



Public Health  
England



Department  
of Health

# Understanding Female Genital Mutilation (FGM)

Helping health visitors and school nurses tackle female genital mutilation



# Understanding Female Genital Mutilation (FGM)

## Aims and Objectives

FGM is a complex and sensitive issue. Health care professionals cannot address it in isolation. They need to **work collaboratively with other professionals**, including GPs, and with wider partners within social care, education, police and voluntary sector organisations. Health visitors, schools nurses and practice nurses work closely with families, children and young people in a variety of settings, and are ideally placed to raise awareness of FGM, to help prevent its occurrence and to identify and address its consequences.

This pathway and guidance is aimed at midwives, health visitors and school nursing teams (and other partners including general practice nurses and sexual health nurses),

It aims to:

- provide clarity regarding their roles and responsibilities with regard to FGM
- provide information on how to identify children and young people at risk of FGM
- provide information on support available for those children and young people, and mothers, who are survivors of FGM

**FGM is illegal, is child abuse and is a human rights violation.** The World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) define female genital mutilation (FGM) as: *"all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons."*

[FGM is classified into four types:](#)

- 1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)
- 2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora
- 3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris
- 4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area

## Key facts

- [There are approximately 200 million women and girls living with FGM worldwide](#), mainly in 30 countries across Africa, the Middle East and Asia. There are a variety of names for FGM in different countries. These can be found on page 30 of [Female Genital Mutilation: Risk and safeguarding: Guidance for professionals](#). Different communities practise different types of FGM for various reasons and at different ages.
- An [Equality Now/City University Prevalence Study](#) (2014) estimated that 137,000 women and girls affected by FGM were permanently resident in England and Wales. Approximately half of these will have experienced type 3 FGM, which normally leads to the most health complications. In 2011, there were 60,000 girls under the age of 14 who were born in England and Wales to mothers who had undergone FGM, and therefore potentially at risk of the practice.

**An FGM infographic aimed at health visitors and school nurses has been designed as a quick reference and should be used in conjunction with this document.**

## Legislation

It is illegal to perform FGM in the UK, or to assist in performing FGM abroad (including travelling abroad for the purpose of FGM), on a girl or woman who is a UK national or permanent resident, under the Female Genital Mutilation Act 2003 in England, Wales and Northern Ireland and, in Scotland, under The Prohibition of Female Genital Mutilation (Scotland) Act 2005. Additional legislative measures have been introduced under The [Serious Crime Act 2015](#).

## Safeguarding

FGM is child abuse and violence against women and girls, and therefore should be dealt with as part of existing child protection structures.

Local health and social care organisations will have guidelines and policies with additional guidance based on [Working Together to Safeguard Children](#). The Department of Health document, [Female Genital Mutilation Risk and Safeguarding](#) (2016) provides guidance for practitioners. The safeguarding assessment guidance sheets (Annex 1, pages 19-30) will aid clinical decision-making for children and young adults under 18, women and pregnant women.

## Mandatory Recording/Collecting of FGM Data

It is mandatory for all NHS acute trusts, mental health trusts and GP practices to record information on patients who have undergone FGM. On 1st April 2015 the FGM enhanced dataset was published. This standard introduces a central information return, which requires all acute trusts, mental health trusts and GP practices to submit information about patients whom they treat whom they identify as having had FGM. Health care professionals should record FGM within the healthcare record and comply with local information sharing protocols This will be recorded centrally, helping to provide more information on the incidence and prevalence of FGM and all health care professionals should make sure that:

- FGM is documented in the healthcare records
- enhanced data collection is completed
- they explain the law in the U.K.
- they explain the health complications of FGM
- they share information with the GP and health visitor or school nurse
- they undertake a safeguarding assessment for other family members to ensure that girls at risk of, or identified with, FGM, are cared for appropriately

## Mandatory reporting duty

Under the Serious Crime Act 2015, all regulated professionals (health and social care) and teachers must, if a girl discloses she has had FGM or if they see that she has had FGM, make a report of this to the police. Professionals are advised to use the police non-emergency number 101 to make this report within 24 hours. For full details of how, when and other details about the duty, see [Female Genital Mutilation \(FGM\): guidance for healthcare staff](#) where guides and support materials for health professionals have been published.

## The impact of FGM

FGM is mostly carried out on young girls sometime between birth and age 15, however it can be carried out at any age, and different communities have different ages at which girls tend to undergo FGM. The impact of FGM on health and wellbeing can be considerable and serious. It is important for midwives, health visitors and school nurses to be aware of these significant health problems in order to identify potential or actual FGM as early as possible. Menstruation problems may be the presenting problem that a young person may approach a school nurse with at a drop-in

### Immediate

- severe pain
- shock
- infection, including sepsis and tetanus
- haemorrhage
- urinary retention, difficulties with micturition and voiding
- damage to adjacent organs
- fractures
- death

### Long-term

- failure to heal, this can lead to infibulation dermoid or inclusion cysts, neuromas and keloid scar formation
- difficulties in voiding (both urine and faeces), chronic urinary tract infections and incontinence
- recurrent pelvic infections and urinary tract infections (3 times more likely)
- complications in pregnancy for the mother
- complications in pregnancy for the baby, complications in childbirth and higher rate of new-born deaths
- painful sexual intercourse and reduced sexual sensitivity and psychosexual complications
- psychological, psycho-social and mental health problems, including changes in behaviour, Post Traumatic Stress Disorder (PTSD), depression, self-harm and other psychiatric disorders
- increased risk of blood-borne infections, for example HIV or Hepatitis B
- menstrual problems, for example the menstrual flow can take much longer than normal
- infertility
- recurrent abscesses formation/fistulae

## Early identification and support

- midwives, health visitors and school nurses should follow policy as advised by Department of Health in [FGM guidance for professionals](#)
- all professional must always be aware of local guidance on FGM by their employing and registering organisations
- the assessment process is underpinned by the understanding that FGM is illegal, is child abuse and is always a child protection issue if the girl is under 18
- it is usually the role of the specialist safeguarding nurse, social worker and police as part of a multi-agency safeguarding response to consider what specific response is required to firstly support the girl and then to consider if there is further investigation required, and they will usually take forward the detailed enquiries. The health visitor or school nurse's key role is to provide holistic assessment and referral to specialist workers
- if the girl/woman has experienced FGM, take time to listen to the narrative of her experience. This may well shed light on the family/community influences and attitudes that led to it occurring and give information about other family members who may be at risk
- avoid re-traumatising a girl by poor or unclear questions and ask direct and non-judgemental questions
- ensure that a female professional is available if the child/woman prefers this
- consider using an interpreter if English is not their first language. Female interpreters should be used. Family members should **not** be used as interpreters
- girls will often feel a sense of loyalty to their parents, so to disclose about FGM could be extremely difficult for them. Girls and women may also be embarrassed to talk about their genital area. Skilful, compassionate assessment which is knowledgeable about diverse cultures is required
- use simple questions and straightforward language. Be aware that information may need to be repeated and it is important to ascertain that the client understands what has been said and any actions that will be taken as a consequence
- be aware that there are different terms for FGM depending on the country of origin
- FGM is a safeguarding issue which must be tackled with clarity and sensitivity
- avoid using emotive words such as “abusive” or “mutilation”
- consider the mental health perspective in the assessment
- consider whether support for parents is needed as sometimes their extended family can have influence
- be clear from the outset about confidentiality and inform clients that information may be shared with other agencies. Remember that all confidentiality aspects of FGM are consistent and in line with those experienced when dealing with any other child abuse

## Supporting across the life course (0-19 years)

Health visitors and school nurses, as leaders of the [Healthy Child Programme](#), have a responsibility to identify and prevent incidents of FGM and, working within a multi-agency framework, to ensure that victims and potential victims receive the response and support they need. Health visitors and school nurses do not work in isolation. Below outlines their leadership role and the opportunities for effective cross agency working to address FGM.

When	Pregnancy and birth	0 – 5 years	5 – 11 years	11 – 19 years
<b>Who</b>	<ul style="list-style-type: none"> <li>Ante-natal workers</li> <li>Midwives/maternity services</li> <li>Health visitors</li> <li>GPs and general practice nurses</li> <li>Contraception and Sexual Health services</li> <li>Secondary care eg A&amp;E 'walk in'</li> <li>Family Nurse Partnership practitioners</li> <li>Social care and police</li> </ul>	<ul style="list-style-type: none"> <li>Midwives</li> <li>Health visiting teams</li> <li>Early years practitioners</li> <li>GPs and general practice nurses</li> <li>Family Nurse Partnership practitioners</li> <li>School nursing teams working with reception years</li> <li>Social care and police</li> <li>Secondary care eg A&amp;E 'walk in'</li> </ul>	<ul style="list-style-type: none"> <li>School nursing teams</li> <li>GPs/General practice nurses</li> <li>Schools and education settings</li> <li>Teachers and teaching support staff</li> <li>Youth and community workers</li> <li>School counsellors/pastoral support</li> <li>Community paediatricians</li> <li>Secondary care eg A&amp;E 'walk in'</li> </ul>	<ul style="list-style-type: none"> <li>School nursing teams</li> <li>GPs and general practice nurses</li> <li>Midwives, Contraceptive and Sexual Health providers</li> <li>Youth workers and community services</li> <li>School and education settings</li> <li>School counsellors/pastoral support</li> <li>Secondary care eg A&amp;E 'walk in'</li> <li>Community paediatricians</li> <li>Contraception and Sexual Health providers</li> <li>Sexual/reproductive health or FGM clinics</li> </ul>
<b>Where</b>	<ul style="list-style-type: none"> <li>Antenatal to post-natal support</li> <li>GP surgery</li> <li>Home</li> <li>Sexual health or FGM clinics</li> <li>Primary care and community services</li> <li>Early years settings</li> </ul>	<ul style="list-style-type: none"> <li>Early years settings</li> <li>Play settings</li> <li>Secondary care eg A&amp;E 'walk ins'</li> <li>Home</li> <li>Clinic</li> <li>GPs/primary care</li> </ul>	<ul style="list-style-type: none"> <li>Schools/early years settings</li> <li>Primary care</li> <li>Youth and community services</li> <li>GPs/primary care</li> <li>Home</li> <li>Sexual health clinics</li> <li>PSHE sessions</li> <li>Health drop-ins</li> </ul>	<ul style="list-style-type: none"> <li>Schools/colleges/education settings</li> <li>Primary care/GPs</li> <li>Home</li> <li>Contraceptive and Sexual Health providers</li> <li>Young people's clinics</li> <li>Genitourinary Medicine providers</li> <li>PSHE sessions</li> <li>Health drop-ins</li> </ul>
<b>Action plan</b>	<ul style="list-style-type: none"> <li>Routine and appointment screening</li> <li>Maintain confidentiality but protect individuals/public interest</li> <li>Risk assessment of individual</li> <li>Appropriate referrals</li> </ul>	<ul style="list-style-type: none"> <li>Routine and appointment screening</li> <li>Maintain confidentiality but protect individuals</li> <li>Transferring details of mother's risk assessment to child's record</li> <li>Referral where counselling/other services are needed</li> <li>Health protection messages and linking to peer support groups (for parents)</li> <li>Appropriate referrals</li> </ul>	<ul style="list-style-type: none"> <li>Routine and appointment screening</li> <li>Maintain confidentiality but protect individuals</li> <li>Appropriate referrals</li> <li>Transition of risk assessments between services</li> <li>Health protection messages and linking to peer support groups (for parents)</li> <li>Referral where counselling/other services are needed</li> </ul>	<ul style="list-style-type: none"> <li>Routine and appointment screening</li> <li>Maintain confidentiality but protect individuals</li> <li>Appropriate referrals</li> <li>Review of risk assessment and consideration of risks to future pregnancies</li> <li>Health protection messages and linking to peer support groups (for parents)</li> <li>Referral where counselling/other services are needed</li> </ul>
<b>Key messages</b>	<ul style="list-style-type: none"> <li>Engaging with communities</li> <li>Asking the question</li> <li>Identification and support</li> <li>Support for pregnant women</li> <li>Allaying fears</li> <li>Ensuring information re: mother's status is communicated to the health visiting service</li> <li>Ensuring links with key partners in social care</li> <li>Improving access to information and support, including: <ul style="list-style-type: none"> <li>information lines and help</li> <li>Links to online support including link to <a href="#">NHS Choices website</a> and list of FGM Clinics</li> <li>Referring to FGM support groups</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Engaging with communities</li> <li>Asking the question</li> <li>Identification and support</li> <li>Ensuring information re: risk is relayed to the school nursing service</li> <li>Ensuring links with key partners in social care</li> <li>Communication with school nursing service</li> </ul>	<ul style="list-style-type: none"> <li>Identification and support</li> <li>Early identification of those at risk</li> <li>Raising awareness</li> <li>Engaging with communities</li> <li>Ensuring information re: risk is relayed to the school nursing service (eg children of this age group may just have entered the country)</li> <li>Engaging with the local community</li> <li>Providing 'post' care</li> <li>Ensuring links with key partners in social care</li> <li>Building resilience and <a href="#">supporting emotional wellbeing and mental health</a></li> <li>Asking the question</li> </ul>	<ul style="list-style-type: none"> <li>Children and young people to be champions</li> <li>Peer support programmes</li> <li>Identification and support</li> <li>Raising awareness</li> <li>Engaging with communities</li> <li>Ensuring information re: risk is relayed to the school nursing service</li> <li>Ensuring links with key partners in social care</li> <li>Building resilience and <a href="#">supporting emotional wellbeing and mental health</a></li> <li>Asking the question</li> </ul>
<b>Community</b>	Your Community provides a range of health services, including services provided by Children's Centres and those that families and communities provide for themselves. Health visiting services work to develop these and make sure families know about them.		Your Community provides a range of health services (including GP and community services) for children, young people and their families. School nursing services develop and provide these and make sure children, young people and families know about them and promote family cohesion and family links, including the involvement of father and wider family/carers.	
<b>Universal</b>	Health visitors, along with GPs, midwives and Children's Centres, work together to: ensure that all children are ready to learn at two and ready for school at five through delivery of the Healthy Child Programme; provide health and development reviews to identify children who are not developing as expected and promote immunisations. Midwives and health visitors are ideally placed to identify children and families with additional needs and signpost to prevention and early intervention services and refer to the GP where appropriate.		Universal Services from the school nursing service provides the Healthy Child Programme to ensure a healthy start for every child, eg National Child Measurement Programme, immunisations and health checks. School nurses identify the support that children may need when dealing with specific issues, eg bullying, emotional health, wellbeing and friendships, and provide support to teachers and school staff. School nursing services support children and parents with complex and/or additional health needs at school and ensure access to a range of community services and GP referral where appropriate.	
<b>Universal Plus</b>	Universal Plus delivers a timely response from the health visiting team when specific expert help is needed, eg with parental mental health, attachment, toilet training, behaviour management and domestic violence.		Universal Plus provides a swift response from the school nursing service when specific expert help is needed, eg with weight management, enuresis, mental health concerns, long-term conditions and additional health needs. School nurses also provide support for parents and carers	
<b>Universal Partnership Plus</b>	Universal Partnership Plus provides ongoing support from the health visiting team, bringing together a range of local services, to help families who have complex additional needs. These include services from Children's Centres, other community services including voluntary and community organisations and, where appropriate, referral to the GP, social care or specialist services.		Universal Partnership Plus provides a swift response from the school nursing service when specific expert help is needed, eg with weight management, enuresis, mental health concerns, long-term conditions and additional health needs. School nurses also provide support for parents and carers.	

## Supporting Delivery Through Compassion in Practice

The new framework for nursing, midwifery and care staff: [Leading change, adding value](#) provides an opportunity to promote change, tackle inequalities and improve outcomes. The 6Cs are the underpinning values to support delivery.



### Care

- Providing culturally sensitive support in a range of settings and communities
- Providing holistic, compassionate services recognising cultural diversity
- Providing culturally sensitive support in a range of settings within the community
- Incorporating FGM prevention within wider public health/sexual health messaging

### Compassion

- Providing an open and honest, non-judgemental approach
- Developing trusting relationships with those at risk of FGM and survivors
- Providing, full, accessible, children and young people focussed approaches and recognising cultural sensitivities
- Ensuring shared decision making with the appropriate profession

### Competence

- Supporting children and young people with evidence based practice, skills and expertise, delivered by highly trained staff
- Having knowledge about the issues associated with continuation of FGM locally, ensuring that communication is not based on assumptions, reducing the risk of a defensive response from local communities.
- Ensuring all staff are trained and skilled to address the issue of FGM
- Providing evidence based care

### Communication

- Ensuring information systems support early identification and protection of children and young people who are at risk of, or who have undergone, FGM, including a single point for data collection
- Ensuring staff are prepared for and confident to ask sensitive questions
- Ensure supportive framework for staff to seek advice and support
- Supporting and engaging local communities/leaders and reaching out to local communities
- Engaging and listening to children, young people and families

### Courage

- Acting as an advocate for children, young people and families
- Initiating difficult conversations with families and professionals
- Raising awareness of FGM with professionals, communities and other stakeholders

### Commitment

- Working collaboratively with health, education, social care and other partners
- Understanding how local authorities and police work and having clarity about their processes and systems
- Finding community champions to raise awareness of services, to gain support from within communities, including engagement with community leaders, boys and young men

## Getting serious about prevention:

### Public health nurse leadership: Health visitors and school nurses should:

- Provide leadership and input regarding safeguarding
- Support staff to make difficult decisions and understand complex situations
- Ensure robust capacity from the Local Safeguarding Children's Board (LSCB)
- Link into commissioning intentions, to ensure integration, joined-up working and collaboration
- Using Building Community Capacity projects to work with families in areas where FGM is a common practice

As leaders of public health, they will contribute to the delivery of the commits outlined in [Leading change, Adding value](#);

## Health and wellbeing

- Ensuring FGM embedded into the local Joint Strategic Needs Assessment (JSNA) and health and wellbeing strategy
- [Making Every Contact Count](#) to promote consistent and clear messaging
- Ensuring identification of at risk groups and provide tailored support
- Using routine/selective/opportunistic screening to identify risk
- Providing information in the Personal Child Health Record given to all children soon after birth
- Ensuring an awareness of FGM messages
- Increasing working within schools, linking to Ofsted – tie into Personal, Social and Health Education/sexual health

## Care and quality

- Ensuring compliance with mandatory recording of information and submitting this centrally when required
- Possessing an understanding the local community or communities affected by FGM
- Using whole family approaches, working with women and young people to raise awareness including working with boys and men
- Working with key stakeholders and partners including local faith groups, children's centres and schools and voluntary sector organisations
- Using pathways within integrated services to work with parents, children and young people
- Sharing appropriate information between professionals about FGM and safeguarding issues

## Funding and efficiency

- Ensuring services meet local needs and are adhering to the [You're Welcome quality criteria](#)
- Using technology and digital innovation eg apps, safe websites, social media where appropriate
- Encouraging and supporting e-learning and technology opportunities to support knowledge and skill improvement
- Developing standardised data collection tools to improve delivery based on need
- Using community based assets

## References and resources

### Guidance

- [Mandatory reporting of female genital mutilation: procedural information](#), Home Office and Department for Education, 2015
- [Health Visiting and School Nurse Programme: Supporting implementation of the new service offer, No. 5: Safeguarding children and young people: enhancing professional practice – working with children and families](#), Department for Education and Department of Health
- [Health Visiting and School Nurse Programme: Supporting implementation of the new service offer: Promoting emotional wellbeing and positive mental health of children and young people](#), Department of Health, 2014
- [Statement Opposing Female Genital Mutilation](#), Home Office, 2014
- [Safeguarding women and girls at risk from FGM](#), Department of Health, 2015
- [Female Genital Mutilation risk and safeguarding: Guidance for professionals](#), Department of Health, 2015
- [Multi-agency statutory guidance on Female Genital Mutilation](#), Home Office, Department of Education and Department of Health, 2016
- [Working together to safeguard children](#), HM Government, 2015
- [FGM: Mandatory reporting in healthcare](#), Department of Health, 2015

### Resources

- [New Estimates on FGM in England and Wales](#), Equality Now and City University, London, 2014
- [Girl Summit 2014](#), accessed May 2016
- [Female Genital Mutilation](#), Comfort Momoh
- [Female Genital Mutilation](#), Bristol Against Violence and Abuse, accessed May 2016
- [Local Government Association, Female Genital Mutilation \(FGM\)](#), accessed May 2016
- [A new approach to end Female Genital Mutilation \(FGM\) in the EU](#), Replace2, accessed May 2016
- [Female Genital Mutilation \(FGM\)](#), Brook, accessed May 2016
- [Female Genital Mutilation enhanced dataset](#), Health and Social Care Information Centre, 2015
- [Female Genital Mutilation: The Facts](#), Home Office, 2011
- [FGM: e-learning to improve awareness and understanding of FGM](#), e-Learning for Healthcare, accessed May 2016
- [FGM Enhanced Dataset: Implementation Summary for GP Practices](#), Health & Social Care Information Centre, 2015
- [The NHS Five Year Forward View](#), NHS England, 2014
- [Safeguarding children and young people: roles and competencies for healthcare staff: Intercollegiate document](#): Third edition: March 2014, Royal College of Paediatrics and Child Health
- [Female Genital Mutilation: An RCN resource for nursing and midwifery practice](#) (Second edition), Royal College of Nursing, 2015
- [Classification of Female Genital Mutilation](#), World Health Organization, accessed April 2016
- [Serious Crime Act 2015, Female Genital Mutilation](#), accessed May 2016
- [New statistical report on Female Genital Mutilation shows harmful practice is a global concern](#), UNICEF, accessed May 2016
- [Healthy Child Programme, Pregnancy and the first five years of life](#), Department of Health, 2009
- [Healthy Child Programme, 5 to 19 years old](#), Department of Health, 2009
- [Leading change, adding value: A framework for nursing, midwifery and care staff](#), NHS England, 2016
- [Making Every Contact Count](#), accessed May 2016
- [Quality Criteria for young people friendly health services](#), Department of Health, 2011
- [Female Genital Mutilation](#), NHS Choices, accessed May 2016
- [FGM health services](#), NHS Choices, accessed June 2016
- [Mandatory reporting of Female Genital Mutilation \(FGM\)](#), accessed June 2016
- [Female Genital Mutilation \(FGM\) – April 2015 to March 2016, Experimental Statistics](#), NHS Digital, 2016.



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# About Public Health England

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