

Birmingham Against Female Genital Mutilation Annual Report 2021/2022



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1. BAFGM Purpose Aims and Objectives

- 1.1 Birmingham Against Female Genital Mutilation (BAFGM) is a group of multiagency professionals committed to safeguarding children from FGM and reducing the prevalence of new cases of FGM within Birmingham. Educating, awareness raising, appropriate data collecting and the effective use of clear protocols within a supportive environment by all agencies would enable Birmingham children to remain safe within the UK and reduce the risk of FGM.
- 1.2 BAFGM was established by Birmingham Community Safety Partnership, links have been forged with Birmingham Safeguarding Children Partnership to support delivery of multi-agency training. The group is currently chaired bi-monthly by Christine Wellington Head of Service – Birmingham Childrens Trust and Carolyn Daly Safeguarding Children Team Leader Birmingham Community Healthcare NHS Foundation Trust.
- 1.3 Birmingham Safeguarding Children Partnership (BSCP) provided financial support for the delivery of level 3 multi-agency FGM training during 2020/2021. Family Action planned to deliver 6 courses. 3 of these courses were cancelled due to the pandemic. A total of 30 delegates attended. The overall feedback/evaluation has been positive. In brief: delegates were asked to rate their confidence regarding understanding their responsibilities, legislation /policy and signs and symptoms following the course. By far the majority rated themselves as 'Confident' or 'Very Confident', with a small proportion identifying as 'Fairly Confident'.
- 1.4 Birmingham Safeguarding Children Partnership are working with BAFGM to source and develop a suitable multi-agency training offer for 2022-23. The previous suppliers Family Action no longer deliver training for the learning and development due to a change in direction for their business. The BSCP also continues to promote the free Home Office, FGM online training package through multi-agency networks.

2. What is FGM?

The World Health Organisation (WHO) Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the belief that the procedure is safer when medicalized.

WHO strongly urges health care providers not to perform FGM

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on

minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death. (WHO 2020)

FGM has been classified by WHO into 4 different types.

- 2.1 FGM is medically unnecessary, is extremely painful, and has serious health consequences, both at the time of the procedure, and in later life. It can also be psychologically damaging.
- 2.2 A number of girls die as a direct result of the procedure, from blood loss or infection. In the longer term, women who have undergone some form of FGM are twice as likely to die in childbirth, and four times more likely to give birth to a still born child.

3. Reasons Given For FGM:

- Brings status/respect
- Preserves virginity/chastity
- Social acceptance, especially for marriage
- Upholds family honour
- Cleanses/purifies
- Sense of belonging to the community
- Fulfills religious requirement (Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support. WHO. Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination)
- Custom/religion`
- Clean/hygienic
- Aesthetically desirable
- Rids family of bad luck/evil spirits
- Seen as a celebration, ceremony

4. Legal Context

- 4.1 FGM offences are set out in the Female Genital Mutilation Act 2003 ("the 2003 Act"), as amended by the Serious Crime Act 2015.

Definitions under the 2003 Act.

- assisting a girl to mutilate her own genitals
- assisting a non-UK person to mutilate a girl's genitals overseas
- failing to protect a girl from the risk of FGM

If an offence under sections 1, 2 or 3 of the 2003 Act is committed against a girl under the age of 16, then each person who is responsible for her will be potentially liable if

they knew, or ought to have known, that there was a significant risk of FGM being carried out but did not take reasonable steps to prevent it from happening. Note that “under 16” is the threshold for this offence, as distinct from “under 18” which has been used for the duty to report and the public interest factors, elsewhere in this guidance.

This offence can be committed wholly or partly outside the United Kingdom by a person who is a United Kingdom national or resident: neither the culpable failure nor the FGM need to take place within the jurisdiction.

The person has parental responsibility for the girl and has frequent contact with her at the relevant time (when the FGM occurs).

The new provisions as amended by the Serious Crime Act 2015

4.2 **Mandatory Reporting (Duty to Report)**

Section 5B of the 2003 Act introduced a legal mandatory duty to report known cases of FGM in girls under the age of 18. The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either: are informed by a girl under 18 that an act of FGM has been carried out on her; or observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl’s physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl’s age at the time of the disclosure/identification of FGM (i.e., it does not apply where a woman aged 18 or over discloses, she had FGM when she was under 18).

In addition to complying with the **mandatory duty**, professionals should continue to have regard to their wider safeguarding responsibilities, which require consideration and action to be taken whenever there is any identified or known risk to a child, whether in relation to FGM or another matter.

Female genital mutilation is physical abuse, and whilst it is perceived by parents not to be an act of hate, it is harmful, it is child abuse, and it is unlawful. It has long lasting significant implications for those who have the procedure performed on them.

Sanctions for not reporting will be determined by the regulatory authority for the relevant professional.

4.3 **Female Genital Mutilation Protection Orders (FGMPO)**

An FGMPO is a family court order which can be made for the purposes of protecting a girl or woman against the commission of an FGM offence - that is, protecting a girl or woman at risk of FGM or protecting a girl or woman against whom an FGM offence has been committed.

Whilst the criminal law focuses on prosecuting those who commit FGM offences, the focus of FGM Protection Orders (FGMPOs) - a civil law measure - is on protecting victims and those at risk of FGM.

An application for an FGMPO can be made to the family court by a victim, a relevant third party (currently local authorities) or any other person with the permission of the court. A court can also make an order of its own volition, without an application being made to it, during other family proceedings or in the course of criminal proceedings for an FGM offence. In deciding whether to make an order, a court must take account of all the circumstances of the case including the need to secure the health, safety and well-being of the potential or actual victim. The court can make an order which prohibits, restricts, requires or includes any such other terms as it considers appropriate to stop or change the behaviour or conduct of those who would seek to subject a girl to FGM or have already arranged for, or committed, FGM.

Examples of the content of a FGMPO granted by the court, may include such terms that:

- order the surrender of passports or any other travel documents, including the passport/travel documentation of the girl to be protected;
- prohibit specified persons from entering into any arrangements in the UK or overseas for FGM to be performed on the person to be protected;
- relate to the conduct of the individuals named in the order both inside and outside of England and Wales; and
- covers individuals who are, or may become involved in other respects (instead of the original respondents) and who may commit or attempt to commit FGM against the person to be protected.

An order can also be made against people who are not named in the application for the FGMPO. This is in recognition of the complexity of the issues and the number of people who might be involved in the wider community. FGMPOs can also, once granted, be varied, extended or discharged.

Breach of a FGMPO is a criminal offence. A person guilty of an offence under this paragraph is liable: on conviction on indictment, to imprisonment for a term not exceeding five years, or a fine, or both; or on summary conviction, to imprisonment for a term not exceeding 6 months, or a fine, or both.

As an alternative to prosecution, a breach of an FGMPO may be dealt with as a civil contempt of court, which is punishable by up to two years imprisonment, a fine, or both. This may be most appropriate where the breach is “in the face of the court”.

4.4 A Right of Anonymity. One of the reasons why victims of FGM may be reluctant to come forward and report the crime is because of the risk of being identified as a victim of such a personal and sensitive crime. Giving victims the protection that lifelong anonymity affords is intended to encourage more victims to come forward to report this crime.

Anonymity commences as soon as an allegation of FGM is made by the victim. This ensures that the victim is protected whatever the outcome of the investigation or prosecution.

The effect is to prohibit the publication of any matter that would be likely to lead members of the public to identify a person as the alleged victim of any offence under the 2003 Act. The prohibition lasts for the lifetime of the alleged victim. The prohibition covers not just immediate identifying information such as the name and address or a photograph of the alleged victim, but any other information which, whether on its own or pieced together with other information, would be likely to lead members of the public to identify the alleged victim.

A restriction on the reporting of the defendants' identities may be appropriate where it is proposed that it is to be reported that they are the parents of the victim and other information, such as the location of the incident or people who have subsequently become responsible for the care of the victim, may also be subject to reporting restrictions.

5. Birmingham Context

5.1 Birmingham Safeguarding Children Partnership website has been updated to reflect changes in recent years in legislation.

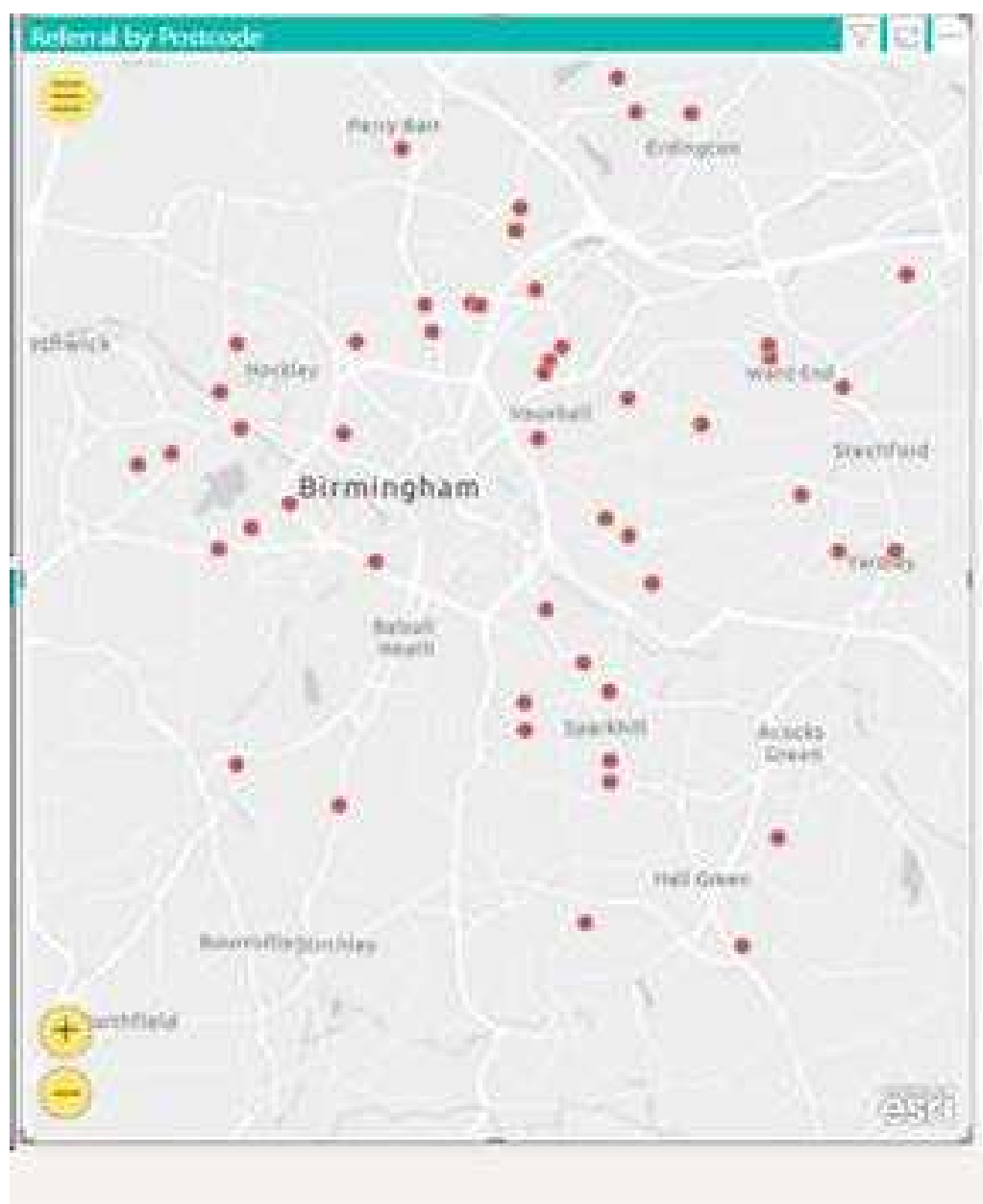
5.2 West Midlands Police – reports of FGM.

2021 (to October)	43
2020	51
2019	80
2018	57

5.3 Birmingham Childrens Trust – reports of FGM

2021 (to October)	74 contacts 31 referrals
2020	33 contacts 13 referrals

Below provides the overview of FGM contacts and referrals received by the Trust



- 5.4 The number of FGMPO's issued by Birmingham Family Courts remains low. This is disappointing as an order can afford a potential victim some protection against FGM.

2021 to date	3
2020	6

- 5.5 Disappointingly there are no ongoing prosecutions for FGM related offences in Birmingham.

5.6 In Birmingham three FGMPO's have been obtained.

6. Progress on Work Programme

BAFGM meetings are held bi-monthly and are currently chaired by Christine Wellington Birmingham Childrens Trust & Carolyn Daly Birmingham Community Healthcare NHS Foundation Trust who took over from DC Gill Squires in August 2021

- 6.1 **Impact of COVID – 19** Meetings were suspended and due to the national lockdown some members were redeployed to other duties in their organisations as part of the national and local COVID response. Agencies had to adapt to new ways of working, however core services were prioritised and any reports of FGM continued to be investigated and victims safeguarded. Due to COVID, members have not been able to progress all the work planned and were not able to go ahead with the Annual Conference to mark FGM Zero Tolerance day in February 2020. Meetings were resumed in a virtual form in January 2021.
- 6.2 **Health BAFGM** is well represented with membership from Birmingham and Solihull Clinical Commissioning Group (BSol CCG), Birmingham Community Healthcare NHS Foundation Trust, University Hospitals Birmingham, and Birmingham and Solihull Mental Health Foundation Trust.
- 6.3 **BSol CCG Designate Safeguarding Team** has active membership representation in the BAFGM to support the call to end FGM agenda from a wider health system perspective. At present, there are plans to recommence awareness training for GPs and their practices to continue to register onto the NHS digital FGM enhanced dataset platform.
- 6.4 **Birmingham Under 18s FGM Medical Assessments** BSol CCG has developed a formal standard operating protocol (SOP) around an existing informal arrangement relating to FGM medical assessments for the under 18s girls residing in the Birmingham locality only. This SOP is only focusing on the medical examination of the girls by the Birmingham Paediatrician however does not include the holistic package of support due to lack of funding availability. Additional funding will be required to establish a regional holistic service. In the event of out of area referrals, the financial cost will remain with the referring agency. Between April 2020 and March 2021, one referral was received for a Birmingham child and there was no evidence of FGM during assessment. From April 2021 to July 2021, five Birmingham children were examined which resulted in three confirmed FGM cases. In addition, since early 2020, Birmingham Paediatricians have received a total of 3 calls from other areas to discuss cases, but no medical requests have been made.
- 6.5 **NHS Digital Dataset** The Female Genital Mutilation (FGM) Enhanced Dataset (SCCI 2026) is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices.

6.6 National Context - Key Facts

- There were 6,590 individual women and girls who had an attendance where FGM was identified in the period April 2019 to March 2020. These accounted for 11,895 total attendances. 2 reported at NHS trusts and GP practices where FGM was identified.
- The number of total attendances during 2019-20 has remained broadly stable, although the number of distinct individuals has reduced in the last quarter of the year.
- The FGM Enhanced Dataset was opened five years ago. Since the collection began, information has been reported by NHS trusts and GP practices about 24,420 individual women and girls, who have - between April 2015 and March 2020 - had a total of 52,050 attendances where FGM was identified.

Definitions

- (1) Individuals refer to all patients in the reporting period where FGM was identified or a procedure for FGM was undertaken. Each patient is only counted once.
- (2) Total Attendances refers to all attendances in the reporting period where FGM was identified or a procedure for FGM was undertaken. Women and girls may have one or more attendances in the reporting period. This category includes both newly recorded and previously identified women and girls.
- (3) Newly Recorded refers to an individual's first appearance in the FGM dataset. Newly recorded does not necessarily mean that the attendance is the woman's or girl's first attendance for FGM.

Regional data can be accessed through:

<https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation/april-2019---march-2020#>

- 6.7 **Birmingham Community Healthcare NHS Foundation Trust (BCHC)** currently co-chair BAFGM meetings with Birmingham Children's Trust. BCHC cascade information and learning from the meetings to community health practitioners within the trust including Health Visitors, School Nurses, Special School Nurses, and Allied Health Professionals through safeguarding supervision, training, and a quarterly newsletter.

BCHC launched a Safeguarding Champions event at Birmingham City Football Club on 5th November 2021 where over 20 health professionals had volunteered to become safeguarding advocates for vulnerable adults and children by raising awareness of safeguarding within their teams, identifying risk, and promoting good practice. It is hoped that the Safeguarding Champions will become ambassadors within the organisation and beyond in raising awareness of FGM across the health economy.

6.8 National FGM Support Clinic

BAFGM members are fortunate to have amongst them Alison Byrne, Specialist Midwife for FGM. Alison runs Summerfield National FGM Support Clinic in Birmingham.

The clinic is one of eight opened across the UK, as announced by NHS England as part of its Long-term Plan. It has been commissioned by Sandwell and West Birmingham Clinical Commissioning Group (CCG) and is currently funded until 2022

National FGM Support Clinics (NFGMSCs) are community-based clinics that offer a range of support services for women with female genital mutilation (FGM).

They are a place for women who have had FGM to discuss their health needs in a sensitive and non-judgmental environment.

The services are provided by an all-female team and include:

- physical assessment and treatment (including de-infibulation if required)
- emotional support and counselling
- general information
- access to FGM Health Advocates
- referral to a specialist consultant, if needed

The psychological support provided in the clinic is hugely important in helping women overcome their trauma which often presents as a physical problem and can impact on the woman's relationships, intimacy, and family life.

This service is available to women aged 18 or older (who are not pregnant when they seek support) and women can self-refer or can be referred to the service through their GP and/or health professional. Currently the clinic takes referrals within the West Midlands and beyond.

BAFGM members have continued to raise awareness of the clinic and promote this service within their organisations and communities.

At its launch, Alison said: "It is in the heart of the community and will help many women who sometimes are unsure about how to access care or treatment after undergoing this procedure".

"Figures recording the number of women who have had FGM are high. But there are many more out there that haven't come forward or do not realise that they are a victim of FGM, as it is the norm within their culture.

"We want to really push out the message that this clinic is there for them to access and can be done so discreetly and in the strictest of confidence" (Express & Star 21/11/2019)

This last year 2020/21 has been extremely challenging and exhausting working in the NHS due to Covid 19. Despite this Alison managed to continue all her

face to face clinics (when most became virtual or via telephone) at UHB/Sandwell & West Birmingham Hospital, and Summerfield throughout it all, allowing women time to express their anxieties during this pandemic. Mandatory FGM training for all Midwives continued via Microsoft Teams link and Alison was really pleased to deliver some sessions to Student Midwives at Birmingham City University.

Zero Tolerance Day 06/02/2020 was very subdued as due to COVID-19 the usual stands and displays in the hospitals weren't allowed information was cascaded and advertised via the communications department on Social Media.

The hope is that 2022 will be much improved and Alison plans to continue to raise awareness and educate both staff and communities about FGM, by providing study sessions/group meetings and health promotion events.

6.9 **West Midlands Police** DC Gill Squires is the Subject Matter Expert for FGM, West Midlands Police and is currently working on providing BAFGM members with a Practical Guide for FGMPs (FGM Protection Orders).

6.10 **Operation Limelight** Operation Limelight is a multi-agency safeguarding operation at the UK border responding to FGM. Operation Limelight focuses on raising awareness of forced marriage and FGM at the border and safeguarding potential victims.

Operation Limelight focuses on flights between the UK and destinations where there is a high prevalence of forced marriage. The operation involves engaging with airport staff and the general public on how to spot potential signs of abuse and how to report their concerns. Intelligence is also used to identify potential victims entering or leaving the country.

The Police have developed a training video for airport staff to enable them to recognise FGM/FM concerns.

Operation Limelight raised awareness of FGM to over 1000 adults and children and distributed over 900 leaflets during the event.

	Tuesday 27 th Sept 2019	Thursday 29 th Sept 2019	Friday 30 th Sept 2019	Total
Families	60	101	98	259
Adults	143	213	177	533
Children	150	226	194	570
Leaflets - public	48	91	79	218
Leaflets - cabin crew	180	270	248	698
Unhappy	1	0	0	1
Heard of Limelight	1	2	1	4

Operation Limelight was postponed in 2020 due to COVID-19 but is planned to start again in 2022.

- 6.11 **Training** West Midlands Police (WMP) has been continuing with delivering FGM multi agency training, both in person prior to, and virtually throughout the pandemic. All new recruits into WMP receive mandatory FGM training as part of their induction. FGM training is also delivered on all investigators training and child abuse training.
- 6.12 **Education** This year the education sub-group has met and are developing a proposal for some research into the language that is used in public campaigns around FGM.

A range of harmful cultural practices related to gender, including but not limited to, forced early marriage, female genital mutilation, scarification, and breast ironing, are prevalent in the UK, especially in the Midlands region. These practices take place within a broader set of cultures that shape expectations regarding gender roles, gender relations, and specifically expectations regarding marriage.

In order to reduce the prevalence of these harmful practices, a series of public information campaigns has been rolled out across the Midlands with accompanying educational programmes that are offered to school children (KS 3&4), their parents, and their community leaders.

However, in the development of these campaigns and educational programmes no systematic attention has been paid to the language that is used by the communities within which they take place to frame and justify the harmful cultural practices. In some cases, the messages are perceived to be unclear or insufficiently bold, and in other cases communities report feeling 'targeted' and thus alienated by the language used. The language has also been criticised for presenting the issue from a 'western' perspective. This is problematic because linguistic framing has been shown to be a powerful mechanism in shaping human behaviour and beliefs and therefore language plays an important role both in perpetuating and preventing the practices.

Both the campaigns and the educational programmes would therefore benefit from a better understanding of the language that is used by the communities involved to justify harmful cultural practices. This would allow them to use language that resonates more strongly with their target audiences. Furthermore, by incorporating the voices of those who are most likely to be affected by the practices, it would increase the agency of the communities involved.

The aim of this project is to develop a detailed description of the language used by school children (KS 3&4), their parents, and community leaders to describe the range of cultural practices relating to gender and marriage in the Midlands, focusing on how it is used to frame and justify harmful cultural practices. Once identified, the language will be incorporated into alternative formulations of

campaign and educational material, whose efficacy will be tested on children, parents, and community leaders across a range of key cultural groups.

- 6.13 **Birmingham Childrens Trust** has identified FGM team manager champions including a single point of contact in CASS, right at the front door. Christine Wellington is the Head of Service lead for the Trust.

The managers are:

Sureash Chopra – CASS
Katrina Birch – NWC
Dhiniwe Mlanga – NWC
Abisha Bostan – South
Rachel Lewin - East

The group meet bi-monthly and have met on several occasions. The current focus is on training and development. An audit tool has been devised and the managers will be undertaking a dip-sample of children open to the Trust. We will be looking at analysis and themes from referral to outcome using the audit tool. A further focus will be FGMPo's to support social work practice. The group will be presenting at each local area practice forums.

The biggest challenge to the group is being able to evidence the difference we are making to the lives of children and young people. To this end, we have been looking at performance information.

The Trust have been working hard on the performance data for FGM and will be finalising the performance data reporting requirements within the next few months. We will then be in the position to report on the following areas:

- Number of contacts
- Number of referrals
- Number of assessments
- The ethnicity of the children/families
- The age of the girls
- The geographical areas where contacts to the Trust originate

This is an exciting time as previously we have not had data on the demographic on the demographics for reported FGM in Birmingham.

- 6.14 **FGM Zero Tolerance day in February 2022** Planning is well underway for the Annual Conference to mark FGM Zero Tolerance day in February 2022. Due to the ongoing COVID-19 pandemic the conference will be held virtually but hopes to attract a wide audience. The programme will cover what FGM is, the law, FGMPo's and survivor testimony. There will be an overview of what investigation and safeguarding looks like from a multi- agency perspective, and speakers from health and education. Conference delegates will also hear from The National FGM Centre who will look at identifying risk and look at resources available to professionals.

7. Priorities for 2019/2020 (Update)

Development of FGM Strategy and Action Plan 2019-21 – due to the pandemic this was not fully completed. We have an action tracker to keep us focus and on track. We have put in place subgroups to progress the FGM work. The subgroups are:

- Health
- Education
- Conference planning
- Research

1. Strengthen lines of accountability and support with Birmingham Safeguarding Children Partnership – BSCP have provided funding for the FGM conference in Feb 2022 and provided secretarial support. The chairs are regularly invited to the BSCP Victims and Vulnerability theme group to report on progress.
2. Review and refresh of the BAFGM Website – the BSCP website provides a link to BAFGM
3. Explore the potential for greater collaboration at a region level to tackle FGM – links have been forged with the National FGM Centre and the Home Office's national FGM stakeholders meeting.

In addition to the above we have reviewed our membership and all members are currently actively involved.

4. Development of FGM Strategy and Action Plan 2019-21 – due to the pandemic this was not fully completed. We have an action tracker to keep us focus and on track. We have put in place subgroups to progress the FGM work. The subgroups are:
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In addition to the above we have reviewed our membership and all members are currently actively involved. We have also amended our terms of reference.

8. Priorities for 2022/2023

- Development of FGM Strategy and Action Plan
- BAFGM conference
- Complete research on FGM language
- Strengthen social work practice
- Develop a suitable multi-agency training offer for 2022-23 with BSCP
- Awareness raising through the community
- Multi-agency audits

9. Membership & Representation

9.1 Members are drawn from across the multi-agency workforces so attendance is sometimes difficult operationally for those delivering their own training, clinics, and have their own organisational priorities.

9.2 Active members are as below:-

- Christine Wellington, Co. Chair, FGM Lead, Birmingham Childrens Trust
- Carolyn Daly, Co. Chair, Birmingham Community Healthcare Trust
- Arvi Sagoo, Birmingham and Solihull Clinical Commissioning Group
- Yvonne Hartwell, Birmingham and Solihull Mental Health Foundation Trust
- Alison Byrne, FGM Specialist Midwife, University Hospitals Birmingham NHS Foundation Trust & Sandwell & West Birmingham Hospital.
- David Passley, Learning & Development Programme Manager, Birmingham Safeguarding Children Partnership
- Andrew Cooper, Services For Education, (a not for profit charity)
- Detective Constable Gill Squires, West Midlands Police - Subject Matter Expert
- Nazia Fazal/Safina Ali, Birmingham and Solihull Women's Aid (NESTAC)
- Larisha Porter (deputy head)), Bordesley Green Girls School
- Shaida Bibi, Community Co-ordinator, Assistant Chief Executive's Directorate, Birmingham City Council
- Dr Jeanette Littlemore, Birmingham University
- Balvinder Hunjan, Summerfield Clinic
- Jane Armstrong, Birmingham Community Healthcare Trust & Birmingham & Solihull CCG.
- Pritipal Daman, Safer Neighbourhoods Partnership Manager, Birmingham City Council.
- Renata Hanif, Birmingham Womens & Childrens NHS Foundation Trust
- Sham Hussain, Muslim Women's Network

- Sue Crabtree, Soroptomist Solihull

9.3 Other professionals and third sector groups are cc'd into any emails but do not attend but any free training is still offered out to all irrelevant of attendance. When we run conferences, we ask our third sector groups if they want stalls so that people could see what their organisations offer.

10. Resources and Finance

- 10.1 The conference programme was previously supported by West Midlands Police and the Police and Crime Commissioner's Office. BAFGM had a dedicated website however, this ceased when funding was no longer available. The BSCP provides a link to BAFGM where there is access to resources, training and guidance. The BSCP provides multi-agency training for practitioners working with families at risk of FGM.
- 10.2 The BSCP have provided funding for the BAFGM national conference to be held in 2021 and have also provided dedicated administrative support. This has provided the capacity to produce formal reports, updates and minutes of meetings.

11. Home Office FGM Campaign

- 11.1 The Home Office has launched a FGM campaign as part of their commitment to tackling this crime and protecting vulnerable women and girls.
- 11.2 The campaign will support their ongoing work to tackle FGM, which includes an ongoing programme of outreach by the Home Office's FGM Unit, work with law enforcement bodies, and working with partners to help ensure the Government's response is as effective as it can be.
- Partner Brief and Campaign Materials: [click here](#)
 - FGM Posters: [click here](#)



12. The Department for Health Resource Pack

- 12.1 The Department for Health has issued all GP practices in England with the 'Female Genital Mutilation Resource Pack'. The pack includes:

- *Raising Awareness of Female Genital Mutilation* – a training DVD developed by Health Education England, with materials from the existing [‘eLearning for Healthcare’ elearning modules](#)
- [Female Genital Mutilation Risk and Safeguarding – Guidance for professionals](#) published by the Department of Health in March 2012. Copies of the Patient Information Leaflet in English, available to order from [DH Orderline](#) in other languages and English. Please note, all language versions are available to download on this page at [NHS Choices](#)
- 2 copies of [‘A Statement Opposing Female Genital Mutilation’ also known as the FGM Health passport](#) also known as the FGM Health passport, available to order from Home Office or to download from NHS Choices
- [FGM Enhanced Dataset: Implementation Summary for GP Practices](#) – Please note, all GP practices will be required to submit information under the Enhanced Dataset when treating patients who have FGM from October 2015

Reference:

<https://www.cps.gov.uk/legal-guidance/female-genital-mutilation-prosecution-guidance>

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