

Annual Report for Female Genital Mutilation Safeguarding Group

**A working group of the Bristol
Safeguarding Children Board**

15th April 2009

NHS
Bristol

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1 Purpose

This is the first report from the multi-agency working group for female genital mutilation (FGM - also known as female circumcision). The report will update all members of Bristol Safeguarding Children Board (BSCB) on the progress and proposed actions of this group and the engagement with the FGM Network which looks at the adult's perspective of FGM.

2 Background

The BSCB wanted to develop some multi-agency guidelines for FGM and tasked a short life working group in November 2006 to develop these guidelines. The group included all statutory agencies, a member of a community that is known to practice FGM and the director of a national charity involved in eradicating the practice of FGM.

FGM is practiced in 28 African countries, parts of Asia, Latin America and through immigration and refuge status FGM is now seen world wide. It is illegal in many countries and there is a UK law which makes it an illegal practice for any woman or child to undergo FGM anywhere in the world. FGM is usually performed before puberty and can be seen as a 'right of passage' into adulthood. This is a cultural practice and not religious although some communities believe it is a religious requirement. The World Health Organization recognises four types of FGM. There are many health implications from the practice of FGM and they include problems with:

- Kidney's and urinary problems
- Painful menstruation
- Mobility problems
- Fertility problems
- Pregnancy
- Emotional well being
- Difficulty forming intimate relationships
- Infection including HIV
- It is estimated that between 5-15% of girls who have FGM die from haemorrhage, shock or infection.
- In Bristol it is estimated that there are approximately 1236 girls aged 3-18 years (September 2008 figures) from communities that might practice FGM. Some communities have a prevalence of practicing FGM on up to 98% of their girls.

The group met on four occasions and the guidelines were accepted by the BSCB in the autumn 2007. The group finished with an action plan that a smaller group would meet to ensure there was an effective distribution and education programme associated with the guidelines.

In November 2007 the first 'Awareness Raising for FGM' training was delivered to teachers and health professionals. Further training was developed and increased to involve all multi-agency workers. This multi-agency training has been developed and delivered by Bristol Primary Care Trust because of resource issues with the BSCB training team.

The Bristol guidelines for FGM were accepted by the electronic South West Child Protection Procedures, which support all practitioners across the south west, in the winter 2007.

The new FGM safeguarding group started in 2008 to formalise the work on FGM and ensure there was a joined up approach between adult and children services. There are two groups, one that meets two monthly and looks at the safeguarding aspects of FGM for children and young people, and the other group meets four times a year and joins the safeguarding group to review the integrated working of the adult services in relation to the FGM agenda. We have developed a strategy for the safeguarding group (appendix 1) and some aims and objectives for the FGM network.

Both groups have been working with local women and young people from communities that practice FGM and FORWARD, which is a national African women's group aiming to eradicate FGM. FORWARD have undertaken some peer research in Bristol about FGM with women and both young women and men aged 16-25 years. This research was presented to the community and professionals on 27th February 2009 (International Zero Tolerance Day). Some of the key messages from the research were:

- Professionals need to be trained to be sensitive and understanding of the practice of FGM and how to challenge communities appropriately.
- Professionals need to support the community in their change and elimination of the practice of FGM
- Communities who practice FGM need more education into the law and health implication of continuing FGM.

This was a very powerful day and had speakers from the local communities, FORWARD, health, police and community workers working with young people. The communities were pleased Bristol had developed and delivered multi-agency training for professionals working with families. The main message from the day was a pledge to eradicate FGM as a practice in Bristol.

FORWARD is a London based organisation and they have worked closely with the Metropolitan Police to develop the 'Project Azure' campaign which has include a summer campaign aimed at schools, educating children and parents about the legal aspects of FGM, the health risks and being proactive in identifying and referring children at risk. Bristol aim to mirror this successful campaign. Avon and Somerset Police have developed a poster campaign which has been through a consultation process with the local community involved in the FORWARD research, FORWARD themselves and other groups identified at a Bristol conference on FGM, forced marriage and honour based violence.

The main aim of the campaign is to:

- Advertise the posters in schools

- Have an active publicity campaign to include the communities
- To increase awareness of the risks of FGM
- Encourage staff to identify risk, assess concerns, respond sensitively and report appropriately.
- Monitor the effectiveness

The proposed date for the launch of the summer campaign is June 2009. The FGM safeguarding group request the main BSCB to ratify this campaign. Appendix 2 is the proposed poster for distribution into schools.

3 FGM Training Report

Since November 2007 till January 2009 we have offered 400 free multi agency places on the three hour FGM awareness raising training. There has been a 75% attendance rate

Table 1 shows the attendance by agency and course date; it does highlight a reduction in staff from education. This was because initially there was funding through the healthy schools programme for schools to have supply teachers and release staff but this funding was not sustainable.

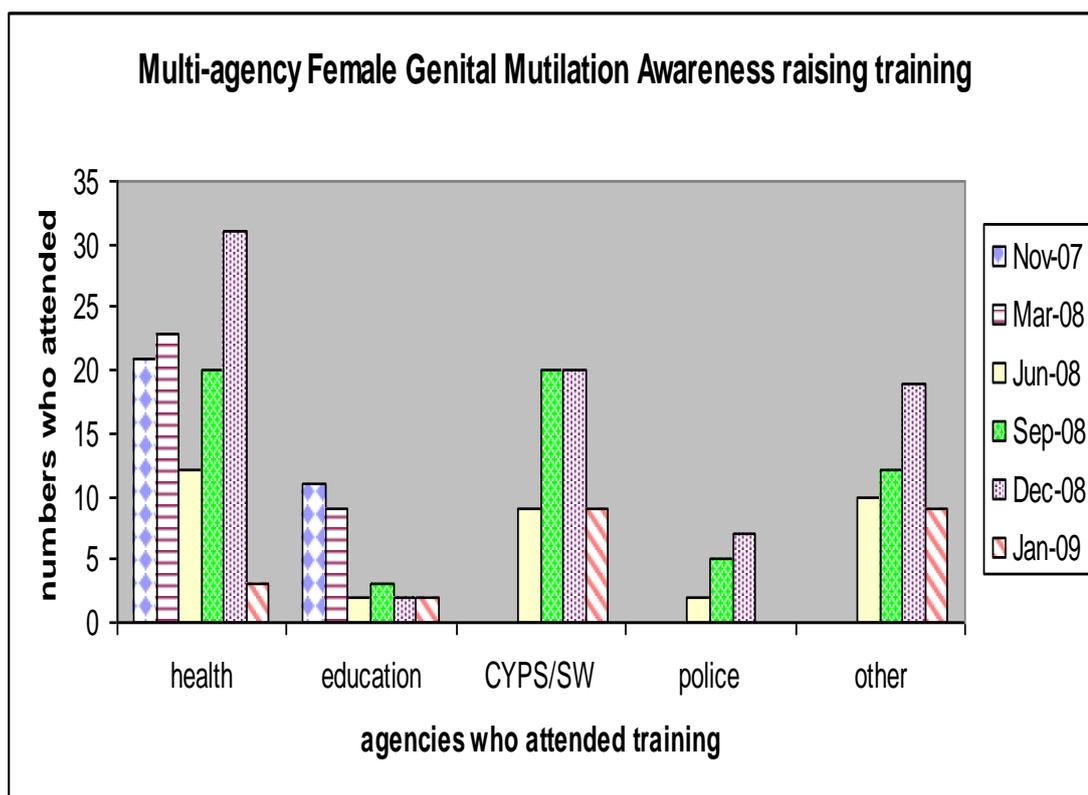


Table 1

Table 2 reflects staffs' evaluation of the relevance of the training to them in their workplace and Table 3 shows if the training provided staff with improved confidence to manage a FGM case in the future. 71% of staff who attended the training completed an evaluation form.

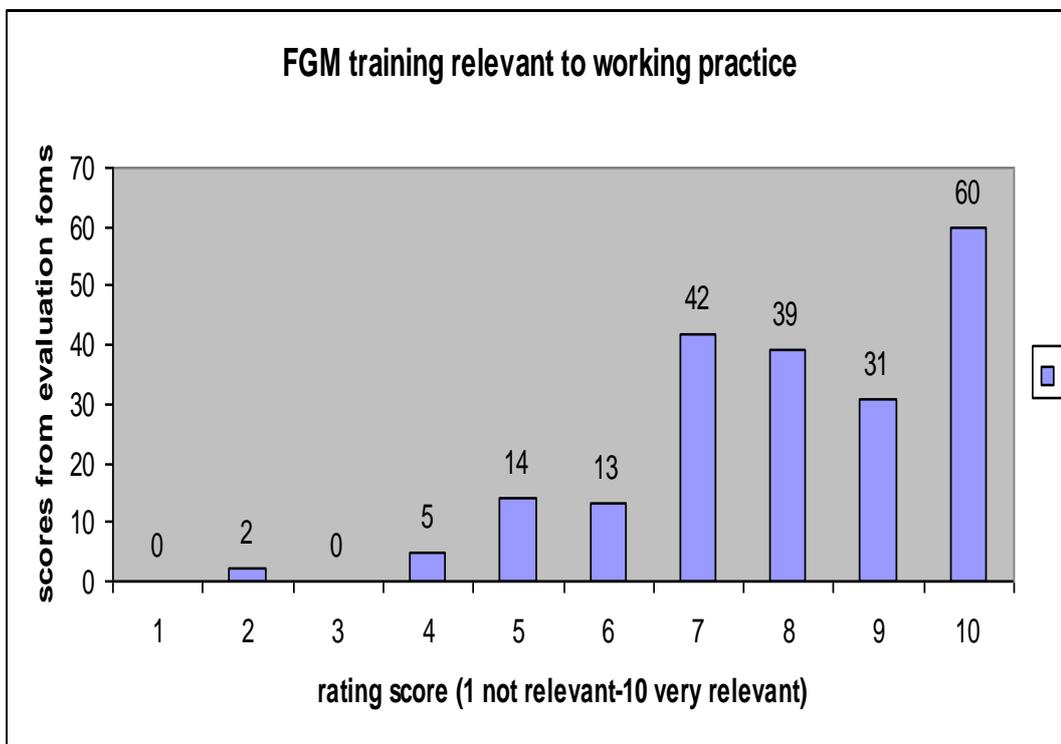


Table 2

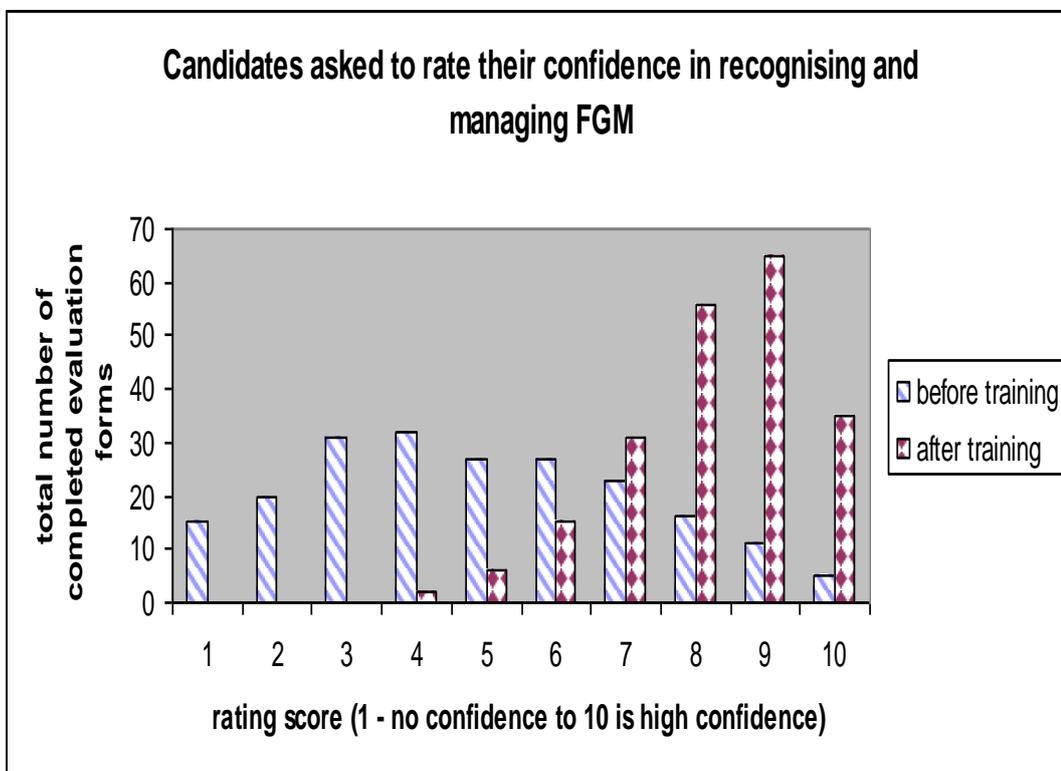


Table 3

We have had a range of staff attend the training and the evaluations have been very positive. We ask three questions following the evaluation reflecting 'what was good about the session', 'what could be better about the session' and 'what will you do with the information you have gained'. The comments have been very positive.

A Barnardo's worker asked if she could bring a mother who had been circumcised to the FGM training for professionals. It was negotiated about the level of support needed and her evaluation of the session was invaluable. It included the comment:

"Knowing there are people out there, and ready to listen to me and try and make a difference in my community is very important"

This has helped to validate the content and sensitivity of the training. We completed the training programme for 2008 /09. There are no proposed dates to continue this for training for 2009/2010 because of funding and resources issues associated with the administration of the courses.

It is recommended that the BSCB consider this training to be included in future BSCB training programmes.

It is also recommended that there is a better method of data collection to see if the training is having an impact of the number of referrals related to FGM.

4 Recommendations

In summary, the BSCB have supported the development of FGM guidelines and their inclusion on to the South West Child Protection Procedures. The multi-agency working group have worked hard to ensure the guidelines have been supported with an effective training programme and that the community have been involved in the development of the guidelines and the training.

This work reflects effective multi-agency working at both levels of child protection and safeguarding work through the preventative agenda.

The working group request the BSCB to support the development of the 'Summer Campaign to eliminate the practice of FGM' starting in June 2009 and the integration of the FGM training into the BSCB training plan, and the development of a data collection system to evaluate the effectiveness of the training on the referrals to social care for FGM.

Jacalyn Mathers

Designated Nurse for Safeguarding Children, NHS Bristol

15th April 2009

Appendix 1

BRISTOL SAFEGUARDING CHILDREN BOARD

FEMALE GENITAL MUTILATION SAFEGUARDING GROUP STRATEGY

Aim

To lead on safeguarding issues related to young women and girls who are at risk of female genital mutilation in Bristol.

Objectives

- To eliminate the practice of female genital mutilation
- To develop and review guidelines on female genital mutilation and safeguarding
- To link with the wider female genital mutilation networks which engages community cohesion and adult issues
- To develop an awareness raising training programme
- To develop a basic requirement of staff accessing this training within each agency
- To develop an action plan to share information and intelligence that helps improve outcomes for girls at risk, eg multi-agency intelligences and case examples
- To oversee multi-agency working arrangements related to children, eg campaigns, public awareness and professional guidelines
- To increase the number of referrals from police and general public on suspected and known cases of female genital mutilation
- To identify a system of collecting data on the number of referrals relating to female genital mutilation
- To co-ordinate the use of intelligence to support an active investigation
- To ensure female genital mutilation is embedded in children and young people's education and public awareness through personal, social and health education.

25 March 2009

Appendix 2

Attached PDF file poster of the Proposed Summer campaign for FGM in schools