

Annual Report for Female Genital Mutilation Safeguarding Group

A working group of the
Bristol Safeguarding Children Board



June 2010

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1 Purpose

This is the second annual report from the safeguarding children 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 Progress

The BSCB tasked a short life working group in November 2006 to develop multi-agency guidelines on FGM. The group included all statutory agencies, members of the Black and Minority Ethnic (BME) community that are known to practice FGM and the director of a national charity involved in eradicating the practice of FGM. Since then the group have maintained an active engagement with both the statutory sector and the local community. The FGM Guidelines developed in Bristol have been reviewed and updated and they remain on South West Child Protection Procedures website (www.swcpp.org.uk).

Following the recent (April 2010) Ofsted and Care Quality Commission Inspection of Safeguarding and Looked after Children Services, the work undertaken by the FGM Safeguarding group supported by the BSCB was recognised as an 'outstanding' health-led work undertaken with multi-agency and community leaders engagement to improve understanding of female genital mutilation, with very clear processes in place to identify young female children and recognise risks.

The BSCB have incorporated the ½ day FGM awareness raising training in their annual multi-agency training programme. The trainers who deliver this course have also offered single agency and multi-disciplinary training to increase the awareness and knowledge of FGM.

NHS Bristol commissioned FORWARD (Foundation for Women's Health Research And Development-an international non-governmental organisation (NGO) that works to advance and protect the sexual and reproductive health and human rights of African girls and women) for a one year project on FGM. They are commissioned to work with both women, girls and the wider community to raise awareness, increase empowerment and to support the eradication on FGM. FORWARD are based in London but they work across the UK. They have secured further funding from the Esmee Fairbairn Foundation which will extend their work with young people in Bristol for until 2012. They will work on topics related to FGM awareness and eradication. The project has initially worked with young girls but will aim to engage young men from the communities that practice FGM.

Bristol held its second international FGM Zero Tolerance day, and this was organised by representatives from affected communities and looked at 'strengthening partnerships to attain Zero Tolerance against FGM'. The BSCB has also promoted the second summer campaign to raise awareness that FGM is illegal and is child abuse, this will be discussed later in this report

There is no evidence that Bristol is a national 'Hotspot' for the practice of FGM, but the BSCB recognised the need to raise the issue of FGM because of the ethnic diversity within the city. Women do not openly talk about this subject and it

is considered a taboo subject in their communities. Bristol has large populations that come from some of the 28 African countries that practice FGM. The prevalence data available for these countries indicates up to 90% of girls and women undergo FGM (ICRH 2009, PRB 2010). Information from the Peer Research in 2009 conducted by FORWARD (FORWARD 2010) indicated women recognised, that FGM is a harmful practice that has life long implications for women both physically and emotionally. They also identified there is a lack of knowledge about the law relating to FGM and the response from statutory agencies. Below are some of the words of the women who took part in the FORWARD -FGM PEER Research:

Silence and Pain:

“It is a tradition we found our mothers did it because their mothers did it for them”

“It’s something people believe in very strongly, no one even asks what’s behind it!
It’s something that must be done”

Physical Impact:

“The Memorable thing about FGM is when you have to pass urine. It is so painful as if a bee has stung you. I remember my mother holding me between my legs and the woman cutting me. I was told not to scream or I wouldn’t get any present”

“Yes sometimes the scars we have are so severe that we need to see the doctor to give us medication, during this time we can neither eat or drink because of the pain”

Psychological impact:

“Young girls may suffer from depression, knowing that they will have even bigger problems about FGM in the future after they marry”

Impact on Sexual life and Sexuality

“The way we look at sex it’s a different issue in my community. We never talk about sex. So we don’t have much expectations. But for girls who grow up here or even back home these days, maybe they will have more expectations.”

“When we returned home after our honeymoon, I did not think of it as a honeymoon, it is a **KILLING MOON**. I saw how my mother worried, she couldn’t asked me anything but had a lot of tears in her eyes and I cried a lot and hugged her”

“One wonders how many cuttings a women has to go through in her lifetime.”

Women’s rights, the FGM Bill and UK legislation form the women’s perspective

“The rights of children and women are not known by many people in my community because they do not want to know. I think if we should know these rights we will find that they are useful to us. For example, if we keep in mind we do not have the right to hit or beat children, because of the psychological impact this has on the child and how it affects the relationship between mother and child, we would have learnt something useful.”

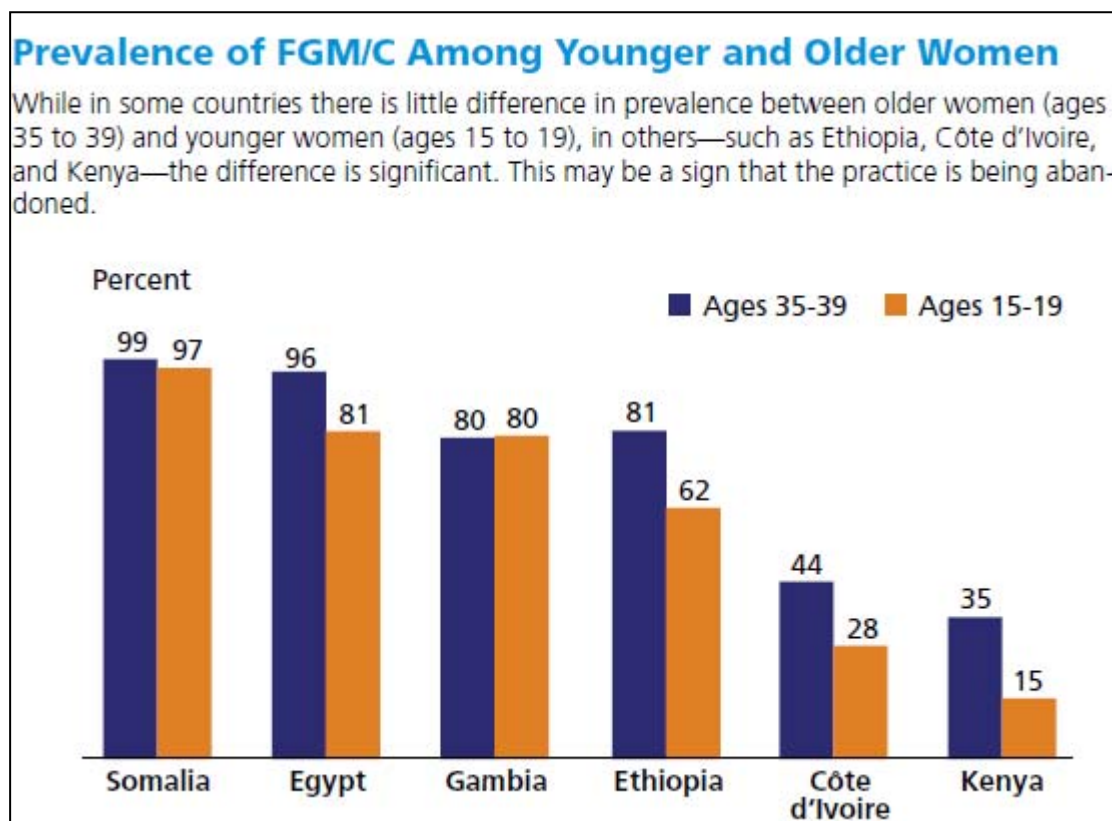
People find loopholes to escape the law. Also she thinks that she will not be living here she will take her daughters back home and they will live there.”

My Somalian friend said no one cares about there being a law. But they all said that there has to be some persecution for people to really feel scared and take action.”

(FORWARD 2010)

Bristol City Council reports a rise in the Black and Minority Ethnic (BME) population within education. One of the largest growing communities comes from an area that has a high prevalence of practicing FGM. PRB (2010) report identified the current prevalence of FGM practice across Africa (table 1)

TABLE 1



PRB (2010) pg 3

The FGM Safeguarding Group is responding with the community to proactively address this potential risk and support the clear message that FGM is not acceptable, it is child abuse and parents can be prosecuted if they do not protect their children.

The midwives from North Bristol Trust have proactively developed some guidelines for staff on documenting and sharing information related to pregnant women who have had FGM. This includes documenting that the women have been told about the law, they have been given a leaflet and the parents views on FGM are documented and shared with appropriate members of the Primary Health Care Team, so active and continuous health promotion on FGM can be offered and monitored.

3 Training report

The BSCB multi-agency training program offers 6 ½ day courses a year for FGM awareness raising training. The training covers the history of FGM, why it's practice, the health implications of FGM on women and girls, the law and child abuse and how to raise the subject with your clients or communities. Each course can accommodate a maximum of 40 staff. FGM awareness is also part of the race diversity and child protection course run by the BSCB and there are 3 courses a year which can accommodate up to 25 staff. To reduce duplication the 2011-12 race and diversity training will direct staff to the BSCB FGM awareness raising training.

Some agencies have requested bespoke training for their teams. The trainers have encouraged staff to attend the multi-agency training but they have delivered certain course to specific groups these include:

- Midwives form both hospital and the community settings
- Acute Health staff working with Gynaecology patients
- Staff working with Sexual health services
- A range of staff within Police services including the Child Abuse Investigation Team and the Police HQ Communication teams.
- Children centre managers
- BME Achievement advisors for education.
- FGM is mentioned at every GP Child Protection up date session.
- School staff in both Primary and Secondary settings
- PSHE Co-ordinators for schools
- Midwives from both hospital and community settings
- Student Social workers at UWE

The BSCB training pool have delivered over 36 training courses related to FGM during April 2009-June 2010.

These trainers have also delivered FGM awareness raising training for the level 3 degree Child Protection Module, which is part of the final year Social workers course at the University of the West of England. This module is also open to post registered health staff wanting to extend their knowledge of Child Protection work. It has been well evaluated and stimulated some students choose to complete their assignments on the topic of FGM.

NHS Bristol Public Health team developed a short health education course for BME women where English is not their first language. FGM was included as one topic and it gave the trainers an opportunity to talk about the risks to women, their general health and FGM and the fact that FGM is Child Abuse. This training was well evaluated by the women who attended.

The Police and Health have taken the opportunity to annually raise awareness of FGM on a local radio stations. There has been local and national interest in the

work undertaken by the BSCB FGM safeguarding group and the community, and this has contributed to a very successful FGM summer campaign.

Here are some comments from the evaluation forms for the training delivered:

“Useful ways of asking if women have had FGM/ Cultural aspects”- May 09 Staff working with Gynaecology patients

“the DVD on FGM practice- very emotive but really makes the issue more important and likely for us to act properly” Sexual health workers June 09

“Discussion re-safeguarding and Procedures to follow, suggested communication starters”- Sexual health workers June 09

“Very Informative, highlighting such important issues”- BSCB 7.10.09

“How to tackle problem tactfully and sensitively”- BSCB 7.10.09

“The video clip was extremely powerful”- BSCB 7.10.09

“Good to share experience with other agencies”- BSCB 7.10.09

“The course needed to be delivered in a sensitive way to take account of the trainees culture, race, experience of racism” –BSCB 7.10.09

“More Race equality and Black Perspectives”- BSCB 7.10.09

The majority of the evaluations on the FGM training have been very positive but there have been some challenges to the training and delivery that have been fully explored and investigated and they have yielded positive outcomes for community cohesions and general child protection awareness.

One common theme from the evaluations form of the FGM awareness raising training has been the request for a full day training course to allow for more time to explore views attitudes and opinions that staff and communities have towards FGM. There was some communication with North Somerset Local Safeguarding Children Board about joint training and sharing of resources as Bristol has the expertise in this area. Unfortunately this has not progressed, so Bristol will need to look at this training need for 2011-12. I would recommend having 4 ½ day training sessions and 1 whole day event.

As part of the commissioned contract with FORWARD there is an expectation that women from practicing communities will support the BSCB FGM training for the contract ending October 2010. This has happened and the evaluations were very positive. The value of the community voice cannot be underestimated but this needs to be appropriately managed to avoid inappropriate or insensitive questioning, or exploitation. I would recommend that the BSCB training has some allocated funds to pay the women volunteers who support future training as the trainers donate their time free.

Training also needs to increase participation from men and leaders from communities where FGM is practised. NHS Bristol and the Police are working on ways to develop this training and engagement, this could include engagement with the council of Bristol Mosques, men in community meeting houses and public health events addressing men's health.

4 FGM Summer Campaign

The BSCB 2010 summer campaign was well coordinated by the communications sub group chaired by DI Dave McCallum. The planning started in September 2009 and culminated in June 2010 with the Community Launch of the campaign.

The group chose to have two launches one for professionals and one for the community groups. The professional launch was to raise awareness of the campaign and prepare staff for the 'FGM Summer Campaign posters' being distributed by key people from their agencies. This was an opportunity to encourage staff to think about their communities and client base and how they need to engage with them. The community launch was aimed at raising public awareness that BSCB took FGM seriously and would work tirelessly to protect any child at risk.

The professional Launch was held on the 5th May 2010 and some local women who are now working with FORWARD on the FGM project presented their work on FGM to the group. One of the women took the brave step to talk about FGM from a personal perspective and this made a huge impact on the senior managers from health, education and police present on the day. This launch was followed by the distribution of the BSCB FGM posters and Leaflets to:

- Education- every state school, academy and independent school, children centre
- Health-GP practice, Midwives, Health Visitors, School nurses, Emergency departments, Walk-in-centres
- Police stations
- Barnardo's and NSPCC
- Community groups distributed through the refugee women of Bristol and FORWARD.

This is not an exhaustive list but captures the breadth of the campaign. Staff were asked to display the posters in prominent areas for both staff and clients. A quote from the FORWARD peer research in 2009 showed how a poster had informed women that FGM was illegal and not acceptable:

"most of my community do not know. Because I didn't know but it has been written clearly in BIG font in Charlotte Keel Health Centre that if we do FGM to our daughters they will charge us lots of money and send us to Prison!"- This relates to one of the posters from last years FGM Summer campaign.

(FORWARD Peer Research 2009 pg 19)

The Community launch on the 16th June was lead by Dr Ray Jones the Chair of the BSCB. The panel also included representatives from the community Layla Ismail, Hz Mohammed Zaheer Shabir LLB (Hons) a member of Council of Bristol Mosques, Jackie Mathers NHS Bristol and DI Dave McCallum Police.



The press were invited to the launch. Women from affected communities chose to embrace this opportunity to make a public declaration against FGM. They marched through their local area chanting 'No to FGM', in three different languages. This was a brave act and demonstrated their commitment to work with the BSCB to protect the women and girls from the practice of FGM. All the women stayed to support the launch and listen to the key speakers and they also talked to local and national reporters about their experiences and the need to protect young girls.



The summer campaign also included, a conference on FGM for Health staff, a Personal Social and Health Education (PSHE) event raising the profile of the new curriculum which will include FGM, a police conference on violence against women and a presentation to the Regional Conference of Midwifery supervisors.

This has been a very successful campaign in terms of public engagement. It will be difficult to know the final outcome, but an indicator could be either increased referrals to police or social care, or increased awareness and debate in localised settings and groups. A long term indicator could be a reduction in the number of women who are seen by midwifery services who have undergone FGM. At present some midwives who work in areas where there are women who come from FGM practicing communities estimate approximately 80-90% of these women will have had FGM.

One consideration for the BSCB is to look at how agencies can assess the actual or potential risk of FGM to Girls in Bristol. This could be through research, peer information or referral statistics. The FGM Safeguarding communication group would like the BSCB and the Children's trust to consider, if there is a value in identifying the level of FGM in Bristol and gauge, the potential risk to girls. This work may require some additional funding or technical support.

5 FGM Network and FORWARD

When the FGM safeguarding group was originally formed it recognised that there were needs for the adult community as well as the children. The FGM Network was started to look at these adult issues, initially focusing on women but recently expanding to the male community. Presently the meetings are held twice a year to support the coordination work related to FGM from the adult perspective. There is a clear link between both the adult and children's safeguarding group with the chairs from both groups attending both meetings. FGM has been integrated into wider Africa health event, engaging people where English is not their first language.

NHS Bristol's public health community development work has organised and run two women's health courses with the aim of empowering women to improve their own health and the health of their families. FGM is one of many topics covered during the course and this has been a non-confrontational and effective way to discuss FGM and raise awareness of the health and legal implications with people from practising communities. Two more courses will run in Sep / Oct 2010.

FGM leaflets were also developed to include local useful contacts. People from practising communities were consulted during the development of the leaflets to ensure that they were appropriate. Two leaflets are available; a professional's leaflet and a community leaflet in three languages: English, Arabic and Somali. Around 6000 leaflets have been distributed in 2009 and 2010 combined, to GP practices, hospitals, midwifery clinics, school nurses, schools, colleges, youth service, social care offices, housing providers and voluntary and community organisations.

NHS Bristol commissioned FORWARD to raise awareness of the health implications of FGM and to empower women to say no to the practice. Through this work Bristol had its first Public Declaration from empowered women in Bristol stating their intention to stop FGM. The picture below was taken from the Media launch of the 2010 BSCB FGM Summer campaign supported by the FORWARD project.



Engagement from the Refugees women of Bristol and FORWARD

A group of women from Female Genital Mutilation (FGM) practicing communities in Bristol have been raising awareness of FGM in the last two years. Their aim is to let their communities know the serious physical and mental consequences this practice have on children and the fact that it is a serious crime in the UK. One of their actions to achieve this aim was the march through Stapleton Road. This area has a high concentration of our target communities. The women who marched came from these communities, they carried large banners saying “NO FGM” in English and in three community languages to ensure their message is seen and heard loud and clear.

As mothers themselves, these women are leading the campaign to protect their children and to inform other members of their communities about the health and legal risks associated with practising FGM in the UK. Getting this message across to the Bristol communities continue through local Somali Women’s radio and within local community groups.

6 FGM and the Working with Young people

The FGM safeguarding group memberships includes the 2 course leaders for the young people’s engagement on FGM in Bristol. The 2 projects are one with FORWARD and one with the Bristol City Academy. Below are the contributions of each of these projects.

Forward

Since February 2010 eight young women, between the ages of 14-19, have joined a campaign group with a focus on raising awareness of FGM and other issues affecting youth, within their local community.

At the start of this project participants reported a lack of knowledge and confidence in speaking about FGM.

“We didn’t know there were different types of FGM practised, we had only heard of ‘sunna’ (type 1) and thought it was part of Islam.”

Through discussions, debates, and the educational film ‘Think Again’ produced by young people in London, participants opened up and shared their opinions and experiences. They described the practice as ‘very wrong, disgusting, painful and very shocking’.

The group are now passionate about doing something to illustrate that FGM is not a part of their cultural identity and that the practice needs to stop with their generation. They are creating a banner to artistically display their campaign message in local schools, libraries and community centres. They are also conducting research into the relationships between young people and parents and will be planning a series of intergenerational dialog events to bridge the gap in understanding and communication.

Bristol City Academy

Between November 2009 and May 2010, the charity Integrate Bristol ran a project involving a group of 14 young women from BME backgrounds. The project involved interviewing a selection of critical people who answered many of the young people's questions on FGM and turning these interviews into a drama documentary for radio.

The project, its development and progression was entirely in the hands of the young women; towards the end, the young women decided to write a script in which to embed the interviews and to make the programme more palatable to their audience. It was also very important to them to leave listeners with the feeling of empowerment and hope – their script reflects this.

The participants are between the ages of 14 and 16. In addition and at their own request, the young women were supported by 5 young men in post 16 – the young men not only agreed to be interviewed about FGM, but one bravely agreed to act in the programme.

Since the start of this project, the numbers have steadily grown – by the end, over 30 young women attended the interviews and we had to turn many others away. The project is 'owned' by the core group, but many more have been involved.

The programme is now complete and available for distribution it is called:

'Why?' – a drama documentary made by young women from Bristol

7 Recommendations

This report is presented to the BSCB, and we would request that the BSCB continue to support this work program through the BSCB training. We would recommend that the training should change from the present 6 half day FGM awareness raising sessions, to 4 half day FGM awareness raising sessions and one whole days training on FGM to further explore the complex issues of FGM.

It is recommended that the FGM guidelines are reviewed again during this financial year and that these guidelines are presented to the South West Child Protection Procedures working group to amend the present guidelines.

It is also recommended that when the PSHE curriculum in schools is reviewed FGM is included.

The BSCB FGM safeguarding group has worked very hard on the multi-agency training and awareness raising of the risk of FGM on young girls and women, and they are happy to continue this work for the BSCB.

Jacalyn Mathers Chair of the BSCB FGM Safeguarding working group
Designated Nurse for Safeguarding Children,
NHS Bristol
June 2010

Glossary

| | |
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| BME- | Black and Minority Ethnic |
| BSCB- | Bristol Safeguarding Children Board |
| FGM- | Female Genital Mutilation |
| FORWARD- | Foundation for Women's Health Research and Development |
| ICRH- | International Centre for Reproductive Health |
| PRB- | Population Reference Bureau |
| RCPCH - | Royal College of Paediatrics and Child Health |

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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