

London Stakeholder Event

About the National FGM Centre

The National FGM Centre is a partnership between Barnardo's and the Local Government Association (LGA) to achieve a systems change in the provision of services to protect girls and women at risk of female genital mutilation (FGM) and support those affected by the practice. The Centre was funded initially by the Department of Education as part of its Children's Social Care Innovation Programme, with the intention of raising match funding for its continued operation and future sustainability.



The Centre's Vision

The vision of the National FGM Centre is to end new cases of FGM for women and girls living in England within the next 15 years, in partnership with statutory agencies, government departments and grassroots organisations.

London Stakeholder Event

The National FGM Centre works with experts around the country to inform and develop services. As part of that process, it is organising a number of stakeholder events around England.

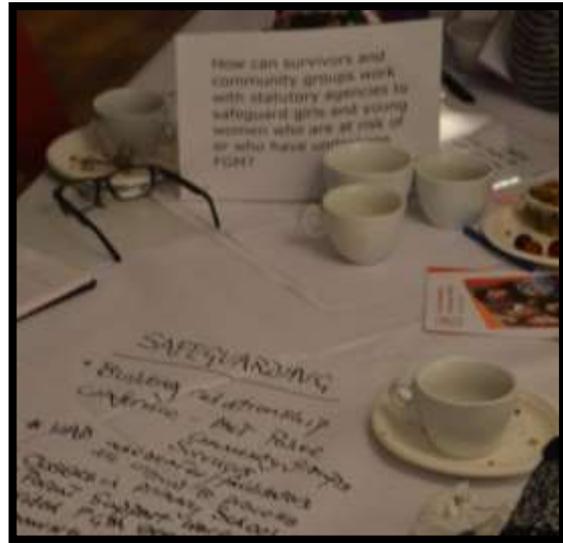
The first of our stakeholder events was held in London in December 2015. The event was organised in partnership with the Manor Gardens Health Advocacy Project, an organisation working to promote the health and wellbeing of refugee and migrant communities in North London who have been running community-led activities to tackle FGM since 2010. The event was held at the Poetry café in Covent Garden in the style of "world café". A total of 36 professionals from health, social care, education, the police and the voluntary sector attended.



The aim of the event was:

To give a national voice to local groups through:

- Informing the work of the National FGM Centre;
- Discussing best practice in engaging communities to effect change at a local level and opportunities for scaling up;
- Discussing best practice in multi-agency working for the purpose of providing a continuum of safeguarding.



A series of questions were discussed in an informal setting. This is what local experts told us:

1. What support needs do women and girls affected by FGM have in London? How can they be met?

Needs of women and girls affected:

- Awareness of the issues associated with FGM,
- Protection,
- Trained professionals who understand their needs and are in a position to identify risk factors,
- Safe spaces: Supportive, safe and confidential environment that enables them to have the confidence to talk about FGM,
- Support to/from spouses,
- Awareness of services,
- Specialist services, accessible locally.

*A number of women and girls **do not connect health problems** they may experience with their FGM or do not understand what is or isn't normal with regards to their health.*

How can their needs be met

- Public funding / long-term funding,
- Early intervention – issues around FGM should be taught in schools and from an early age,
- Quality assured, standardised training to all professionals around FGM,
- Awareness raising in the general community including religious, establishments, youth groups, schools etc,
- Greater protection (women/girls become aware of where to go for help, services are accessible and safe),
- Involve survivors in the development of services to ensure they meet their needs,
- Clear guidelines for local authorities on what services are needed and what best-practice looks like.

*A lot of services are funded for a couple of years only, and by the time they have developed their capacity and expertise they are discontinued and **knowledge is lost**. At the same time, local communities lose the services just as they begin to become aware of them and **lose their trust in the system**.*



2. How do we involve survivors / community organisations in providing support for women & girls affected by FGM?

- Community Champions don't necessarily have to be survivors but have to be against FGM. They should be vetted as there are many survivors and professionals out there who profess to being FGM experts but have no qualification/ expertise.
- If Champions don't feel confident speaking to community groups they can be equipped to do other things e.g. research; data collection
- There is a need to break the link between FGM and religion and Community Champions are well placed to do that, provided they have suitable training.
- Community Champions / Peer Educators are very important in raising awareness and challenging attitudes to FGM as well as in building barriers between communities and statutory professionals.

Who are 'Champions' / Community Experts?

It is not necessary that they are survivors – they can simply be members of affected communities / cultural experts.

Both men and women Champions are required as well as people from a range of age groups and from a range of community groups and religions.

It is important to note that **not all survivors / community members are experts**; they need appropriate training and role descriptions. It is important to recognise their expertise and limits of their skills.

Not all survivors want to be Champions; the role is not appropriate for everybody and there are risks involved that need to be assessed before recruiting a survivor as a Champion.

There should be a range of roles available for community experts to recognise the different ways they can contribute. Public platforms are not suitable for everybody (e.g. Champions can be involved in research to help understand community attitudes / they don't necessarily need to be involved in advocacy).

If Champions / Peer Educators work as interpreters / bilingual facilitators they need appropriate training.

Champions are very important in FGM awareness / training in schools. However, they need to be suitably trained and schools should target all students, not just Muslim girls in FGM / honour-based violence prevention.

Champions should also target ESOL and parenting classes as part of their awareness-raising / prevention role.

*There was a consensus that despite the many services that are in London working on FGM, there is still a **general lack of awareness** about FGM, the reasons why it is practiced, prevalence etc... Professional are also not clear about available guidance, and how mandatory reporting applies to them. A lot of training is **low quality and does not meet the needs of professionals**.*

3. What are the training needs of professionals working with women & girls affected by FGM? Are these needs being met in London?

- **Practical skills** with regards to **how to ask difficult questions** but also being how to respond to reactions and answers.
- Schools seem to have been missed out a lot in terms of training.
- **Basic awareness isn't enough** for some professionals as they will need more in depth training.
- Not enough people have been trained.
- More training could be done with communities who can disseminate through word of mouth.



4. How do we ensure that good-practice and knowledge from the ground is communicated at a local and national policy level?

- We had a representative from the Waltham Forest MOPAC pilot and from Hackney public health – they weren't aware of each other's work...**There is a need for good practice to be shared between different boroughs in London that are working on FGM.** – neighbouring boroughs are using different approaches but not always sharing regularly – there is a need for forums where this can be done.
- At a national level it was felt that there is a lack of expertise particularly concerning children's social care – national policy guidelines should be developed by a group of experts with specific FGM expertise in the key areas: social care, education, public health.
- **There is a need for good practice guidelines** that are used universally– this needs to be balanced with an individualistic approach to each case and an understanding of the different attitudes / behaviour in different communities. In Waltham Forest the pilot has seen a great variety of communities affected and very different attitudes in each so **there is not a one-size fits all approach.**

*The services available to women and girls affected or at risk from FGM depend very much on the Local Authority. Hospital and social care services respond very differently to women and girls in need of support so that the quality of **services available can be a postcode lottery.***

What is needed:

- Opportunities to meet & share good practice (such as the National FGM Centre's stakeholder events),
- Online resource with case studies and guidance (Knowledge Hub by National FGM Centre),
- On-going evaluation and learning log of the MOPAC pilots,
- Involving CCGs in development of practice,
- Need to share what different hospitals are doing and to develop more uniform approach,
- Need for protocols that cover all agencies,
- Big variety of type of support offered to girls / women – need for good practice to be available everywhere,
- Need for London-wide approach so that there is more of a uniform approach that remains flexible in adapting to the needs of different communities,
- Long-term funding needed for service & policy development,
- National-level guidance including for social care,

- Need for more national support for social care practitioners to manage and assess risk.

5. What are the emotional and physical needs of girls affected by FGM in London? What are the barriers in accessing support services? What services exist and what is still needed?

Physical needs

- The consequences of FGM are carried throughout the course of a woman's life. Survivors need to understand the impact at different stages (e.g. menstruation, sexual maturity, maternity).
- Need to understand which clinical symptoms relate to FGM and what support is available (e.g. frequent UTIs, menstruation problems, fertility problems, sexual health problems).
- There is need for specialist clinical services for children. UCL provides a paediatric clinic for children, however, there is no clear guidance for referring girls under 18 for de-infibulation.

*The consequences of FGM are carried throughout the course of a woman's life. Services available should **respond to the changing needs** of girls and women **at different stages of their lives**.*

*Girls often **fear repercussions** from their families and want to be deinfibulated without parental knowledge. Such services should include **clear guidance on working with the parents** to understand the health implications of FGM and the UK legislation so that girls can safely undertake deinfibulation*

Emotional needs

- Confusion / shock (immediate impact),
- Hurt from the realisation that loved ones / family members were responsible / feelings of betrayal,
- Conflict of identity / role as a woman,
- Trauma,
- Isolation (not being able to share this experience / be understood),
- Support for children identified through mandatory reporting duty.

What is still needed in London?

- Professionals who have specialist training and can understand the needs and issues relevant to survivors,
- Safe Spaces,
- **Quality assured training** for frontline professionals – the training currently provided in different boroughs can vary greatly in quality. Training in schools is particularly important, but again, current provision is not quality assured.
- Clear guidance with case studies so local authorities understand what services they need to be providing. For example, the teenage pregnancy strategy offered clear guidance with examples of services to be provided which led to targets for reducing teenage pregnancy being met.

In London there are some organisations that provide services for survivors. These include:

- The Dahlia Project – the only psychotherapy service for FGM survivors
- UCL paediatric clinic
- African Well Woman Clinics
- Newham one stop shop
- The Triborough Project funded by DfE. The Triborough project does not have continuation funding.

Barriers to accessing support services include:

- Political correctness,
- Lack of Equality / Discrimination,
- No recognition that psychological support is part of prevention / safeguarding,
- No National Strategy,
- No consistency across different areas; local areas should be given recommendations about what services they should be providing for survivors,
- Not prioritised at a national level so local areas have to take the lead on their own,
- Survivors are often reluctant to access psychological services because they fear they will **“open a can of worms”** and affect their relationship with their mothers.

6. What are the psychological needs of women affected by FGM in London? What services exist and what is still needed?

Services existing:

- Manor Gardens: Dahlia project / Newham one stop shop,
- IKWRO,
- Women's Therapy Centre,
- iCope.

Other organisations claim to provide therapy services however quality assurance needs attention.

Psychotherapeutic services need to include:

- case management,
- referral pathways,
- clear understanding of what is the nature of support provided / what type of therapy is given.

FGM is often one of many forms of violence these women have experienced.

What is needed:

- **Holistic** services.
- Services that are both **accessible** and **available**
- Support for therapists
- **Long-term** funding needs to be in place to enable organisations to provide the support needed
- Monitoring and evaluation to ensure **quality assurance**



What is missing:

- Strategy and leadership,
- Long-term commitment,
- Services that are not fragmented and have secured funding,
- Safe spaces,
- An online directory of available, quality assured services / no current map of services,
- Quality assured resources for professionals,
- Services for under 18s

7. What are the FGM safeguarding concerns for women and girls living in London? How can we ensure a girl / woman stays safe throughout the course of her life?

It is difficult to ensure a girl / woman stays safe throughout her life because the risks and available support differ throughout her life.

*As a child, there can be parental risks or risks from family elders. **How safe a child is depends greatly on FGM safeguarding practices in her school** and can be a lottery. A woman who has not undergone FGM may face risks at the time of marriage. It may be harder for her to keep safe as she will not be recognised as a high risk individual.*



Keeping a girl / woman safe from FGM throughout her life requires:

- Quality assured training in schools, both for teaching staff, teaching assistants and for pupils,
- Awareness-raising in communities. Risks can come from the extended family and community, therefore, it's important to continue working within communities to change attitudes and ensure rejection of the practice,
- Quality assured training for all health professionals, including GPs,
- Training for social care professionals and the police to be able to understand how to assess risk and how to react to protect women and girls at risk.

*Training in schools is **often not quality assured** and it is common for Head Teachers to be trained while teaching / support staff are not. However, **disclosures are more likely to teachers and support staff** or to teaching assistants who are working more closely with students who have English as a second language.*

*Most **community members think of FGM as Type 3 only** and rejection might only focus on Type 3 while other types are accepted. FGM is also a **deep-rooted practice and requires long-term prevention strategies.***

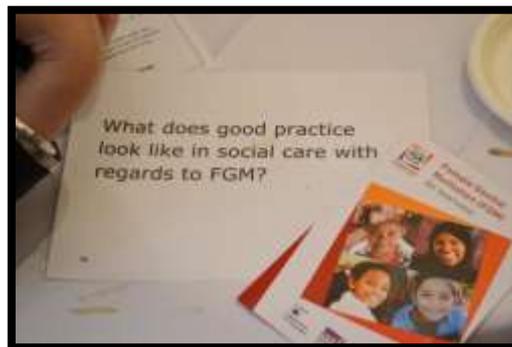


8. What does good practice look like in social care with regards to FGM?

*Social care professionals must be reminded about the **importance of information sharing and what makes a good referral**; social workers should be able to say that they don't know and many are fearful of doing so.*

What does good practice in social care look like:

- Coordinated response to FGM,
- Clear procedures and action,
- Quick / well thought out response,
- Multi-agency working,
- Honest, clear and transparent,
- Working together to have positive outcomes,
- Using sensitive and clear / honest language,
- Raising awareness of law / safeguarding in local communities (e.g. posters, awareness day).



What is still needed:

- Social workers referrals are very minimal and need to contain more information,
- More needs to come from communities themselves tackling FGM,
- Lack of communication and information sharing among professionals is very difficult to work with,
- Breaking rapport with families if you have to refer,
- One point of contact in each profession would be helpful. So in schools, having a lead FGM teacher who can help manage and direct referrals,
- Confidence in asking woman about FGM. Social worker felt confident asking but community engagement side was more sceptical about reactions of asking about FGM.

9. What does effective multi-agency working look like in London? Are there gaps in the chain?

An example of good practice in multi-agency working is the Triborough project – however, this does not have long-term funding

Long-term **emotional support** and counselling is missing from the chain / should be seen **as part of long-term prevention**. Counselling should be provided in community languages wherever possible.

There are persistent concerns over meeting the risk threshold. Social care services should have **clarity on how to assess risk**.

Sometimes schools / children's centres don't want to have meetings on FGM not to alienate parents.

Families not always clear about procedures – there needs to be **honesty to the family** about what is being done.

There should be clarity on roles and responsibilities.

All Local Authorities need a **specialist worker**.

Difficult to work with families when there is a fear that children might be removed.

Important to emphasize that women / girls are **protected throughout their lives** and not at only one moment in time.

National FGM Centre – important to have **a service that is independent to statutory agencies**.

Need to establish community attitudes before implementing strategies
Parenting classes.

There is clear guidance on multi-agency working in London (London multi-agency policy and procedure to safeguard adults from abuse). However, this is not always implemented at a Borough level.

*Risk thresholds differ from Borough to Borough. Responses also depend on the people around the table during a MASH meeting – sometimes there's a full house, **sometimes only a couple of professionals turn up.***

Sharing information is vital – information can be blocked, e.g. from the police

When a case does not meet the social care threshold, a professional from education should take the lead in coordinating the support provided to the family (child protection lead). This professional has to have specialist training to understand what constitutes a suitable response.

Effective multi-agency working ensures that a case will move up and down the risk threshold according to the circumstances in a girl's life

10. What are the attitudes of communities affected by FGM in London? How do we know when communities are truly rejecting FGM?

*There are **two conflicting voices** in affected communities: voices of survivors who campaign against the practice and the voices of elders who are putting pressure to continue the practice.
It is difficult to measure which voice is the strongest.*

It is common for a family to say they reject FGM to a statutory professional; however, it is hard to ascertain if they are telling the truth. It is important to look at other indicators, for example **willingness to access and engage with services** and degree of **integration** within the local community.

The belief that "sunna" is acceptable is widespread.

Even if a girl / mother is against FGM, she is not in isolation and influences from **the wider community can impose risk**.

Men often don't know what FGM entails and can have mixed feelings about it. It is important to include them in efforts to change attitudes as they play an important role in determining the continuation or abandonment of the practice.

E.g.

- Fear of being rejected by the mother / family / community
- Fear of being stereotyped



11. How can survivors and community groups work with statutory agencies to safeguard girls and young women who are at risk of or who have undergone FGM.

Survivors / community groups can inform statutory agencies about the different reasons FGM is practiced amongst different communities, provide intelligence and promote cultural understanding, prepare professionals about possible reactions and how they can prepare. Community experts can also inform professionals about the sensitive way to raise conversations around FGM with affected communities.

*Community organisations can **build bridges** between affected communities and statutory professionals. There is often tension between communities and statutory professionals and **uncertainty about what the roles** of the different agencies are. Trained community groups can act as **point of contact** for agencies to manage concerns.*

Community organisations can act in facilitating referrals to support services for women and girls affected as they are often more trusted by affected communities than statutory service providers. Community organisations can also be making referrals of women / girls at risk. For that reason, it is important to provide training / ensure community partners have the ability to identify risk and understand their safeguarding responsibilities.



Expert community organisations should be working with statutory agents to raise awareness amongst affected communities. However, it is important that they are clear about the law and are suitably trained in safeguarding responsibilities.

Expert community organisations can support the development of training materials for schools and healthcare.

Professionals are often concerned about damaging relationships with a family and worry about intervening. Suitably trained community organisations / survivors can help professionals manage these relationships while upholding safeguarding responsibilities.

*Survivors/community groups who work in this field need to have **specialist training** – it is important to understand where their expertise lies and what their limitations are. When identifying the right community partners to work with, statutory professionals need to ensure that they are **clear about the law and have sound safeguarding practices**.*

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