Southwark are at risk of undergoing FGM, either in the UK or abroad. ▪ Nearly all women and girls known to have FGM in Southwark experienced it 30 or more years ago outside of the UK. ▪ Support for the practice of FGM continues within some communities living in Southwark. ▪ A key component of prevention is who delivers the message as identified from speaking to women living with FGM. 	<ul style="list-style-type: none"> ▪ Representative VCS organisations, such as Keep the Drums, Lose the Knife in Peckham, work to change attitudes around FGM in communities where support for the practice continues. 	<p>Work with representative community groups to agree a coproduced local strategy for sharing preventative information and advice to women, girls and men in at-risk communities.</p>
<ul style="list-style-type: none"> ▪ Professionals and women affected by FGM told us that those seeking to practice FGM may bypass existing safeguarding mechanisms (e.g. by practicing at younger ages or disguising suspicious travel). 	<ul style="list-style-type: none"> ▪ FGM is included in mandatory safeguarding training for front-line professionals in health, social care and education services. ▪ There are safeguarding reporting pathways for escalating concerns. ▪ These may not include novel scenarios where relatives seek to bypass traditional checks. 	<p>Together with local women affected by FGM, ensure that culturally-sensitive mandatory safeguarding training is up-to-date, complete and available for a wider range of health, social care and education professionals.</p>

Improved communication and training could help professionals better identify FGM at earlier time-points

SUMMARY & RECOMMENDATIONS: IDENTIFICATION

What do we know?	What's happening in Southwark?	Recommendations
<ul style="list-style-type: none">▪ The NHS Enhanced Dataset is a national compilation of data from mandatory FGM reports by NHS services.▪ Large gaps in the NHS Enhanced Dataset exist because women were either not asked about, did not know or did not disclose. This is most notable for the age FGM was performed and the country that it was performed in.	<ul style="list-style-type: none">▪ NHS Digital is responsible for coordinating the collection and processing of data in the NHS Enhanced Dataset.▪ Currently, only the NHS number, full name, address and date of identification are mandatory.	<p>Train NHS professionals on the NHS Enhanced Dataset to better inform policy and service design. Reasons for questions should be clearly communicated with staff which might increase buy-in and completeness.</p>
<ul style="list-style-type: none">▪ Over 90% of cases of FGM are identified in midwifery, around 30 years after being performed, and mostly through self-disclosure (e.g. telling the midwife) rather than during clinical examinations.	<ul style="list-style-type: none">▪ Midwives, GPs and school staff are trained to recognise the signs of FGM and escalate concerns.▪ Midwives routinely ask pregnant women about FGM at the booking appointment.	<p>Evaluate training around FGM identification for front-line professionals. Specifically, this should consider its effectiveness at improving confidence when talking to women about their history of FGM, as well as identifying different types of FGM (if clinically examined). This may improve the detection rate and accuracy of information in the NHS Enhanced Dataset.</p>

Support for women with FGM could be improved by greater access to physical and mental health services

SUMMARY & RECOMMENDATIONS: TREATMENT & SUPPORT

What do we know?	What's happening in Southwark?	Recommendations
<ul style="list-style-type: none"> ▪ Closure of the FGM specialist clinic in Southwark in 2017 has led to: <ul style="list-style-type: none"> ▪ confusion over referral pathways for follow up support; ▪ geographical barriers for women to access support. 	<ul style="list-style-type: none"> ▪ The nearest FGM specialist clinics for women are at Croydon University or Whipps Cross Hospitals, while children can access support at UCLH. 	<p>The need for a specialist FGM clinic in Southwark should be kept under review. This will need to balance the utility of a closer service with the costs of an additional South London clinic.</p>
<ul style="list-style-type: none"> ▪ Many women affected by FGM have mental health needs but barriers to accessing support includes stigma, lack of knowledge about services, and waiting lists. 	<ul style="list-style-type: none"> ▪ A number of community organisations provide emotional and mental health support in Southwark. 	<p>The mental health offers from existing VCS organisations and the NHS should be evaluated and options for organisations to increase capacity should be considered.</p>
<ul style="list-style-type: none"> ▪ Fear of getting relatives into trouble, fear of reliving trauma, language and cultural barriers, and having no recourse to public funds are barriers to accessing treatment. ▪ Women affected by FGM often prefer support from staff representative of their community because of fear of judgement. 		<p>Consider additional training for a wider cohort of health staff on FGM and its associated social, physical and mental health related effects so that staff can be sensitive to the needs of women affected by FGM attending the NHS for other reasons (e.g. a smear test).</p>

CONTENTS

Introduction

Policy Context

The Local Picture

The Local Response

Summary & Recommendations

Next Steps

Summary of recommended actions to improve prevention and support for FGM in Southwark

NEXT STEPS

Action	Who	When
Review mandatory safeguarding training to make sure it is up-to-date and complete and available to a broad range of health, social care and education professionals.	ICS, Southwark Council VAWG, and women affected by FGM	June 2023
Start conversations with local advocacy groups (e.g. Keep the Drums, Lose the Knives) on developing a shared prevention outreach strategy.	Southwark Council VAWG, local community groups	June 2023
Enhance communications with professionals on the importance of complete and accurate data in the NHS Enhanced Dataset.	ICS	ASAP
Evaluate training on the identification of FGM among front-line health professionals.	ICS	June 2023
Keep the need to re-open a specialist FGM clinic in Southwark under review.	ICS	Ongoing
Commission wider training on FGM for health professionals to support women with FGM with cultural sensitivity and understanding.	ICS	June 2023
Evaluate the mental health offers from local VCS and NHS organisations for women with FGM.	Public Health and ICS	June 2023

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Public Health Division

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