



**THE GOVERNMENT RESPONSE TO THE NINTH REPORT FROM THE HOME
AFFAIRS SELECT COMMITTEE SESSION 2016–17 HC 390**

Female genital mutilation: abuse unchecked

Presented to Parliament
by the Secretary of State for the Home Department
by Command of Her Majesty

December 2016

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Introduction

The Government would like to thank the Committee for its report published on 15 September on female genital mutilation (FGM).

The Government shares the Committee's determination to eradicate this appalling crime. FGM is child abuse. It can cause extreme and lifelong physical and psychological suffering to women and girls. We will not tolerate this practice and we are committed to taking concerted action to prevent, and ultimately end, it. Where a girl or woman has been subjected to FGM, we are determined that no barriers should stand in the way of those responsible being brought to justice.

Work to tackle FGM is an integral part of our cross-Government Violence Against Women and Girls strategy, published on 8 March. Although there is much more to be done, we are proud of what this Government has achieved so far.

Building our understanding of FGM in the UK

FGM is a hidden crime, and we are working to improve our understanding of the scale and nature of the practice in the UK. This includes part-funding a prevalence study to provide local areas with information on the potential prevalence of FGM, the publication of FGM patient data within the NHS in England, and working closely with the police, Border Force, voluntary and community sector organisations and other partners to explore other potential data sources.

Strengthening the enforcement response

We have significantly strengthened the law through the Female Genital Mutilation Act 2003¹ to improve protection for victims and those at risk and to break down barriers to prosecution. We have:

- introduced a new offence of failing to protect a girl from FGM;
- extended the reach of extra-territorial offences;
- introduced lifelong anonymity for victims of FGM;
- introduced civil FGM Protection Orders (FGMPOs); and
- introduced a mandatory reporting duty for known cases in under 18s.

Data on FGMPOs, released by the Ministry of Justice (MoJ) on 29 September, shows that between 17 July 2015 and 30 June 2016, there have been 77 applications and 68 orders granted (the remainder being under consideration on that date).

¹ s70-75, Serious Crime Act 2015

In addition, we recognise the crucial role those at the border play. The Home Office's Border Force has a national network of over 600 specially trained Safeguarding and Trafficking officers who are focused on the identification of potential victims at the border to protect vulnerable passengers from harmful practices such as FGM.

All Border Force officers are trained in keeping children safe – this includes specific training to look for girls at risk of being taken abroad for FGM – particularly during the school holidays. This Summer, Border Force conducted joint operations across the country with the police, including at Heathrow and Gatwick.

Improving the response of professionals

In April we published multi-agency guidance on FGM, which is statutory for the first time and will increase awareness, encourage good practice, and support training.

To date over 70,000 professionals have completed our free FGM e-learning, which we have updated to include information for UK Visas and Immigration staff and guidance on the recent changes to the law.

The Home Office's FGM Unit is driving a step-change in our nationwide outreach on FGM, including speaking at awareness-raising events across the country. To date, the Unit has participated in over 80 events, visited every police force in England and Wales, and gathered examples of good practice from across a range of sectors.

Raising awareness and working with communities

Changing attitudes within communities is key to ending FGM. We will continue to work with community organisations and survivors to drive this work forward.

The FGM Unit works closely with voluntary and community sector organisations and survivors to inform policy development and implementation. The Unit holds a quarterly stakeholder meeting with representatives from national and local organisations, local authorities, health, education and the police. In advance of each meeting, the Unit holds a closed discussion session with survivors, who are also invited to attend the wider meeting, to ensure that their voices are heard and their views reported to the stakeholder group.

In July, the Department of Health (DH) delivered a targeted patient and public facing FGM prevention advertising campaign using satellite television, radio and Facebook. The advertisement involved community leaders and representatives discussing FGM in a facilitated but unscripted panel discussion. The campaign was directly targeted to those communities where FGM is practised, delivering a health-based message and a call to access help and support from the NHS. Since its launch, the campaign has generated over 650,000 views on social media.

Wales

While the UK Government retains responsibility for crime and policing matters in Wales, many of the local delivery partners who work together towards combating FGM in Wales work within areas that are devolved. These include health, education and local government services.

Given the interdependencies between devolved and non-devolved elements of our approach to tackling FGM, we continue to ensure information and best practice is shared with the Welsh Government, and we are committed to working with the delivery partners in Wales to ensure a consistent approach in tackling this issue.

The Home Office has considered the recommendations of the report and the Government response is below.

Conclusion/Recommendation 1

The Home Office [should] identify a more reliable methodology for measuring the number of girls at risk of undergoing FGM in the UK. This approach would be best served by engaging directly with women and families affected by FGM, for example through the use of anonymised surveys of a statistically meaningful number of women in families from practising countries. Research should also seek to ascertain attitudes towards FGM, including motivations for continuing to use the procedure, and awareness of the law prohibiting it. It should also be used as an opportunity to learn exactly where in practicing countries women had their FGM carried out. (Paragraph 18)

Government response

The Government recognises the importance of gathering and disseminating information on the prevalence of, and attitudes to, FGM in the UK. To this end we have: part-funded the 2015 City University prevalence study, introduced the recording and publication of FGM patient data across the NHS in England, and are working closely with stakeholders and community organisations through our outreach programme.

This information is helping to build our understanding of FGM in the UK. The 2015 prevalence study provides regional prevalence estimates to give local areas an indication of the scale of the population that may be affected by FGM in their area. The NHS dataset, whilst not intended as a measure of prevalence across the population as a whole, provides rates of prevalence within the population who access healthcare services from the NHS and in the long term will provide an important indicator of rates of FGM within England. It also provides important information on the countries of origin of patients with FGM, the type of FGM they have undergone, and the local areas where women with FGM are most likely to live.

This information, taken together with other relevant local data, can be used to improve commissioning of services to support victims and safeguard those at risk; and to inform the law enforcement response. The FGM multi-agency statutory guidance we published in April 2016 sets out the clear requirement for local areas to make use of data to inform their response to FGM.

We do, however, recognise that there are limitations to the existing data and we are working to improve data collection and dissemination, including working with the police on improving police data collection as part of work following Her Majesty's Inspectorate of Constabulary's inspection on the police response to so called 'honour-based' violence. We are also working with NHS organisations and professionals to improve compliance with the data recording requirement (see response to Conclusion/Recommendation 2).

We will continue to work with stakeholders and community organisations through our outreach programme to build our understanding of attitudes to and awareness of FGM. As part of this work we are encouraging the sharing of anonymised data to further develop our understanding of this form of abuse.

Conclusion/Recommendation 2

The Department of Health [should] write to frontline clinicians to remind them of the [recording] duty, and the purpose of mandatory recording, and to reissue guidance. In areas where recording is far below expectations, training on the harm resulting from FGM, the importance of fulfilling the duty to record FGM incidence and dealing with affected women should be commissioned.
(Paragraph 24)

Government response

The Department of Health (DH) continues to work with the Royal College of General Practitioners, the British Medical Association and the General Medical Council to discuss how best to support General Practitioners (GPs) to comply with the Enhanced Dataset. The Enhanced Dataset is the requirement upon NHS Trusts and GP Practices to record details about patients with FGM which are then published as anonymised statistics by NHS Digital.

All NHS organisations in England are now required to record FGM in a patient's record and have been provided with information and guidance on this requirement through DH's £4m FGM Prevention Programme. DH and NHS England are working to improve compliance with the requirement. Actions agreed by a special interest group convened to tackle this challenge include:

- NHS Digital will shortly issue a Data Provision Notice (under the Health and Social Care Act 2012) to communicate more clearly the requirement for all to comply with the Enhanced Dataset. We expect this will significantly improve the rate of GP compliance. This will be sent to all GP practices and NHS Trusts directly;
- Delivered targeted outreach, including a presence at this year's Royal College of GPs' Annual Conference and the Primary Healthcare Conference, with further communications planned;
- System templates have been designed and introduced to national GP IT systems, to minimise the time it takes to collect and submit the information needed;
- Published materials specifically designed to support GPs to comply with the dataset. These promote and raise awareness of the importance of and need to comply with the Enhanced Dataset.

The Committee will also wish to note that if a GP practice (or NHS Trust) does not treat a patient who has FGM in any of the reporting periods, they are not required to make a 'nil' return, or a response which tells us they have not treated any patients with FGM. This is in order to minimise the administrative burden placed upon the NHS, as in areas of low prevalence it is understandable that some GP practices will have periods where they do not treat a woman who has FGM.

Conclusion/Recommendation 3

The FGM Unit, hosted by the Home Office, [should be] given the remit, powers and budget to become the sole source of Government policy for safeguarding at-risk girls and eradicating FGM. The Unit should be a joint unit between the Home Office, the Department of Health and the Department for Education in the same way that the Forced Marriage Unit is a joint enterprise between the Home Office and the Foreign and Commonwealth Office. (Paragraph 27)

Government response

The FGM Unit works closely with other Government departments to lead and coordinate work across Government, including through a monthly cross-Government Whitehall officials' group. The Government's work to tackle FGM is an integral part of the Home Office-led Violence against Women and Girls strategy and is therefore overseen as part of the strategy's governance arrangements.

Expertise on specific policy areas is provided by relevant Government departments. In addition to the Department for Education (DfE) and DH, these include the Ministry of Justice (MoJ) as lead department on the law, the Department for International Development (DFID), and the Foreign and Commonwealth Office (FCO) for the critical link between domestic and international work; and the Department for Communities and Local Government (DCLG) for input on work with communities and community-based organisations. The FGM Unit also works closely with the Crown Prosecution Service (CPS) and Attorney General's Office (AGO) in relation to prosecutions.

The Government will continue to look at options for ensuring that work in this area is coordinated as effectively as possible.

Conclusion/Recommendation 4

A single reporting and safeguarding system would be the best approach to removing some of the institutional barriers that presently prevent effective safeguarding and would be a suitable project for a redefined FGM Unit.

(Paragraph 28)

Government response

FGM is child abuse and the Government's work is focused on ensuring that responding to it is part of normal safeguarding practice. In April we published multi-agency statutory guidance which highlights the particular characteristics of FGM that front-line professionals should be aware of, whilst making clear that FGM cases should be dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding. Our aim is for FGM to no longer be regarded as 'different' or 'other' but to be integrated into the standard response to child abuse.

Where necessary, however, we have provided specific guidance on FGM; this includes DH's FGM Risk and Safeguarding Guidance for healthcare professionals which provides information on the specific risks associated with FGM.

The multi-agency statutory guidance clearly sets out the responsibilities of all relevant agencies to share information to enable effective safeguarding in line with wider statutory requirements. The FGM Unit identifies good practice examples of multi-agency working through outreach work and publishes effective examples in the online resource pack on GOV.uk.

We recognise that there is more to do to strengthen multi-agency working. However, this is not an issue unique to FGM. That is why the Children and Social Work Bill, currently before Parliament, includes measures concerning the local arrangements for safeguarding and promoting the welfare of children.

Conclusion/Recommendation 5

Medical examinations can have a role as a last resort in particularly high-risk cases. As improvements to risk assessment methods continue, there may be a stronger case for a system that requires health professionals to carry out regular medical checks when a girl is identified as being at high risk.

(Paragraph 31)

Government response

The Government recognises that medical examinations can be an important part of a safeguarding response. For girls at high risk, a requirement to have periodic medical examinations or examinations on return from travel to 'home countries' can help to protect them from FGM. Girls identified as being at high risk of FGM may be required to have medical examinations as part of their individual safeguarding plans where this is necessary for their protection or wellbeing.

However, the Government agrees with the Committee's assessment that a blanket policy of medical examinations for all girls would not be an appropriate response and would not be in line with wider safeguarding practice.

Conclusion/Recommendation 6

The FGM Unit [should] immediately form operational links with police and Border Force airside operations, to provide intelligence and guidance on high-risk countries. This intelligence should be informed by the work carried out over the last 25 years by the United Nations, the World Health Organisation and NGOs, and information provided by the Department for International Development and Foreign and Commonwealth Office overseas posts.

(Paragraph 35)

Government response

The FGM Unit works closely with operational colleagues to ensure that intelligence is shared effectively. This includes holding quarterly enforcement meetings with the police, Border Force, the National Crime Agency, UK Visas and Immigration, FCO, CPS, MoJ and others to share both domestic and international intelligence and improve the enforcement response. The Unit also contributes to the planning of Operation Limelight as appropriate.

The Government recognises the importance of gathering intelligence from overseas in order to improve our understanding of the scale and nature of FGM in high risk countries. Information on different practice and attitudes to FGM within countries and regions is important for improving our response in the UK and informing our ability to protect women and girls travelling to and from these areas. That is why the multi-agency statutory guidance on FGM we published in April includes comprehensive information on the prevalence of FGM overseas, as well as in England and Wales. We are also working with FCO and DFID to look at what more can be done to build the intelligence picture overseas, including any relevant learning from DFID's £35m programme overseas. The FGM Unit also engages with non-government organisations working in these countries and will continue to seek their advice on current and emerging issues overseas.

Conclusion/Recommendation 7

Personal, Social, Health and Economic (PHSE) education [should] be made compulsory and include tackling violence against women and girls, and teaching children about FGM in particularly high prevalence areas. (Paragraph 38)

Government response

High quality sex and relationship education (SRE) is a vital part of preparing young people for success in modern Britain: helping them make informed decisions, stay safe, and learn to respect themselves and others. Schools have the autonomy to tailor their local PSHE programme to reflect the needs of their pupils, including teaching about FGM, by drawing on the resources and evidence provided by experts and tools such as materials made available by the PSHE Association. The PSHE Association has produced briefing on FGM for teachers wishing to cover the subject and their website has an area dedicated to information about FGM.

The Government wants to provide all young people with a curriculum that prepares them to succeed in modern Britain. This includes sex and relationship education (SRE) that is age-appropriate and fit for the world they live in today. The case for further action on PSHE and SRE delivery is actively under review, with particular consideration to improving quality and accessibility.

Conclusion/Recommendation 8

Sufficient resources [should be] provided to those groups who work and campaign within communities where FGM is practised. (Paragraph 41)

Government response

FGM was one of three safeguarding priorities, along with radicalisation and domestic abuse (including misuse of drugs and alcohol), eligible for bids under the DfE's Safeguarding Voluntary and Community Sector grants 2016-18. A total of £2.25m is available over 18 months, from autumn 2016 to March 2018. DfE is currently assessing the bids received, and expects to announce details of the grants awarded before the end of the year.

We have pledged increased funding of £80 million for violence against women and girls (VAWG) between now and 2020. As part of this, in 2017, our VAWG fund will come into effect. The aim of this fund is to provide more sustainable, longer term funding for local areas. Our cross-Government VAWG strategy sets out our commitment to ensuring that by the end of this Parliament no victim of abuse is turned away from the support they need. This includes publishing a National Statement of Expectations (NSE) - underpinned by guidance and data, including on FGM - to make clear to local partnerships what good commissioning and service provision looks like. This will provide a blueprint for all local areas to follow, setting out core expectations, but giving them the freedom to respond to meet local needs. The NSE will support areas to carry out evidence-based assessments of need, drawing on the best available data, and taking into account the particular needs of Black, Asian, and Minority Ethnic women and those with complex needs.

Conclusion/Recommendation 9

The Government [should] introduce stronger sanctions for failure to meet the mandatory reporting responsibility, beyond the relevant professionals' own general disciplinary procedures. (Paragraph 45)

Government response

Failure to comply with the mandatory reporting duty represents a breach of professional responsibilities, the most serious sanction for which would be dismissal. This approach will ensure that appropriate sanctions are imposed, in accordance with the individual circumstances of the case, and it is also in line with the approach favoured by the vast majority of respondents to the public consultation we ran prior to the duty's introduction. The Government expects employers and the professional regulators to pay due regard to the seriousness of breaches of the duty.

We have undertaken a range of action to ensure that professionals understand the duty and the potential consequences of failure to comply, including: publishing guidance, producing tailored information for health professionals in England through DH's FGM Prevention Programme; and the FGM Unit's ongoing programme of outreach which has included sessions on the duty.

In September, the FGM Unit held a roundtable attended by representatives from across the professions, DH, and the police to review progress in implementing the duty, and we will continue to work with professionals and the police to raise awareness and ensure compliance.

In addition, as the Committee will be aware, the Government recently ran a 12 week consultation on the possible introduction of new measures relating to reporting and acting on all forms of child abuse and neglect. The consultation is broad and wide-ranging and considers the introduction of mandatory reporting or a new duty to act in relation to child abuse and neglect. The consultation closed on 13 October 2016, and we are carefully considering all responses to the consultation before deciding on next steps.

Conclusion/Recommendation 10

The FGM Unit [should] publish quarterly reports showing high level results [of the mandatory reporting duty], progress in police investigations, and examples of best practice that should then be disseminated to all professionals with a mandatory reporting duty to report FGM. (Paragraph 49)

Government response

The FGM Unit is working with the police and wider enforcement agencies to improve data collection on all forms of so called 'honour-based' violence (HBV), including FGM. This includes giving consideration to including HBV as part of the Annual Data Return as recommended by Her Majesty's Inspectorate of Constabulary in their report on the police response to HBV.

As the Committee will appreciate, information on live police investigations in this area is sensitive and it would not be appropriate for the Unit to share or publish such reports.

To help encourage the sharing of best practice, a police officer from the Metropolitan Police was recently seconded to the FGM Unit and visited all forces in England and Wales to understand their response to these issues and identify and collate examples of best practice. Examples of best practice include: protection agreements with the family of an at-risk child, a risk assessment and protection plan for transferring cases between forces, and a template for gathering community intelligence. This information has been circulated to all FGM and HBV force leads and will shortly be uploaded on to the Police Online Knowledge Area (POLKA) so it can be accessed by all forces.

Conclusion/Recommendation 11

The Home Office should take steps to investigate additional legislative measures which might be successful in securing more prosecutions and in supporting victims who wish to contribute to legal proceedings, despite the obvious difficulties and conflicts this presents for young women. (Paragraph 55)

Government response

The Government continues to share the Committee's desire to see more prosecutions brought and convictions secured for this horrific crime. However, a prosecution can only be brought where sufficient evidence is garnered and obtaining that evidence is the key issue, including, as the Committee recognises, supporting victims to give evidence.

This is why the Government, through the Serious Crime Act 2015, introduced a number of provisions to strengthen the law on FGM and to break down barriers to prosecution. These provisions, which came into force in May 2015, included:

- (a) extending the reach of the extra-territorial offences in the 2003 Act to habitual (as well as permanent) UK residents to remove the restriction that where FGM had been committed abroad, prosecutions could not be brought where those involved were not, at the material time, permanent UK residents as previously defined in the 2003 Act.
- (b) providing life-long anonymity for victims of alleged offences of FGM. The aim here was to encourage more victims to come forward and report offences; and
- (c) a new offence of failing to protect a girl from risk of FGM. This makes those responsible for the girl answerable in law for how the FGM happened and may reduce the need for the girl to give evidence in court - something which young and vulnerable victims may be reluctant or scared to do.

In addition, as the Committee is aware, in October 2015 the Government introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers to report 'known' cases of FGM in under 18s to the police.

As the Committee notes, these measures are still relatively new and the FGM Unit will continue to work closely with the police, CPS, MoJ and others to monitor and review their implementation.

In addition to the FGM-specific measures, various special measures are available to the courts to support vulnerable and intimidated victims, including those who have been subjected to FGM, in giving evidence. This includes the use of screens in court to shield the witness from the defendant, the use of live-link, including from outside the court building, and the video pre-recording of evidence.

As the Committee has highlighted, France, for example, has a good record of securing prosecutions for FGM offences

The CPS and the FGM Unit have liaised with other jurisdictions, including France, to look at whether there are further legal measures which could be adopted here. For example, the amendments made to the Female Genital Mutilation Act 2003² by the Serious Crime Act 2015 were a direct result of CPS research in other jurisdictions on legislation, victim reporting and prosecutions; and the new offence of failing to protect a girl from FGM was a result of CPS working with prosecutors in Spain.

The Government has no current plans to legislate further in this area. We will keep the matter under review, and we will continue to consider methods/good practice in others countries which aid both the prevention and prosecution of FGM.

² s70-75, Serious Crime Act 2015

Conclusion/Recommendation 12

The Government [should] reconvene its FGM Summit of June 2014 within the next year, to bring together the leaders of other European countries dealing with this problem and those from 'home' countries where girls living in the UK are taken in order for FGM to be carried out.

Government response

The UK has worked with a number of European countries to share learning on tackling FGM. We have hosted two FGM European learning forums over the past two years and, in 2014, visited France to discuss violence against women and girls, including FGM.

The FGM Unit is currently a member of the Council of Europe Working Group on FGM, which last met in September to review progress and to develop a best practice guide on FGM and forced marriage. The guide will include a range of examples of best practice from the UK.

DFID holds the lead for tackling FGM internationally and supports the Africa-led movement to end FGM in a generation alongside targeted programmes in 17 high burden countries.

We will continue to work with international partners, both directly and indirectly, through our strong relationships with the FCO and DFID, sharing global learning and best practice.

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