



THE GOVERNMENT RESPONSE TO THE SECOND REPORT FROM THE  
HOME AFFAIRS SELECT COMMITTEE SESSION 2014-15 HC 201:

# **Female genital mutilation: the case for a national action plan**

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

December 2014

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**THE GOVERNMENT RESPONSE TO THE SECOND REPORT FROM THE HOME AFFAIRS SELECT COMMITTEE SESSION 2014-15 HC 201: Female genital mutilation: the case for a national action plan**

**Introduction**

The government would like to thank the Committee for its report published on 3 July on female genital mutilation (FGM).

The government is unequivocal that in the UK, FGM is a criminal offence and an extremely harmful form of child abuse which we are firmly committed to eradicating. The government agrees with the Committee's assessment that tackling FGM requires a comprehensive approach including prevention, punishment, enforcement, support and protection measures.

On 22 July, the Prime Minister and UNICEF hosted the UK's first ever Girl Summit. The summit aimed to use UK leadership to lever a global movement to end FGM and child, early and forced marriage in a generation. The summit recognised that FGM is a global problem that requires an international solution and demonstrated this government's commitment to tackle these issues both here in the UK and overseas. The summit brought together community leaders, grassroots organisations, governments, international organisations and the private sector in order to learn from their experiences and work together to tackle FGM globally.

At the summit the government announced an unprecedented package of domestic measures to tackle FGM in the UK, and demonstrate to the world that we are doing all we can to eliminate FGM from our shores. These announcements highlighted that everyone has a responsibility to end FGM. They focused on improving the law enforcement response, supporting frontline professionals and working with communities to prevent abuse.

**Strengthening the law enforcement response**

We are bringing forward legislation to create a new criminal offence where parents or those responsible for caring for a child fail to prevent their child being subjected to FGM. This will support police and prosecutors in bringing forward cases. We are consulting on mandatory reporting for FGM to make it absolutely clear to professionals that FGM is child abuse and must be reported. Alerting the police to actual cases of FGM will allow them to investigate the facts of each case and should increase the number of perpetrators apprehended and prosecuted for this appalling crime. The government had also already included a provision in the current Serious Crime Bill to extend the reach of the extra-territorial offences in the FGM Act 2003 to habitual (as well as permanent) UK residents. And at the summit the government announced it would bring forward legislation to grant victims of FGM lifelong anonymity from the time an allegation is made, which has been done in the Serious Crime Bill. The Ministry of Justice announced a consultation on whether, and how, a new civil protection order could work alongside criminal legislation to protect potential victims of FGM. Following that consultation, provisions on the protection order have also been added to the Serious Crime Bill.

We are improving the police response to FGM working with the College of Policing and HMIC. The College of Policing has carried out a consultation on new authorised professional practice on FGM to raise awareness amongst investigators and better equip them to tackle the

practice. In addition, in 2015 Her Majesty's Inspectorate of Constabulary will be conducting a force level inspection on the police response to honour based violence with a focus on FGM.

### Supporting frontline professionals

We are working in partnership with NHS England through our national FGM prevention programme to improve the NHS response to FGM. The programme is backed by £1.443million - the largest ever domestic funding package for FGM - and is designed to improve the way in which the NHS tackles FGM, and to clarify the role of health professionals which is to 'care, protect, prevent'. The future planning of services has to be underpinned by proper data and on 16 October the first data ever collected from NHS was published as part of a comprehensive programme of data gathering on FGM as part of the FGM prevention programme. This data can be shared, as appropriate, with other agencies to prevent FGM.<sup>1</sup>

The government has set up a specialist FGM unit to drive a step change in nationwide outreach on FGM with criminal justice partners, children's services, healthcare professionals and affected communities. This work complements the ambitious programme of work by the Department for International Development.

### The community response

At the summit, we launched a declaration condemning FGM, signed by over 300 faith leaders from all major faiths. The faith leaders have declared that FGM is not required by their religions and is a form of child abuse. The declaration has made clear that all religions will work together to end FGM for good. The support from faith leaders has been overwhelming and the government will seize this momentum to turn these signatures into further action.

### 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 summit marked significant progress in the UK's efforts to tackle FGM but there is more for us to do. It is vital that we continue to review our response to FGM to ensure that we are doing all we can to tackle it and eliminate this practice from the UK forever.

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

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<sup>1</sup> As health is a devolved matter in Wales, the Welsh Government is taking forward its own programme of work with NHS Wales to tackle FGM.

## **Conclusion/Recommendation 1**

**The Government should 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.**

### **Government response**

The government has published a cross-government strategy, *A Call to End Violence Against Women and Girls*, and our supporting action plan (updated March 2014) focuses on early intervention, effective local approaches, partnership work, and risk reduction and justice outcomes. FGM is an integral part of this plan.

At the Girl Summit in July we announced a strong and ambitious set of actions to tackle FGM in the UK. The implementation of these measures will be monitored by the existing inter-ministerial group on violence against women and girls, and biannual ministerial roundtable meetings on FGM.

The government is committed to ensuring progress against the action plan is published.

## **Conclusion/Recommendation 2**

**We believe the Government should aspire to the UK being a world leader in the policy response to FGM.**

### **Government response**

Tackling all forms of violence against women and girls, including FGM, both domestically and internationally is a key priority for the UK government. This is demonstrated by the range of work that has taken place across government this year. For example, the Secretary of State for International Development has put women and girls and equality at the heart of our aid programme, investing £35million on a specific FGM programme, and the Leader of the House of Commons, William Hague, continues to lead work to prevent sexual violence in conflict. The Home Secretary has introduced a landmark Modern Slavery Bill, one of the first of its kind in the world to specifically address slavery and trafficking in the 21<sup>st</sup> century, to help stamp out these abhorrent crimes.

In addition to the unprecedented domestic package on FGM announced in July, the Girl Summit brought together heads of state, practitioners, survivors, charities and community groups and secured new commitments from the private sector, faith leaders, other civil society organisations and governments on tackling FGM. The government is also committed to working with other countries to tackle FGM, to learn from their experiences and to share our policy approach when requested.

## **Conclusion/Recommendation 3**

**3. The police and Crown Prosecution Service have historically been far too passive in their approach to FGM by waiting for survivors to come forward and report.**

## **Government response**

It is important to recognise that there are barriers to prosecution that cannot easily be overcome. At the time of mutilation, victims may be too young and vulnerable, or too afraid, to report offences. They may also be reluctant to implicate family members. The Crown Prosecution Service can only consider prosecuting those cases of FGM which have been referred to it by the police following an investigation.

The police and CPS recognise that there is far more to do to break down those barriers and have taken the following pro-active steps to support survivors:

- The CPS has held two roundtable meetings of experts to explore why so few FGM cases are referred to the CPS for charge and prosecution, to consider how they could work together to address some of the challenges faced in the reporting of cases to the police and investigating and gathering evidence in order to support a prosecution. The CPS has published two FGM action plans on 23 November 2012 and 28 October 2013.
- Lead prosecutors have been appointed for each CPS Area and they have agreed local protocols with local police forces setting out the arrangements for investigation and prosecution of FGM.
- The CPS and the police have agreed a joint FGM training plan for all CPS areas and their respective police forces, which extends from July to December 2014. This will ensure they have the skills and knowledge to drive up the numbers of successful investigations and prosecutions.
- The CPS has produced legal guidance for all prosecutors dealing with potential cases of FGM. This guidance was published in 2011 and details the sensitivities and complexities involved in FGM offences. More recently, it has been updated and supplemented by an aide memoire for prosecutors and police identifying other offences which may be considered.
- In July, the College of Policing launched a consultation on a new authorised professional practice on FGM. This aimed to raise awareness of, and demystify, FGM for investigators and those they work with, to better equip them to tackle the practice. It also considered how FGM can be addressed, through prevention, protection and prosecution.
- The CPS has been researching and examining how other jurisdictions (especially common law jurisdictions) have prosecuted cases of FGM, how the cases were reported and what evidence has been obtained to support the offence.
- Safeguarding and trafficking Border Force teams at Gatwick and Heathrow are taking part in a police-led, cross-agency exercise targeting flights to and from high FGM risk countries.

#### **Conclusion/Recommendation 4**

**4. We recommend the Government bring forward proposals to extend the right to anonymity under the Sexual Offences (Amendment) Act 1992 to include victims of FGM**

#### **Government response**

The government is fully supportive of providing victims of FGM with anonymity in the same way that victims of certain sexual offences are afforded this through the Sexual Offences (Amendment) Act 1992. We believe that providing anonymity to FGM victims will help encourage more victims to come forward to report this deeply personal and sensitive offence.

We have now tabled an amendment to the Serious Crime Bill during Lords Report stage which will provide anonymity to victims of FGM through a new provision in the Female Genital Mutilation Act 2003.

#### **Conclusion/Recommendation 5**

**5. We do believe 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 risk.**

#### ***Taken with***

**9. We recommend that 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.**

#### **Government response**

The aim of the national FGM prevention programme is to improve the way in which the NHS England responds to the health needs of girls and women who have had FGM, and to actively support prevention. This includes supporting health professionals to be confident when having sensitive discussions with women, to understand their FGM status, to record that information appropriately and to identify future risks, as well as how to act upon any risks identified via a national FGM pathway which is currently in development. This could include action by health visitors when they become aware of a child at high risk of FGM.

#### **Conclusion/Recommendation 6**

**6. GPs have a vital role in responding to FGM, and we hope that the Royal College will now work with the Intercollegiate Group to implement its recommendations.**

#### **Government response**

The government agrees that GPs have a vital role in responding to FGM and welcomes the work of the Royal College of GPs and the Intercollegiate Group in this area. As part of the national £1.443m FGM prevention programme, the Department of Health is working with the Royal College of GPs to understand and develop the role that GPs should have in responding to FGM, as well as how to embed joint working between GPs and other healthcare professionals in order to improve information sharing, safeguarding and tailored healthcare delivery.

**7. We recommend the Government update the Guidelines and place them on a statutory footing, giving them parity with guidelines for handling cases of forced marriage.**

### **Government response**

At the Girl Summit the government published updated multi-agency guidelines on handling cases of FGM. We are now consulting on how best to put these guidelines on a statutory footing.

**8. A key objective for a national action plan on FGM must be to overcome practitioners' own reluctance to address FGM so that they respond to it in the same way as other forms of child abuse. Training is important for practitioners to have the confidence to talk about FGM. But it is also about making such conversations routine so that professionals overcome any awkwardness about having them.**

### **Government response**

The government has been clear that FGM is child abuse and is a criminal offence. It agrees that practitioners should be able to respond to FGM as they would to any other form of abuse. Training should provide them with the knowledge and skills they need to comply with their safeguarding responsibilities, and this should include an awareness of issues like FGM. 'Training' will include both initial training and continuing professional development.

With regard to initial teacher training, all newly qualified teachers are assessed against, and must meet, professional standards which require them to display an understanding of their safeguarding responsibilities and have regard to the need to safeguard pupils' wellbeing, in accordance with statutory provisions. Accredited providers design their courses to enable trainees to meet those standards.

The Department for Education<sup>2</sup> consulted over the summer 2014 on the first ever Knowledge and Skills Statement, drawn up by Chief Social Worker, Isabelle Trowler, which set out in one place what child and family social workers need to know and be able to do. The Department for Education has now published its response to the consultation, including the Chief Social Worker's final version of the Statement. This states that social workers must be able (among many other things) to:

- recognise harm and the risk indicators of different forms of harm to children relating to sexual, physical, emotional abuse and neglect;
- consider the possibility of child sexual exploitation, grooming (on and offline), FGM and forced marriage; and
- lead the investigation of allegations of significant harm to children in consultation with other professionals and practice supervisors.

Head teachers and service heads can focus on continuing professional development with regards to the issues most relevant to their organisation and/or their area. This allows them to take account of the needs of the children with whom they work, including children from

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<sup>2</sup> As education and safeguarding are devolved matters in Wales, the Welsh Government is taking forward its own programme of work with agencies in Wales to tackle FGM.

communities where FGM may be practised, and prioritise training that will enable staff to address those needs.

The multi-agency e-learning package on FGM that the government published in July 2014, together with the guidance and resource pack published at that time, intends to raise practitioners' awareness of FGM and point them towards further sources of information and advice. In the first month that the e-learning package was available, over 800 professionals completed the course, and 99.6% of those would recommend others to undertake it.

One of the objectives of the new specialist FGM unit is to use outreach events to promote all the available guidance and resources to professionals and signpost support services.

Statutory guidance – on multi-agency working in *Working Together to Safeguard Children* (2013) and on the role of schools in *Keeping Children Safe in Education* – sets out clearly the responsibilities of organisations and practitioners, and contains links to more detailed information and guidance on FGM.

The Department of Health has commissioned Health Education England to produce five new e-learning FGM training sessions, the first of which launched on 26 November 2014. These will be provided on the national 'eLearning for Health' platform, and will be available to all NHS Trusts at no charge. The e-learning modules will contain practical advice on how best to ask 'difficult' questions about FGM in a sensitive manner, to give healthcare professionals the confidence to fulfil their role to protect girls, prevent FGM, and care for women and girls who have had FGM. An updated FGM web resource on the NHS Choices website, with a range of films for health professionals depicting how to ask difficult questions sensitively, has also been launched. The web pages include advice, links to guidance, details of specialist FGM clinics in the NHS, and links to helplines and NGOs to can signpost NHS staff who are unsure of what to do.<sup>3</sup>

**10. Where a girl is born to a mother who has undergone FGM, or where there is perceived to be a risk to the child, we believe the NHS should, as a matter of policy, make a referral to children's social care, or the local multi-agency safeguarding hub, so that an action plan for the safeguarding of that child can be developed and implemented.**

#### **Government response**

Health professionals are already required to inform the police or social services whenever they have concerns that a child is at risk of any form of abuse, including FGM. The government agrees it is important for there to be a clear point of contact between the NHS and social services where a child is identified as being at risk of FGM. The Department of Health and Department for Education are considering whether more detailed advice to health professionals and social workers on FGM risk assessments should be developed.

**11. We recommend 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.**

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<sup>3</sup> As health is a devolved matter in Wales, the Welsh Government is taking forward its own programme of work with NHS Wales to tackle FGM

## **Government response**

As part of the national FGM prevention programme, the government is exploring a range of options for recording FGM details across the NHS, including in the Personal Child Health Record, as well as in other records at other suitable points through a child's life. We are looking at disseminating any changes made through published information standards as well as via training and other mechanisms for sharing information and guidance to NHS staff. This is just one element of the wider health work being undertaken to improve what the NHS knows about FGM nationally across its patient population.

**12. It is vital that school staff have an awareness of these indicators, and know when to refer the matter to children's social care and the police.**

*Taken with*

**13. We recommend that the Secretary of State for Education resend the guidance to all head teachers and child protection officers.**

*Taken with*

**14. We further recommend that head teachers and child protection officers, where they have not already done so, undergo compulsory safeguarding training which specifically deals with FGM.**

## **Government response**

The government agrees that it is vital for school staff to be aware of the indicators of different forms of abuse, and to know what action to take.

The statutory guidance in *Keeping Children Safe in Education* (April 2014) clearly sets out the responsibilities of schools and their staff. *Keeping Children Safe in Education* covers all forms of abuse, and contains links to more detailed guidance on specific risks, including FGM. The guidance on FGM, which includes a chapter aimed specifically at schools and colleges, contains information about the warning signs that practitioners should look out for.

The Secretary of State wrote to all headteachers, drawing their attention to *Keeping Children Safe in Education* (KCSIE) when that guidance was published in April. The timelines in the Department for Education's 'Need to Know' publication, which was sent to all schools in September, advised them that the guidance was about to be re-published, in order to clarify certain aspects of the guidance and provide up-to-date information on important areas, such as child sexual exploitation and the government's updated multi-agency guidelines on female genital mutilation and forced marriage.

Head teachers and child protection leads in schools should be trained to carry out their statutory duties. School leaders will use their professional judgement to determine what training will be appropriate for the needs of their staff and their school. KCSIE states that safeguarding training should cover at a minimum the content of the guidance and that schools may wish to contact their Local Safeguarding Children Board for advice on appropriate training. In addition, in order to help schools identify suitable safeguarding training, officials

have worked with a consortium of safeguarding experts, who have developed updated training materials that reflect the content of *Keeping Children Safe in Education*.

**15. We recommend that, where Ofsted assesses PSHE provision in schools, it explicitly examines the school's approach to education on FGM and violence against women.**

#### **Government response**

Ofsted recognises the significance of FGM in its inspection arrangements and its safeguarding guidance to inspectors clearly sets out that inspectors should be aware of the guidance that is available and vigilant to the risk of it being practised. The guidance indicates that, where appropriate, inspectors may check the awareness of the issue among designated senior staff and ensure that all staff are aware of the risks, ask what training staff have had and whether the school has taken any timely and appropriate action in respect of concerns about particular children.

Ofsted is required to report on whether the curriculum offered by the school is broad and balanced and promotes the spiritual, moral, social and cultural development of all pupils. Ofsted inspections must also cover the behaviour and safety of pupils in a school. These judgements may reflect how a school teaches pupils about issues of gender-based violence. Ofsted does not, however, inspect individual curriculum subjects such as PSHE as part of routine school inspections.

**16. We recommend that PSHE be made compulsory, including teaching children about FGM in high-prevalence areas.**

#### **Government response**

We believe that all schools should teach PSHE, drawing on good practice, and have outlined this expectation in the introduction to the framework to the new national curriculum. We are committed to working with schools and other experts to ensure that young people are receiving age appropriate information that allows them to make informed choices and stay safe. We do not want to prescribe exactly which issues schools should have to cover in PSHE or other related parts of the curriculum, as we believe it more effective for schools to make their own judgements on this, based on their knowledge of their pupils; school leaders and practitioners have supported this flexible approach. To assist those wishing to teach pupils about FGM, the Department for Education commissioned the PSHE Association to produce briefing about FGM for teachers, and the Association published that briefing in July 2014.

**17. All local safeguarding children boards need to develop clear and consistent risk assessment protocols so that an appropriate action plan is put in place for every child referred to social services.**

#### **Government response**

The government agrees that clear and consistent risk assessment protocols are required. The 2013 statutory guidance, *Working Together to Safeguard Children*, states that “local authorities, with their partners, should develop and publish local protocols for assessment” and that “the detail of each protocol will be led by the local authority in discussion with their partners and agreed with the relevant local safeguard children’s boards”.

The government is funding a series of awareness raising sessions on FGM to Boards in high prevalence areas; these have the dual purpose of educating professionals about FGM and highlighting effective safeguarding practice.

On 23 September, the Chief Social Worker for Children and Families wrote to the Association of Directors of Children's Services, The Children and Families Principal Social Worker Network and the Association of Independent Chairs of the Boards, to clarify the local arrangements that should be in place to support children at risk of FGM and early and forced marriage. That advice set out the principles that should underpin an effective multi-agency response to those forms of abuse: access for practitioners to specialist advice; arrangements for early help, advice and services to families; and a published threshold document including the criteria for cases to be referred to local authority children's social care. The Chief Social Worker's letter also set out her intention to undertake a systemic case review to identify best practice which can be disseminated quickly to practitioners; we expect the findings of that review to be published in the first quarter 2015.

**18. We were extremely disappointed in the role of ACPO and its lead, who appear to have made little effort to tackle the problem faced, and have shown a distinct lack of leadership in this matter.**

#### **Government response**

The police and CPS have vital roles to play in tackling FGM. We are working closely with the National Policing Leads and the Director of Public Prosecutions to encourage effective punishment and enforcement. The College of Policing launched a consultation on a new authorised professional practice on FGM on 22 July which ran to 30 September. Findings from this consultation are currently being considered. HMIC is carrying out a force level inspection on honour based violence that will include a focus on how the police respond to cases of FGM and forced marriage. The review will be carried out in early 2015.

There has been much progress in recent years from the CPS on tackling FGM. Lead FGM prosecutors have now been appointed for each CPS Area and local Police/CPS FGM Investigation Protocols have been agreed with 42 police force areas.<sup>4</sup> In addition the CPS and police have arranged a training plan for FGM for 390 police and prosecutors in the 13 CPS areas which will run from July to December 2014.

**19. The 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.**

#### **Government response**

At the Girl Summit the government announced additional funding for communities affected by FGM to help protect girls at risk. The government currently is providing £100k to fund 11 community engagement initiatives from a range of different organisations. These range from working with health workers to explain the cultural justifications given for FGM and

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<sup>4</sup> Joint protocols have been agreed with 42 forces. City of London being the one force where a protocol has not been signed on the basis that if there were any FGM cases in that jurisdiction, the Metropolitan police, through its specialist team would lead the response.

addressing the views of men and boys, to spreading awareness online of the consequences of FGM and the support available.

The Home Office has produced an online resource pack for local commissioners to emphasise what works in tackling FGM. This includes effective practice from voluntary sector and statutory organisations.

The new FGM unit is building a hub of effective practice on FGM by collating and sharing examples across local areas and professional groups.

Additional community engagement funding of £270k to tackle FGM and forced marriage has been announced by the Department for Communities and Local Government. This is comprised of £190k to support projects preventing FGM and other forms of honour based violence; and £80k to establish networks of trusted community champions against FGM and forced marriage. These champions will provide a link between statutory services and communities and a local point of contact for people with concerns about the practices and its consequences.

**20. The Government needs to do much more to promote awareness of the NSPCCs helpline's existence among frontline practitioners and practising communities.**

*Taken with*

**22. There is a clear case for a national FGM awareness campaign, on the same scale as historic public health campaigns on domestic violence and HIV/AIDS.**

**Government response**

In June 2014, the government launched a communications campaign to raise awareness of FGM and to signpost the NSPCC FGM Helpline. The campaign includes online and poster advertising in washrooms and shopping centres which are targeted at mothers/carers of young girls who are at risk of FGM. All advertising promotes the NSPCC FGM helpline. We are also reaching professionals, such as teachers and doctors, by using online trade advertising to direct them to educational material on FGM provided by the NSPCC, and on GOV.UK. We are working with the Personal, Social and Health Education Association to get messages directly to teachers. Messages to these audiences will reinforce that FGM is child abuse and that it is their duty to report it. One of the core objectives of the new specialist FGM unit is to promote the existing government materials, such as these, to professionals and communities.

**21. There is a need for a much greater emphasis on the collection and sharing of information and the development of clear referral pathways that are well-understood and used by front-line practitioners.**

**Government response**

The Department of Health has launched its FGM Prevention Programme, which aims to improve the NHS response to tackling FGM and develop national standards, in consultation with NHS England and expert stakeholders. As part of this we have improved the information

is held about patients with, and at risk of, FGM by standardising and increasing the details recorded across the NHS at a regional and national level.

The first FGM data was published by the Health and Social Care Information Centre in October 2014 and will be used by commissioners to monitor standards, quality and better understand service needs. By sharing the anonymised data received, we also be supporting the police and social services in their work. The information gathered will be used to develop guidance and best practice. The next stage of data collection work will provide additional requirements on exactly what, where and how information about FGM will be recorded, and will set standards and national pathways for the exchange of information between health professionals. There is a legal requirement on NHS organisations to comply with this data collection. The improvements will be in place by April 2015, delivered through a published information standard.

**23. We recommend that the Government amend the 2003 Act to include reinfibulation.**

**Government response**

The government has shown that it is ready to bring forward further legislation, better to combat FGM, where there is a good case for doing so. Following proposals from the Director of Public Prosecutions to Ministers and in her evidence to the Committee, we are legislating in the Serious Crime Bill to extend the reach of the extra-territorial offences in the FGM Act 2003 to habitual (as well as permanent) UK residents. We have also included provisions in that Bill at Lords Report stage which would: make parents or those responsible for caring for a child liable for failing to prevent their child being subjected to FGM; grant victims of FGM lifelong anonymity from the time an allegation is made; and create a new FGM civil protection order.

However, with regard to the proposal from the Committee on reinfibulation, the government's view is that this is already an offence under the 2003 Act. This is on the basis that, if it is an offence to infibulate in the first place, it must equally be an offence to re-infibulate. The multi-agency practice guidelines have long made clear that re-suturing or reinfibulation is illegal in the UK. Current guidance issued by both the British Medical Association and the Royal College of Nursing support that view.

As the first prosecution for FGM announced by the CPS on 21 March 2014 is in fact a case involving reinfibulation, we should have some guidance from the courts on this point in due course.

**24. We recommend that the Government examine the extent to which there is a double standard in the current treatment of female genital cosmetic surgery and FGM under the law, and whether there is a case for prohibiting all such surgery on girls under the age of 18, except where it is clinically indicated.**

**Government response**

Section 1(2) of the Female Genital Mutilation Act 2003 provides a defence for medical professionals carrying out surgical operations that are necessary for a girl's physical or mental health or carried out in connection with childbirth. The 2003 Act does not contain any exemption for cosmetic surgery. So, if a procedure involving any of the acts prohibited by section 1 (cosmetic or otherwise) is unnecessary for physical or mental health, and is not

carried out in connection with childbirth, then it is an offence even if the woman on whom the procedure is carried out consented. Ultimately, it would be for a court to decide if purely cosmetic surgery constitutes mutilation and is therefore illegal.

Section 1(5) of the 2003 Act provides that in assessing a girl's mental health no account is taken of any belief that the operation is needed as a matter of custom or ritual. So FGM could not legally occur on the ground that a girl's mental health would suffer if she did not conform with the prevailing custom of her community. Section 1(5) is intended to avoid what could otherwise be a loophole in section 1(2).

The government does not believe that the 2003 Act itself creates double standards and has no plans to amend the Act specifically to prohibit female genital cosmetic surgery.

**25. We recommend the Government should take steps to make the failure to report child abuse a criminal offence.**

**Government response**

FGM is a hidden crime and we need to bring it into the open if we are to end it. For every victim of FGM there is a criminal who could potentially be prosecuted. At the Girl Summit we announced that the government will introduce a new statutory duty on professionals to make a report to the police if they believe they have seen that FGM has occurred. We have issued a public consultation on the best ways to achieve this. We want to capture and fully assess all possible routes to increase referrals to the police and afford victims of this terrible abuse the greatest possible protection.

The consultation gives professionals and the wider public the opportunity to express their views on how to increase the number of referrals, and to provide views on the scope of the new duty.

**26. To support a full-scale national action plan that is commensurate with the extent of the problem, the Government needs to provide long-term funding that is an order of magnitude greater than that which it has committed to date.**

**Government response**

The government has already identified funding to support our step-change in the response to the FGM including securing funding from the European Commission, and by announcing £1.4m for the FGM prevention programme and £220,000 for community engagement and prevention funding. On 11 October we announced an additional £150,000 for community prevention work to tackle both FGM and forced marriage. We are also improving the evidence base on the extent of the problem through improved health data and the prevalence study commissioned from City University, in order to provide local areas with the information they need to commission sustainable victims' services which meet the needs of their local communities.

**27. NHS and commissioning groups need to ensure that the provision of services better reflects the prevalence of FGM. The services available should specifically include the provision, through NGOs or local authorities, of dedicated FGM shelters.**

## **Government response**

The government is improving the information held in the NHS about patients with, and at risk of, FGM, and the first data was published in October 2014 by the Health and Social Care Information Centre. The data will be used to support commissioning of appropriate NHS services and will provide us with a clearer understanding of the extent of the issue across the NHS. As with other NHS services, standard NHS commissioning procedures will use the data that is collected about FGM healthcare provision to drive forward service improvements and ensure the provision of quality services which match the provision to the specific need – in this case, those associated with FGM.

### **28. Frontline health professionals need better training to ensure women and girls who have undergone FGM are referred appropriately and sensitively to these services.**

## **Government response**

The Department of Health has commissioned Health Education England to produce five new e-learning training sessions, the first of which launch on 26 November 2014. These will be provided on the national ‘eLearning for Health’ platform, available to all NHS organisations with no charge. This programme of work on FGM will ensure that health care professionals are able to ensure that girls and women are provided with the full range of FGM care and support that they require. In addition, NHS England, Public Health England, together with the other relevant bodies, are actively engaged in major awareness-raising activity to ensure professionals across the board know that tackling FGM is everyone’s business.

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