

**Community Cohesion and Safety Scrutiny Commission**

**Draft Report and Recommendations: Evidence Session on Female  
Genital Mutilation**

**11<sup>th</sup> December 2012**

**Recommendations**

Community Cohesion and Safety Scrutiny Commission acknowledges that the new Safer Bristol Violence Against Women and Girls (VAWG) structure will enable Female Genital Mutilation (FGM) to be more visible and strengthen policy and access to funding.

The Commission recognises all 4 types of FGM as illegal and as forms of child abuse and violence against women and girls : the term FGM in this report refers to types 1, 2 ,3 and 4.

The Commission recommends:

1. That Safer Bristol ensure that the FGM strand is visible in the new Violence Against Women and Girls structure, and supports the FGM Safeguarding and Delivery Group to offer an appropriate level of governance and a co-ordinating city-wide strategic role
2. That the FGM Safeguarding and Delivery Group within the VAWG structure should:
  - a. develop and deliver an action plan for Bristol, and that evidence and recommendations provided by witnesses to the FGM evidence session are fed into the drafting of this
  - b. Identify and make known a Bristol City Council FGM champion
- 3 That the Commission should hold Safer Bristol and the appropriate executive member to account for the delivery and access to pooled VAWG partnership funding and resourcing of the FGM strand
4. That Safer Bristol should support the development of a 6-monthly FGM scorecard

5. That all relevant statutory and voluntary sector agencies should work together to ensure that the police have adequate intelligence to prosecute, and that cases can be successfully brought in both criminal and civil courts:
  - a. that the FGM Delivery Group give immediate attention to data management and sharing issues and report back to the Commission in autumn 2013 on progress with this
  - b. that the Cabinet Member for Children and Young People should take steps to ensure that the BCC social care and safeguarding reporting system enables FGM cases to be identified, in order to promote efficient sharing of intelligence
6. That the Mayor of Bristol and the Avon and Somerset Police and Crime Commissioner make a joint public statement to the effect that FGM will not be tolerated in Bristol and the wider Avon and Somerset area, and discuss how they might jointly support efforts to eliminate the practice of FGM (*NB: this recommendation has already been actioned and a statement was made on Feb, 6<sup>th</sup>*)
7. That the Avon and Somerset Police and Crime Panel should ensure that the Police and Crime Commissioner's Police and Crime Plan support work to eliminate FGM
8. That Safer Bristol produce a briefing sheet for councillors to suggest how they can use their role as community leaders and school governors to help eliminate FGM
9. That the Commission write to the School Governors' Forum emphasising the role of school governors in educating children about FGM and protecting and supporting those at risk, and the importance of training for school governors

1. **Background**

The evidence session on Female Genital Mutilation (FGM) was called for by the Chair of Community Cohesion and Safety Scrutiny Commission, Cllr. Jeff Lovell, strongly supported by commission members. The programme is attached as App. 1

The witness session took place in the context of a recent change of governance/positioning of FGM multi-agency working, in terms of the merging of the Safeguarding Board Delivery Group into the FGM Delivery Group of the Safer Bristol Violence Against Women and Girls (VAWG) framework to provide enhanced co-ordination, profile and access to resources. The Delivery Group is referred to frequently in the evidence and comments summarised below. The VAWG structure chart is attached as App. 2

## **2. Purpose**

‘Nationally, Female Genital Mutilation is a hidden crime with no accurate statistics and still no prosecutions in the UK’ (witness presentation, Avon and Somerset Police)

The Commission focussed on both enforcement and safeguarding aspects of work to combat FGM in Bristol. The objectives of the evidence session were to

- understand key frameworks, policy issues and debates
- identify initiatives under way in Bristol in terms of public education, safeguarding and support work
- learn what current initiatives have achieved and what difference they have made
- explore how the Commission and/or the Council might effectively take forward and support work on this issue, as a body and as individual councillors

## **3. Programme**

The Commission heard from a variety of expert witnesses representing most of the key agencies working with FGM in Bristol, including a national campaigning organisation, the health service, the police, Council teams, voluntary sector groups and a young people’s project. This enabled commission members to gather and review evidence through a pooling of knowledge about the challenges of combating FGM and the spectrum of work under way in Bristol, and to identify and understand the range and complexity of factors bearing on this issue. Over 40 people attended the session, including members of the public and participants from communities which have practised FGM.

In the words of one participant, the session successfully ‘revealed what progress has been made but also some of the remaining concerns and challenges that will need to be addressed in the coming year’.

A question and answer session completed the morning. Participants were also requested by the Chair to send in their one wish for ending FGM. These wishes are attached as App. 3

## Witnesses

4. Witnesses are listed and their evidence briefly summarised below. Most speakers provided notes or Powerpoint slides to accompany their evidence. These together form a comprehensive briefing resource detailing the range and quality of FGM work under way in Bristol and key issues and challenges, and are available on request.

**Jackie Mathers, Designated Nurse for Safeguarding Children, NHS Bristol** gave an introduction and overview, emphasising that FGM is a form of child abuse. She advocated a coordinated, strategic multiagency approach as the most likely route to success, comprising a toolbox of different strategies ranging from prosecution to preventative community-based engagement with women and girls, and stressed the value of differing views and opinions. She summarised the data collection and management and resourcing issues.

**Claire Smith, Head Teacher, St Werburgh's Primary School** described the groundbreaking work undertaken at the school and how it was developed and embedded in school policies through two levels of approach, preventative work to identify children at risk, and staff training. She described the school's intensive work with the local community and with parents, the arrangements for holding and sharing data, and liaison over school transition. The school has been working with FGM since 2006.

**Lisa Zimmerman and members, Integrate Bristol** . Integrate is a young people's project working through the arts and media to address FGM and other issues. Members showed a hard-hitting award-winning video made by members of the project and described their perspective on FGM and what had brought them into the project. They emphasized the importance of raising awareness and breaking taboos, and talked about how young people learn about FGM, its absence from the school curriculum, and community perspectives and reactions.

**Naana Otoo–Oyortey, Chief Executive Director, Forward** gave a critical overview of the national framework for FGM work and highlighted learning from the organisation’s work in other countries and in the UK about what is known to work. Forward, a UK–based national and international FGM organisation working in partnership in Bristol stated that from its experience of work in the UK and other countries, it can identify what works:

- programmes that respond to the beliefs, attitudes, values, knowledge and past behaviours of the communities – ie. mental map of individuals
- community education and awareness–based on human rights education, harm of FGM and integration approach
- using champions, policy makers, and prominent groups, religious leaders to influence change
- support of professionals and gatekeepers
- enforcement of legislation

This provides a useful checklist for the scrutiny commission’s recommendations emerging from the session.

**DCI Leanne Pook and DI Katie Boxer, Avon and Somerset Police** took the Commission through the FGM legislation and described Avon and Somerset Police management and staffing structures for enforcement. They provided information about the intersecting challenges of data collection, referral of cases to the police and obtaining sufficient evidence to prosecute.

**Fiona Tudge, Safeguarding Business Unit Manager, BCC Children and Young People’s Services** described the provision of training to professionals including midwives and the referral frameworks for safeguarding cases.

**Julie Coulthard, PSHE Advisor, BCC Children and Young People’s Services** described how CYPS have sought to embed FGM into the PSHE curriculum for both primary and secondary schools, and the challenge of persuading schools to take up the teaching pack which has been devised. She stressed the importance of skilling teachers to deliver such lessons, and highlighted initiatives in conjunction with Platform51 and NSPCC.

**Mohammed El Sharif, Health Improvement Manager, NHS Bristol** described the public health approach which seeks solutions through working with the community to achieve change in cultural and religious attitudes. He detailed

role of the NHS in the initiation and resourcing of community-based and partnership working, in particular Inner City Health Improvement Team work with girls, and engagement with men and boys and with mosque leaders and imams.

**Layla Ismail, Refugee Women of Bristol, Forward, and FGM Community Project Coordinator** highlighted the valuable work of women who have become community activists and are fighting FGM through engagement with their own communities. She emphasised the need to work with the women who form the bedrock of communities and to recognising that cultural change is happening.

**Kate Cook, Health Promotion Specialist, NHS Bristol and Chair of FGM Delivery Group** described the new governance structure for partnership working on FGM through the Safer Bristol Violence Against Girls and Women framework, and the aspirations of the FGM Delivery Group. She went on to highlight the importance of prevalence research currently underway in conjunction with Platform51 and the need to resource and extend it as a key source of data.

**Claire Sterne and Najab, Refugee Women of Bristol,** described the work of the organisation to empower women and provide a safe space for them to talk about FGM. They also highlighted its role and value as community partner for Forward's work and in the Delivery Group.

## Outcomes

7. This section aims to draw out from the evidence points of consensus on what needs to happen to progress FGM work in Bristol. This material may be useful in informing future multi-agency action planning. Commission members were particularly concerned to identify ways in which the Council and/or the Commission could support FGM work and move it forward
8. Speakers were asked to highlight gaps in services and actions which would improve responses to FGM. All key partners across sectors gave evidence, and their suggestions therefore represent a strong statement from authoritative and committed sources, built on current and past experience of collaborative working, community engagement and concern for good

practice. There was a high degree of consensus between witnesses. Suggestions were as follows:

### **Approach**

- FGM must be seen as part of the Violence Against Women and Girls agenda, as a form of child abuse, and as a safeguarding and child protection issue – this applies to all three forms of FGM

### **Data and intelligence**

- Data collection, retrieval, sharing and monitoring needs to be improved, in particular accessing child protection data. There needs to be commitment from all statutory and voluntary sector agencies to improve systems for gathering and acting on intelligence if referrals to the police and on to the Crown Prosecution Service are to be increased

### **Co-ordination and strategy**

- There needs to be a co-ordinated strategic agenda – co-ordination between agencies in all sectors is of paramount importance
- There is a major need for an overarching coordinating group. The FGM Delivery Group should be recognised by BCC as the umbrella organisation for FGM work in Bristol
- To ensure that action address FGM is strategic and co-ordinated, organisations working with FGM should be encouraged to work with the FGM Delivery Group to deliver the action plan
- The Council should consider a proposal that any Council money used to fund FGM projects should include a contract requirement to have full and open engagement with the FGM safeguarding and delivery group
- Build partnership with key professionals that work with women from FGM practising communities

### **Elements of strategy**

- There are many routes to addressing FGM and a coordinated approach involving the range of these tools would be most productive in ensuring the safety of women and girls:
  - Educating professionals
  - Dialogue with affected communities

- Work which engages all men women and children in affected communities
- Working with young people
- Influencing local and national policy
- Getting a prosecution
- Services for young women who have experienced FGM
- Dialogue with men and boys
- Commitment to use of the civil justice system

### **Enforcement**

- FGM legislation must be enforced and all relevant agencies across sectors should work together to secure prosecutions
- Identify effective ways of encouraging victims to come forward and report what had happened
- Ensure the police and Children and Young People's Services have effective mechanisms to trigger follow-up and review of families at risk of FGM, including ongoing monitoring and scrutiny, especially where there is insufficient evidence to address concerns at the time of referral

### **Preventative and support work in schools**

- FGM should have a place on the curriculum in all Bristol schools
- Ways need to be found to raise awareness of FGM across Bristol schools and to encourage all Bristol schools need to use the Children and Young People's Services FGM resource pack
- Teachers need to be trained to deliver FGM lessons well and confidently in house
- FGM should form part of safeguarding training for education staff
- Support and information should be available to all school students on request, along with signposting to more specialised assistance

### **Community Engagement**

- The community should not be seen as the enemy
- Work with mosque leaders and imams is essential
- It is important to prioritise talking to the women themselves
- Continue the FGM Community Project
- Empower young women from FGM communities and their families through education so they can understand their rights and defend themselves

### **Training for professionals and agencies**

- Training should also be co-ordinated – professionals across the board must know where to refer young women at risk of FGM or those who have FGM related health and support needs

### **Maintaining and developing good practice**

- Projects and initiatives which are recognised as good practice and are contributing to success should be maintained and rolled out:
  - Prevalence work must be a priority, specifically roll out the current NHS Prevalence research pilot to include more groups, and source support and funding to produce quantitative data reports from qualitative interviews and extra capacity to manage the research
  - Good practice of the kind described by the Head of St. Werburghs Primary needs to be adopted by all schools across Bristol
  - FGM strategy must include work with men and boys
  - Further support and funding is needed for women who have undergone FGM – especially community-based clinics for opening procedures
- Bristol should be looking to European best practice

### **Public awareness**

- Raise the profile of FGM with the public and engage the media to publicise the issue through conventional and social media

### **The role of councillors**

- It is vital that the Scrutiny Commission and the Council visibly support the work being done across Bristol to eradicate FGM, including the ground-breaking work carried out by charitable organisations. The importance of this work should be reflected in funding allocations.
- It is vital that local community leaders (elected or otherwise), especially those representing areas with a high concentration of FGM practicing communities, continue to oppose FGM and seek to empower their communities to disassociate themselves from the practice

- Councillors who are school governors can help by raising the issue and by ensuring that the schools
  - give curriculum time to PSHE, take up and use the FGM resources provided by CYPS,
  - ensure that staff are trained to deliver FGM lessons
  - ensure that staff are aware of FGM as a child protection issue, can identify girls and young women at risk or who may have been cut, and know where to refer them

## **Appendices**

- 1 Programme
- 2 Violence against Women and Girls Structure Chart
- 3 FGM Wishlist

## **Contact**

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APPENDIX 1

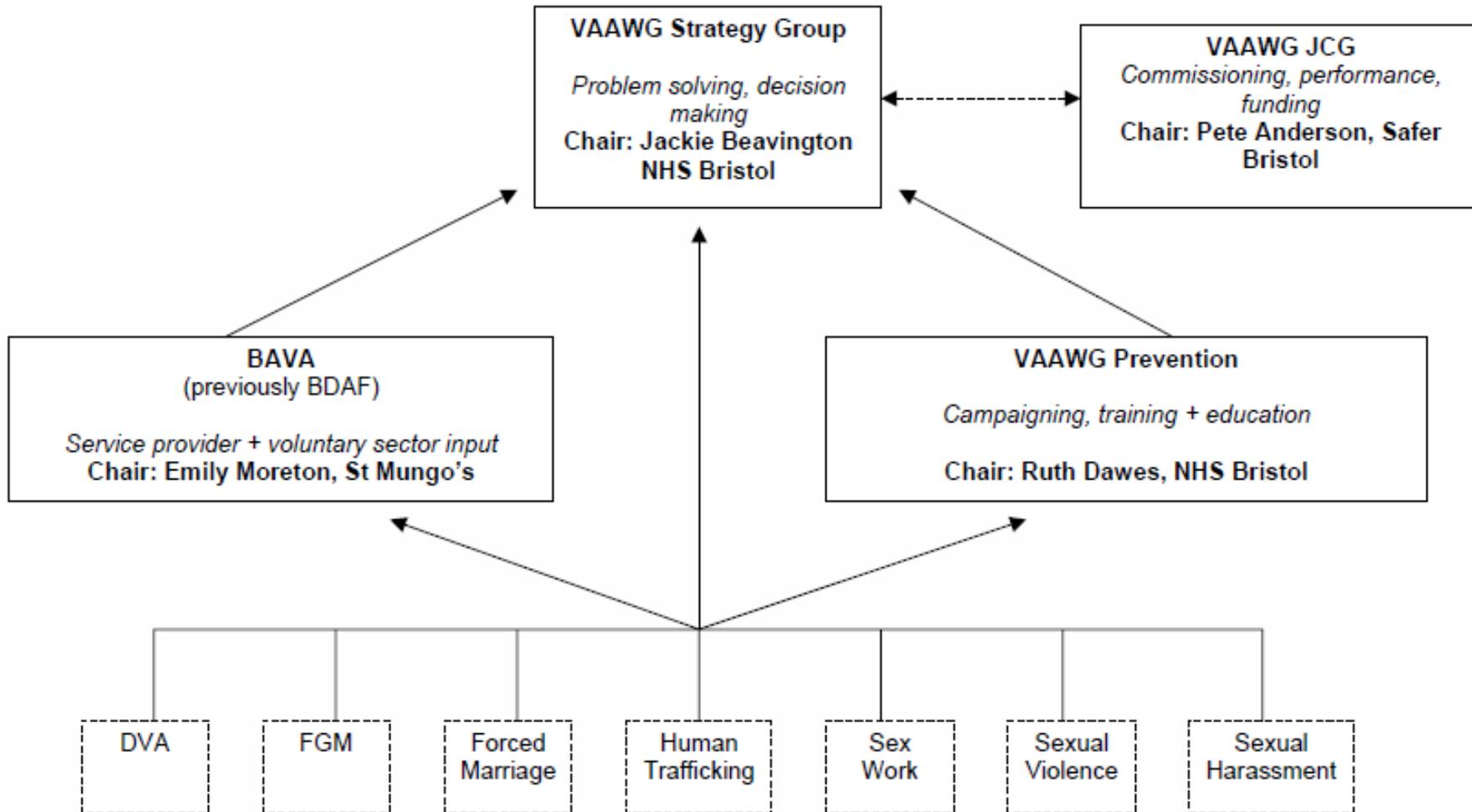
**Community Cohesion and Safety Scrutiny Commission  
FGM Evidence Session  
Programme  
11<sup>th</sup> Dec. 10.00 am**

<b>10.00</b>	Formal commission business
<b>FGM Evidence Session</b>	
<b>10.10</b>	<b>Introduction and overview</b> Jackie Mathers, Designated Nurse for Safeguarding Children, NHS Bristol
<b>10.20</b>	<ul style="list-style-type: none"> <li>• <b>Integrate Bristol</b> Young People’s Organisation: talking about their film ‘Silent Scream’ and their work on FGM</li> </ul>
<b>10.35</b>	<ul style="list-style-type: none"> <li>• <b>The National Picture</b> <b>Forward:</b> Naana Otoo-Oyortey, Chief Executive Director; Kekeli Kpopnon, Interim Head of UK Programmes</li> </ul>
<b>10.50</b>	<ul style="list-style-type: none"> <li>• <b>Work in a Bristol school</b> Claire Smith, Head Teacher, St. Werburghs Primary School</li> </ul>
<b>11.00</b>	<b>Legal framework and enforcement issues</b>  <b>Avon and Somerset Police:</b> DCI Leanne Pook , Lead on Safeguarding and Child Abuse; DC Katie Boxer, Policy and Support and Lead on FGM, Public Protection Unit
	<b>Public education safeguarding and support services</b>
<b>11.30</b>	<ul style="list-style-type: none"> <li>• <b>Safeguarding : BCC Children and Young People’s Services</b> Fiona Tudge, Safeguarding Business Unit Manager</li> <li>• <b>Work in and with schools: BCC Children and Young People’s Services</b> Julie Coulthard, PSHE Adviser</li> </ul> <p><b>Health Service and Voluntary/Community Sector Responses:</b></p>
<b>11.45</b>	<ul style="list-style-type: none"> <li>• <b>NHS Bristol:</b> Mohammed El Sharif, Health Improvement Manager,</li> </ul>
<b>11.55</b>	<ul style="list-style-type: none"> <li>• <b>Refugee Women of Bristol:</b> Layla Ismail,</li> </ul>
<b>12.05</b>	<ul style="list-style-type: none"> <li>• <b>NHS Bristol:</b> Kate Cook, Health Promotion Specialist, Chair of FGM Delivery Group</li> </ul>
<b>12.15</b>	<b>Questions to speakers</b>

## Bristol Violence and Abuse Against Women and Girls Structure

## APPENDIX 2

The diagram below shows the governance structure of Violence and Abuse Against Women and Girls (VAAWG) work in Bristol. VAAWG is comprised of the seven areas of work listed at the bottom of the diagram:



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**Glossary:**

**VAAWG** – Violence and Abuse Against Women and Girls

**JCG** – Joint Commissioning Group

**BAVA** – Bristol Against Violence and Abuse (previously Bristol Domestic Abuse Forum)

**Commissioning** – The cycle of assessing the needs of people in an area, designing and then securing an appropriate service

**Joint Commissioning** - The process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action

**NHS** – National Health Service

**DVA** – Domestic Violence and Abuse, the misuse of emotional, physical, financial or sexual control by one person over another

**FGM** – Female Genital Mutilation, also known as female circumcision or female genital cutting, involves removing and damaging healthy and normal female genital tissue

**Forced Marriage** – where one or both partners feel unable to say 'no' to a marriage

**Human Trafficking** - includes the threat or use of force, coercion, deception and abuse of power to control another person, for the purpose of exploitation

**Sex Work** – or prostitution is the exchange of sexual services for money

**Sexual Violence** – includes rape, sexual assault, and any unwanted touching of a sexual nature

**Sexual harassment** – any unwanted behaviour of a sexual nature, this can be physical, verbal or written

FGM Wishlist
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8. The Commission Chair, Cllr. Lovell, invited all witnesses and commission members to send in their one wish for progressing work to combat FGM. These were as follows:
- I wish that the elders (and especially the grandmothers) in the communities practicing FGM should learn to listen to their granddaughters and young women in their communities. These young women all know that they do NOT want FGM.  
Angela Ausset, Bristol Older People's Forum and scrutiny commission member
  - A commitment to funding community development work around FGM for 3 years and that this be delivered by community organisations in partnership with the FGM Delivery and Safeguarding Group. This would enable us to build on the work already done and tackle some of the outstanding challenges identified at the scrutiny commission. Rolling 1 year funding will make this more difficult and less effective.  
Claire Sterne, Refugee Women of Bristol
  - To strengthen access to support services for girls and young women affected by FGM including counselling and health related services which address the different needs of communities and is accessible and youth friendly.  
Naana Otoo-Oyortey, Forward
  - My wish is that there is rigorous statutory monitoring of numbers of women who have had FGM through GPs and midwives, social care and police. Safeguarding is strengthened and assured in all schools and family services and we can see the impact through a significant reduction or eradication in the immediate future. Current prevalence study indicates 99% so safeguarding is obviously not working effectively.  
I wish that the community and religious leaders in the Bristol practising communities openly state and sign up to a declaration

that FGM (all types as type 1 or sunnah or removal of the clitoris is seen as ok) must stop now, is a criminal act and an irreparable sexual abuse of girl children.

I wish to see a prosecution of someone in one of the communities that is advocating FGM of any type.

Suzanne Green, Integrate

- That every school in Bristol has one lesson of PSHE on the timetable for every pupil.  
If this happened it would make a huge difference and we would then have the space on the curriculum to teach awareness raising and prevention work on a huge range of issues ...including FGM.

If I can just have one lesson on the timetable ...we can make so much happen

Julie Coulthard, PSHE Advisor, CYPS

- That the FGM Delivery and Safeguarding Group is recognised by Bristol City Council as the umbrella organisation for FGM work in Bristol and all those working on FGM in Bristol are required to work with the group and submit to the Action Plan."

Kate Cook, NHS Bristol

- My one wish is that the FGM Bristol community engagement work continues.

Layla Ismail, NHS Bristol / Refugee Women of Bristol

- My two wishes are  
Support for the FGM delivery group as the coordinating body for FGM projects and campaign.  
The support of the community empowerment and education approach including the work with mosques and faith places.

Mohammed El Sharif, NHS Bristol

- My one wish is that we support those prepared to stand up against this horrendous act and ensure that Bristol provides the very first successful prosecution in the UK thus sending out the clearest possible message that this is against the law and will not be tolerated.

Cllr. Peter Levy

- I very much echo Naana's wish. The existing clinic at Charlotte Keel Health Centre has short hours and is difficult to access, due I understand to lack of funding. I also understand that the NHS's first-class FGM multi-agency training has from time to time not been available, again due to lack of funding. It's extremely difficult to select one wish, so I'm getting round that by asking for the recommendations in Bristol's Violence and Abuse strategy (<http://www.bdaf.org.uk/files/docs/VA%20strategy%2012-15%20FINAL%20with%20Hi%20Resolution%20logo.pdf>) relating to FGM to go into the Scrutiny report.

These are (if I haven't missed any out):

Support statutory and voluntary/community agencies with advice, training and networking to ensure that all services appropriately support a) victims of domestic and sexual violence who are subject to discrimination, including black and minority ethnic, disabled, substance misuse, sex workers; b) victims of culture-specific violence such as so-called 'honour' based violence and female genital mutilation.

Work with schools and health centres to ensure support and treatment (where appropriate) for child survivors of domestic violence and abuse, forced marriage and female genital mutilation.

Provide support for women and men survivors of gendered violence with no recourse to public funds due to immigration regulations.

Develop specialist confidential interpreting and translating services to ensure access to all survivors of gendered violence.

Appoint a survivors' advisory panel to act as 'critical friend' identifying gaps in service and ensuring that services are appropriate to need.

The last recommendation relates to all forms of violence against women and girls and domestic/sexual violence against men; but from the presentation we saw that FGM would be particularly appropriate, due to the particular difficulties in using the criminal justice system against parents and the sensitivity of the subject and the gender and ethnicity of professionals including interpreters.

Lesley Welch, Women's Voice / scrutiny commission member