

# Education & Children's Services Scrutiny Sub-Committee

Wednesday 14 June 2017

7.00 pm

Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1  
2QH

## Supplemental agenda one

### List of Contents

Item No.	Title	Page No.
6.	<b>FGM update</b>	1 - 21
	The cabinet response to the Overview and Scrutiny report on Female Genital Mutilation (FGM) is enclosed in the main agenda.	
	Officers will present an update on work being done to prevent FGM – an update report is enclosed in the supplemental agenda.	

### Contact

Julie Timbrell on 020 7525 0514 or email: [julie.timbrell@southwark.gov.uk](mailto:julie.timbrell@southwark.gov.uk)

Date: 9 June 2017

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 14 June 2017	<b>Meeting Name:</b> Healthy communities scrutiny sub – committee
<b>Report title:</b>		Update to the Healthy communities scrutiny sub – committee on Female Genital Mutilation (FGM)	

## RECOMMENDATIONS

1. The scrutiny committee is asked to note the progress of the Southwark profile of FGM
2. To continue to support the work locally in raising public awareness through community outreach for the eradication of FGM.
3. To support the work of implementing the learning from Rotherhithe Primary School across other schools in Southwark.

## 4. INTRODUCTION

This report was written in collaboration with the Local Authority Public Health Team and NHS Southwark Clinical Commissioning Group (CCG) who leads on the FGM Steering Group on behalf of the Southwark Safeguarding Children and Safeguarding Adult Boards. It sets out the current work and status of FGM within the borough of Southwark and the progress made towards the development of a community profile.

The prime purpose of the community base profile is to provide improved understanding of the issues relating to FGM within a health and social context. With the collation of recent data this local profile can act as a benchmark to reflect the current situation within the borough. Therefore with regular reporting of data from partner organisations, we can update these reports and show where progress is being made. Whilst there are numerous challenges ahead we want to ensure that the programmes we have in place and the work being undertaken are making positive active change with measurable outcomes.

The profile of FGM in Southwark is provided by the Public Health Team. It aims to provide a broad overview of FGM and is structured into a number of sections covering:

- An overview of FGM risk factors and at risk groups
- An overview of the estimated extent of FGM in Southwark
- An overview of the national data collection process for FGM
- An overview of identified cases of FGM in the borough including their characteristics
- An outline of next steps in developing our local understanding of FGM in Southwark

Female genital mutilation is a serious form of child abuse and violence against women and girls.

## 5. BACKGROUND

**5.1 Female Genital Mutilation (FGM) is defined by the World Health Organisation as “all procedures that involve 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:
  - **Type 1 Clitoridectomy:** Partial or total removal of the clitoris and sometimes only the prepuce (fold of skin surrounding the clitoris)
  - **Type 2 Excision:** Partial or total removal of the clitoris and the labia minora with or without excision of the labia majora
  - **Type 3 Infibulation:** Narrowing of the vaginal opening through the creation of a covering seal. The seal is created by cutting and repositioning the labia minora or labia majora sometimes through stitching
  - **Type 4:** All other harmful procedures to the female genitalia e.g. pricking, piercing, incising, scraping and cauterisation
- Procedures can cause severe bleeding and problems urinating along with cysts, infections, complications in childbirth and increased risk of new-born deaths
- FGM has no health benefits for girls and women and is a violation of their human rights. It has been illegal in the UK since 1985

**6. Significant risk factors include family history and the practice of FGM in the community or country of origin**

### 6.1 RISK FACTORS & AT RISK

In 2016 the Government released new statutory guidance on FGM that identified a range of factors that are associated with an increased risk of FGM

- The most significant factor to consider when deciding whether a girl or woman may be at risk of FGM is whether her family has a history of practising FGM. In addition, it is important to consider whether FGM is known to be practised in her community or country of origin
- Alongside information about a child’s community or country of origin, there are a number of factors that can also be used to determine a child’s potential level of risk:
  - A female child is born to a woman who has undergone FGM
  - A female child has an older sibling or cousin who has undergone FGM
  - A female child’s father comes from a community known to practise FGM
  - A female child is born to families who believe that FGM is integral to their cultural identity or have a limited integration within the UK community
  - A girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent

- Children may talk of having a long holiday to their country of origin where the practice is prevalent, children talk of undergoing a “special procedure” or having a ceremony to “become a woman”
- Parents state that a relative may be taking the child out of the country for an extended visit

**Note:** This is not an exhaustive list of risk factors. There may be additional risk factors specific to particular communities. For example, in certain communities FGM is closely associated to when a girl reaches a particular age.

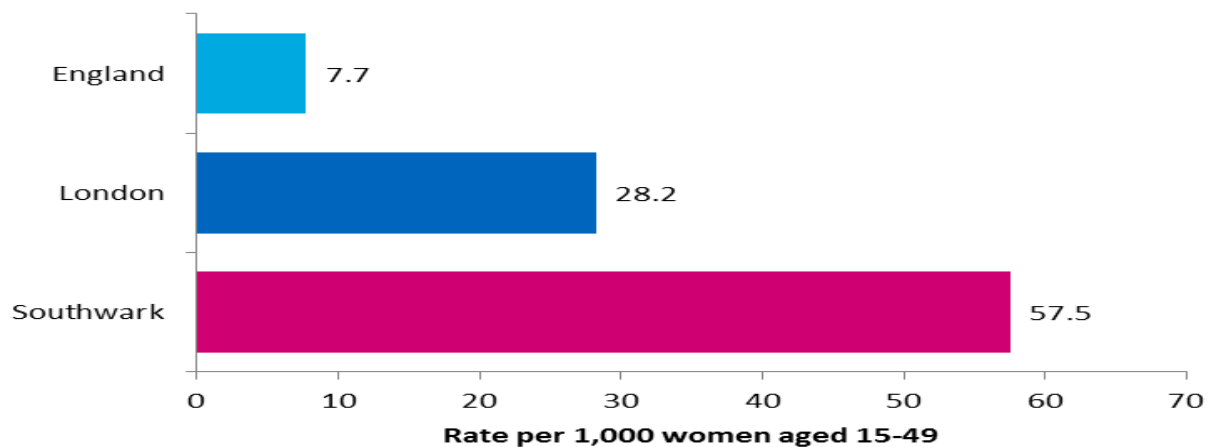
## **7. Estimated prevalence rate of FGM in Southwark is more than 7 times higher the national rate among 15-49 year olds**

### **7.1 ESTIMATED PREVALENCE OF FEMALE GENITAL MUTILATION**

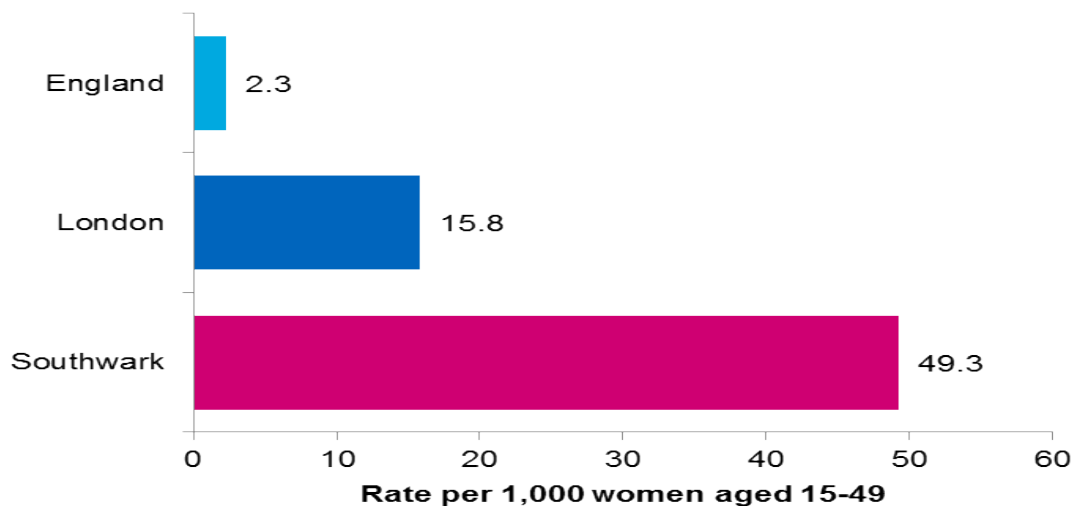
**We know that many cases of FGM are not identified in services. The estimated prevalence in Southwark suggests that over 7,000 females in the borough may be affected, with over 100,000 women affected nationally**

- The estimated prevalence of FGM in Southwark is significantly above the London and national average
- Estimates suggest that over 5,300 females aged between 15-49 in the borough have been affected by FGM, with a further 1,700 affected women aged over 50

### **7.2 FIGURE 1: ESTIMATED PREVALENCE RATE OF WOMEN AGED BETWEEN 15-49 YEARS OLD, 2015**



### **7.3 FIGURE 2: ESTIMATED PREVALENCE RATE OF WOMEN AGED OVER 50 YEARS OLD, 2015**



## 8. THE GOVERNMENT HAS INTRODUCED A MANDATORY REQUIREMENT FOR NHS PROFESSIONALS TO RECORD INCIDENCES OF FGM

### 8.1 FGM ENHANCED DATASET

Every clinician that encounters a woman or girl who confirms that they have been affected by FGM must record the information in the FGM Enhanced Dataset

- National and local data is collected from NHS acute trusts, mental health trusts and GP practices by NHS Digital on behalf of the Department of health
- Data is collected from various clinical settings to provide nationally consistent information with the aim of improving how the NHS supports women and girls affected or at risk of FGM and to help organisations develop plans to stop FGM happening
- When FGM is identified it **MUST** be recorded. While a range of information should be recorded, only four data fields are considered mandatory:
  - NHS Number
  - Forename & Surname
  - Postcode of usual address
  - Care contact date
- A large proportion of newly identified records have missing data due to clinicians being unable to confirm details or patients unwilling to disclose information
- When FGM has been undertaken on a girl under 18, clinicians are advised to refer the query to the police under clinical responsibility of the Serious Crime Act 2015
- Caution is advised when interpreting findings from the enhanced dataset as data completeness is often low and varies significant between submitting organisations

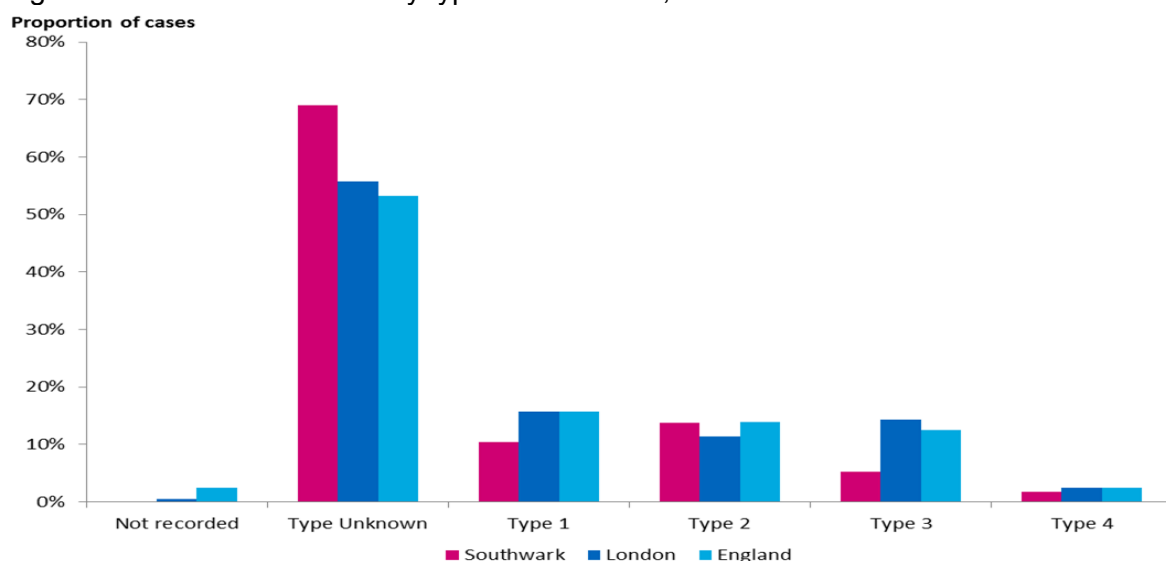
### 8.2 IN 2015/16, 290 CASES OF WOMEN AFFECTED BY FGM WERE RECORDED IN SOUTHWARK THROUGH THE ENHANCED DATASET

### 8.3 FGM PREVALENCE BY TYPE

#### 8.4 In 2015-16 Southwark had the second highest number of new cases of FGM in London, after Brent, and the fifth highest in England

- Southwark has the highest proportion of records (69%) where the type of FGM has not been recorded, accounting for 200 cases
- Where the type of FGM is recorded, Type 2 (excision) is the most common procedure used on females in Southwark:
  - 30 cases were identified as Type 1
  - 40 cases were identified as Type 2
  - 15 cases were identified as Type 3
  - 5 cases were identified as Type 4

#### 8.5 Figure 3: Prevalence of FGM by type in Southwark, 2015/16



#### 8.6 MORE THAN HALF OF NEW CASES OF FGM IN SOUTHWARK WERE AGED OVER 25 YEARS OLD WHEN THEY WERE IDENTIFIED

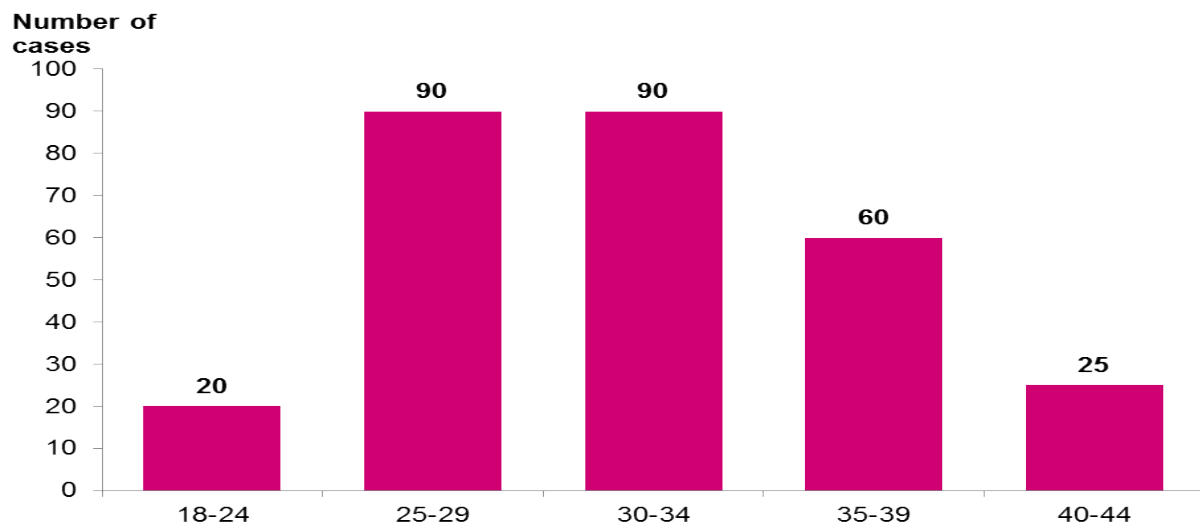
#### 8.7 AGE AT ATTENDANCE

Of the new cases of FGM identified in Southwark in 2015-16 the majority were among women over the aged of 25 at time of attendance, mirroring the national picture

- 7% of new cases were aged 18 to 24
- 32% of new cases were aged 25 to 29
- 32% of new cases were aged 30 to 34
- 30% of new cases were aged 35 and over

Where the age at which FGM was carried out is known more than half of new cases were under the age of 5 when FGM took place. However it is important to note that more than half of records did not state the age.

8.8 Figure 4: Age at attendance for new cases of FGM in Southwark, 2015-16



#### 8.9 OVER HALF OF NEWLY RECORDED CASES OF FGM IN SOUTHWARK WERE FROM WOMEN BORN IN EASTERN AFRICA

#### 8.10 COUNTRY OF BIRTH

**In 2015/16, 53% of new cases in Southwark were from women born in Eastern Africa**

- Eastern African countries include Ethiopia, Eritrea and Somalia
- Nationally, Somalia in Eastern Africa accounts for more than one third of all newly recorded women and girls with a known country of birth (37 per cent). Other countries with a large volume of cases include Eritrea in Eastern Africa, the Sudan in Northern Africa and Nigeria and the Gambia in Western Africa.
- Cases of FGM among girls and women born in the UK account for a small proportion of overall cases (2%) accounting for only 5 cases in 2015/16

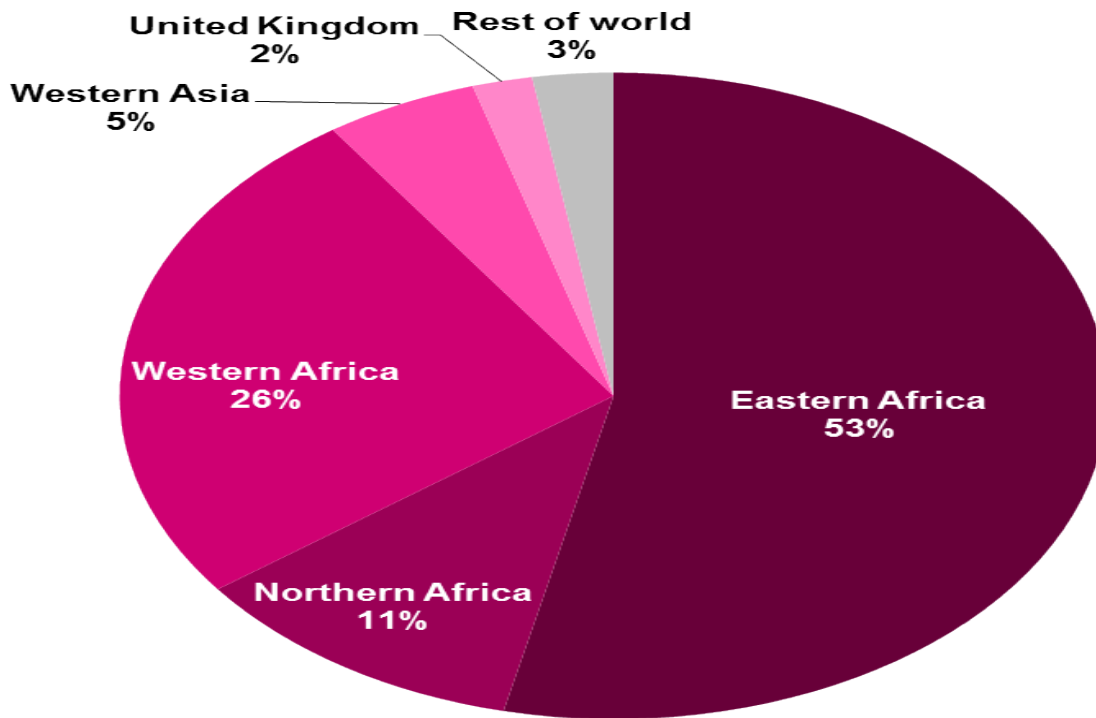


Figure 5: Country of origin of women with FGM in Southwark

#### 8.11 OF THE 290 NEW CASES IDENTIFIED IN SOUTHWARK DURING 2015/16, WHEN RECORDED, ONLY 15 WERE REFERRED FROM A GP

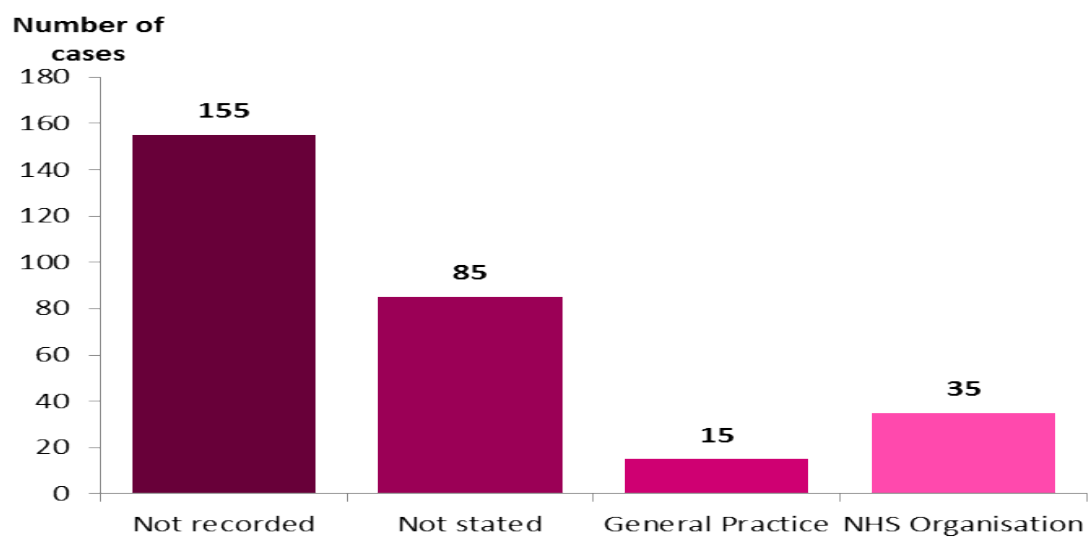
#### 8.12 REFERRALS AND TREATMENT

**There are a number of routes that the woman or girl with FGM may have taken to the care contact at which the FGM was first recorded**

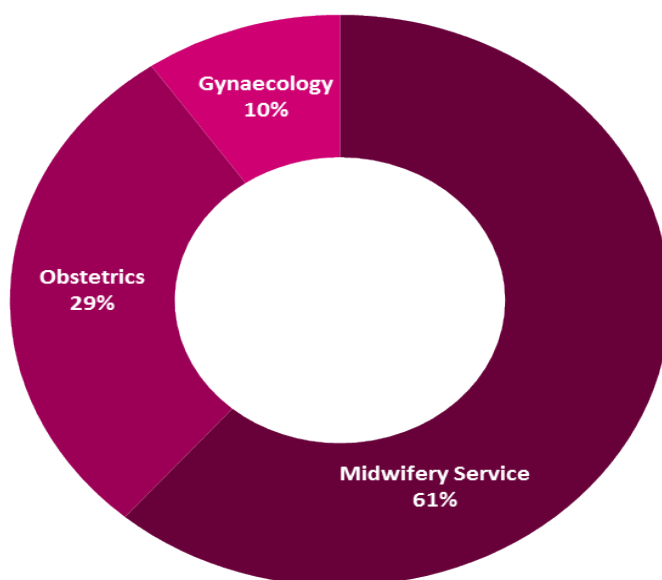
- Where referral organisation is known, 70% of cases were referred by an NHS organisation that was not a general practice
- Where treatment service is known, 61% of cases in Southwark were treated at midwifery services
- When recorded, 83% of women seen in Southwark were pregnant at the time compared to 91% regionally
- 45 women were treated by obstetricians which also implies that the women's conditions were only identified due to pregnancy



8.13 Figure 6: Number of cases of FGM by type of referring organisation 2015/16



8.14 Figure 7: Proportion of cases of FGM by treatment specialty 2015/16



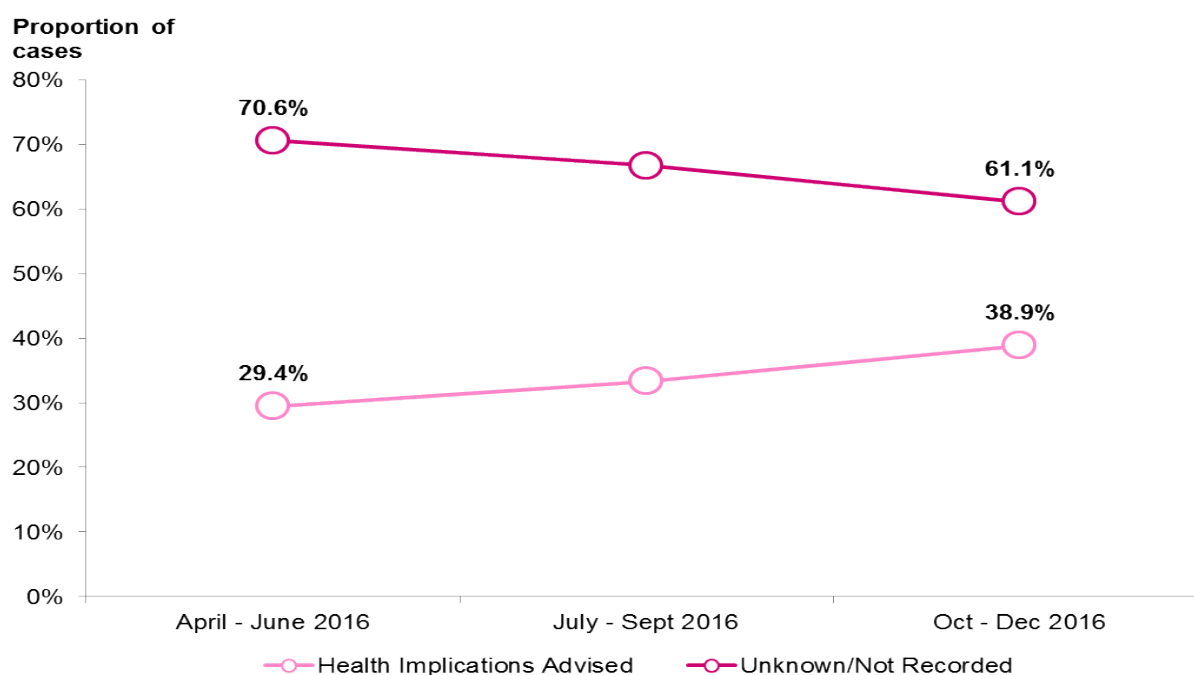
## 8.15 TEST DATA SHOWS AN INCREASE IN PROPORTION OF WOMEN WHO ARE BEING ADVISED ON THE HEALTH IMPLICATIONS OF FGM

### 8.16 ADVICE ON HEALTH IMPLICATIONS

Studies have shown that FGM increases the short and long term health risks to women and girls. There has been a 32% increase in the proportion of women being advised of the health implications of FGM at point of contact

- In the final quarter of 2016, 39% of women who were affected by FGM were advised on the health implications compared to 34% nationally. This represents an improvement on 29% of women seen between April and June of the same year
- Southwark has also seen a 13% decrease in the number of cases with unknown or not recorded data despite there being a 4% increase nationally which can positively impact the accuracy of the data collected.

8.17 Figure 8: Proportion of cases in Southwark where patient advised on health implications of FGM, April – December 2016



## 8.18 SOUTHWARK HAS ONE OF THE HIGHEST LEVELS OF FGM IN ENGLAND, HOWEVER POOR DATA QUALITY LIMITS OUR UNDERSTANDING

### 9. SUMMARY

Estimates suggest that over 7,300 women in Southwark are affected by FGM with the borough having one of the highest rates in England

- Caution is advised when interpreting these findings as data completeness is often low and varies significant between submitting organisations
- In 2015-16 Southwark had the second highest number of new cases of FGM in London, after Brent, and the fifth highest in England
- More than half of new cases of FGM in Southwark were aged over 25 years old when they were identified
- Where the age at which FGM was carried out is known more than half of new cases were under the age of 5 when FGM took place. However it is important to note that more than half of records did not state the age
- More than half of affected women originate from Eastern Africa where FGM is commonly practiced
- With most cases being identified as a result of pregnancy, girls under 15 and women over 50 may be underrepresented using current data collection methods
- Missing data may be due to information not being recorded or the patient being unwilling to disclose information. Improvements in the collection of data and reporting would improve understanding of FGM locally and support local action to support those affected and those at risk

## 10. WHAT'S CURRENTLY IN PLACE LOCALLY

### 10.1 EARLY HELP OFFER FOR FGM

Effective early help is about providing the right support, at the right time, to achieve change that lasts. With this in mind, providing a holistic approach to FGM is the way forward to support survivors. This includes the provision of quality health and mental health services; advice on effective safeguarding approaches; support to access wider services and benefits; links to community-based activities; and considerable emotional and practical support. This approach has been tested and seen as best practice as an early intervention model<sup>1</sup>. With this holistic approach it is important that it is reflected in the offer we provide for FGM and includes the following:-

### 10.2 Health Services

- All health professionals within relevant services such as Primary Care, sexual health and maternity within Kings College Hospital Trust and Guys and St Thomas' Hospital Trust use the FGM risk assessment tool. This tool was given to health by the DoH and has been promoted in health training of FGM.
- There is joint working between health and education in the establishment of an FGM Clinic at Rotherhithe Primary School. There are future plans for the development of this model in other schools across Southwark.
- The support available within Southwark includes access to:-
  - To Community Paediatricians at Sunshine House who are skilled in undertaking health and safeguarding assessments.
    - The African Well Woman's Clinic provides counselling, support, advice for women who have experienced FGM, as well as advice for practitioners. The

---

<sup>1</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585172/Female\\_genital\\_mutilation\\_early\\_intervention\\_model\\_evaluation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585172/Female_genital_mutilation_early_intervention_model_evaluation.pdf)

clinic also provides the reversal or de-infibulation for type III FGM. Although women from Southwark use this service it is also accessible to women from anywhere in the UK. The offer for women/girls who are living with FGM include the following:-

- Support, advice and information, counselling, referral to other agencies, reversal and holistic care, including advice on family planning.
  - The clinic provides a flexible care that is tailored to the client's needs.
  - There is access to interpreting services if the client does not speak or understand English.
  - Training is offered to those working in the community, social and health professionals on how to routinely and sensitively ask women questions about their 'circumcision'.
  - The clinic also links women to community groups for support.
- GPs are very important to the recognition and response to FGM. The unique position of a GP, as the expert medical generalist at the heart of the community, means that they are in a strong position to identify FGM, provide support to the affected patient, and refer the case onto the relevant agencies/services. In Southwark FGM training remains on-going to ensure that there is a consistent approach in the recognition and reporting of FGM. GPs receive training via the annual PLT provided by the CCG and Safeguarding GP Leads attend the Safeguarding GP Lead Forum where they are updated and have reflective discussions to support practice.
- The Looked After Children (LAC) health team considers FGM within the LAC health assessment. If there is a history of FGM in the child or young person health assessment, the child or young person discloses that they are at risk or have had FGM, or they are from a practicing community then they are risked assessed and the outcome discussed with Dr Momoh.
- The LAC health team receives training of FGM from Dr Comfort Momoh and undertake updates yearly. There is a model of shared learning with Doctors and Nurses via their peer review for cases of concern. They are aware of the legalities of FGM if a young person has no legal status and may return to their country of origin which may then put them at risk of FGM. With this in mind each case is assessed on an individual basis.
- The team plan to include routine enquiry as part of their health assessments and not just to children who are considered unaccompanied minors or asylum seekers but to all children within their service. The LAC health team provides training to social workers and will include FGM with specific reference to LAC in their training.
- Health Visitors (HV) and School Nurses (SN) are skilled and experienced Public Health Practitioners who are well placed to facilitate and respond to disclosures of FGM through the close relationship they have with children and families. They can:
- Help survivors access services and support to mitigate the physical and psychological consequences of FGM
  - Assess risk of possible exposure to FGM and take appropriate action to protect women and children from being 'cut'.
  - Offer women the possibility of having FGM they have undergone revised by making appropriate referrals.

- The HV and SN role within the community and schools provide early opportunities for prevention and early intervention as part of their routine enquiry and educate families (girls, boys, women and men) about the legalities of FGM. They are aware of the FGM passport and their professional responsibility of FGM as a safeguarding issue. FGM is considered at each assessment whenever a child presents or the mother is seen.
- Under 5's
  - Health Visitors have had training in FGM
  - The Hospital Midwifery team notify HV's when a woman who has had FGM has delivered a female baby
  - The Health Visitor will make a note in the Health records and the family is kept under surveillance at routine contacts because of the risk to their female children. HV's will revisit the law, family attitude to FGM etc. at subsequent surveillance checks.
  - Health visitors are aware of the African Well woman clinic and the resources that it can provide for women as well as other support agencies locally where they can signpost these families
  - They are alert to when and how to make a referral when FGM is suspected or a child is thought to be at risk of FGM.
- Over 5's
  - Schools play a major role in the early help offer
  - Information is given to parents about FGM at school entry
  - FGM is discussed in PHSE
  - School Nurses have had training in FGM
  - They are skilled in exploring sensitively with young people whether FGM has occurred or whether they might be at risk of FGM using the risk assessment tools. They are aware that for girls who have undergone FGM there may be a risk to their younger female siblings and will take the appropriate next steps.
  - School nurses that run enuresis clinics are knowledgeable about when to suspect FGM and what to do next.
- Therapists
- Therapists have had FGM awareness training and will discuss with the safeguarding team any concerns they might have and what to do next.
- Community Paediatricians
  - Doctors have had FGM training.
  - They have access to the HM Got multiagency guidelines and risk assessment tools
  - They are skilled in exploring the risk of FGM sensitively in enuresis clinics and at other consultations where appropriate.
  - Some members of the team have been trained in examination of children where FGM is suspected as part of a S47 assessment.
  - Doctors are aware of the mental health needs of these women and girls may encounter and know how to help them access psychological support and other services.
- General
  - FGM leaflets and posters are displayed in public areas

- Staff are aware of the prevalence of FGM worldwide and know when FGM should be explored
- All staff has access to the FGM passport and FGM leaflet and will hand these out to clients appropriately.
- All staff is aware of the need to work collaboratively with Children's social care and will consult the health Safeguarding team if unsure about what action to take.
- All staff are aware of the mandatory reporting requirement for the under 18's but also that there may be safeguarding implications for the >18's and know how to assess and channel this.

➤ Awareness Training

- The SSCB stakeholders conference in March 2016 focused on FGM training
- FGM awareness training was offered to GSTT Community staff in May and November 2016
- Dr. Comfort Momoh held an FGM Road show at Sunshine house in Summer 2016
- The GSTT Safeguarding Newsletter has featured FGM awareness in the last year.
- Mental Health Services are provided through South London and Maudsley NHS Trust via referrals to assessment services where the decision on most appropriate therapy would be decided.
- There is a Trauma focused worker within core CAMHS service to work with children and young people who experience trauma as a result of a number of issues such as FGM and Child Sexual Abuse.
- The national and specialist psychosexual service operating within SLaM provides psychosexual therapy to couples and individuals presenting with psychosexual problems experienced as a result of sexual trauma, including female genital mutilation.
- The Southwark Wellbeing Hub provides information and support for adults with mental health issues in Southwark, including carers, family and friends. The hub is very well-connected to a range of support services in and around the borough of Southwark. They also provide a range of training courses, peer support and 121support.
- The Hope Project opened in October 2016. The work of this trauma service is focussed on assisting children and young people presenting with trauma symptoms i.e. emotional, behavioural, cognitive, physical, symptoms that are directly related to the traumatic event/s. This new service is based in the Southwark Child and Family Service with referrals being accepted across the age range up to age 18, including from other Southwark CAMHS teams.

### 10.3 Voluntary Organisations (Commissioned and Non Commissioned)

- The Africa Advocacy Foundation which runs a range of interventions to support women survivors of FGM. Activities include specialist culturally appropriate FGM one to one and group counselling sessions (talking therapies) with qualified professionals in a non-judgemental environment. AAF sometimes works in conjunction with health colleagues to provide training around FGM and work with schools and the community. They provide community outreach support, advice and referral for women affected by FGM, delivered in culturally appropriate manner.

- AAF provides 'The Sacred Bodies Project' which works to reduce the risk of FGM to young girls in Lambeth, Southwark and Lewisham. They educate and empower men, women and youth about the health implications of FGM and the law. These services are accessible by referrals or walk in.
- Solace, although mainly recognised for its work with domestic abuse offers and provides help through advice and support for FGM and will accept referral from sixteen years.
- The FGM hotline is 24/7 UK-wide service staffed by specially trained child protection helpline counsellors who can offer advice, information, and assistance to members of the public and to professionals. Helpline counsellors will also be able to make referrals, as appropriate, to statutory agencies and other services. This service is available for anyone who has suffered FGM, at risk of FGM or just would like to speak to someone about FGM. The FGM Steering Group is exploring the possibility of a localised FGM helpline and how it would work in Southwark.
- The Iranian and Kurdish Women's Rights Organisation (IKWRO) helps Middle Eastern and Afghan women and girls who are living in the UK and advise on issues on violence against women and girls including FGM. They speak Farsi, Kurdish, Arabic, Dari, Pashto, Turkish, and English. They provide emotional support to all clients and offer a free counseling service in Farsi, Kurdish, Arabic and English.
- The IKWRO works closely with organisations including Forward-UK in campaigning against FGM, in order to ensure that professionals and policy-makers do not solely associate FGM with African communities but are aware of the wider prevalence of this form of abuse. They provide advice and training for professionals, run women and girls groups, empowering girls to make decisions and campaign to raise awareness of FGM.
- IKWRO provides an FGM Arabic/French speaking Advisor who provides free and confidential support, advice, advocacy and outreach to women, girls and couples of Middle Eastern origin, in particular Farsi, Kurdish, Arabic, Turkish, Dari, Pashto and English speaking women and girls who are facing domestic violence, forced marriage, FGM and "Honour" killing.
- The IKWRO advisor's work is mainly safeguarding little girls from falling victims to the harmful practice of FGM, and also offers support to those who have already undergone FGM. They assist young women to better their emotional and Physical health as it is a very difficult process, because it could expose them to Honour Based Violence from their families and also communities.
- The IKWRO advisor organise survivors groups and also provide support on a one to one basis for first time mums who are survivors.

#### 10.4 Schools

FGM is included in the Personal, Social and Health Education (PSHE) & Wellbeing curriculum offer for schools within Southwark. It is one of the areas covered in the three yearly whole school safeguarding INSETs and in the two yearly schools Designated and Deputy Designated safeguarding leads training.

AAF attends schools in Southwark undertaking awareness raising events and training with parents, children and teachers.

Rotherhithe Primary school is part of a new initiative project on FGM led by Barnados to raise awareness and empower girls.

There is joint working between health and education in the establishment of an FGM Clinic at Rotherhithe Primary School.

### 10.5 Early Help

Early Help Localities may become aware that a young female is at risk of FGM in a variety of ways including non-attendance at school via a term time holiday. Each case is dealt with in a sensitive and considered manner.

If an application for a term time holiday has been made and a school suspect FGM, they would be advised to be curious and ask questions;

- Is the family originally from a country where girls or women are circumcised?
- Have female siblings been taken out of school previously to travel to high risk areas?
- Talk to the child/young person and ask them about their holiday – how long is it for, is it a special occasion, who else is going, what activities are planned etc.

If schools are still concerned they invite the Education Welfare Officer (EWO) in to meet with parents to discuss the term time leave request. The EWO will explain the legal situation in regards to term time leave and the possibility of a Penalty Notice.

The EWO will also explore the reasons for the holiday and ask for travel documents. If the family disclose they are travelling in relation to FGM the EWO will inform them that FGM is illegal in the UK – even if it is performed overseas. The EWO will follow guidance outlined in the attached document and seek advice from Children's Social Care.

The LA Education Safeguarding Officer sends regular updates to schools on FGM. The updates are sent to the Early Help Localities Manager who forwards it to Early Help Localities staff.

### 10.6 Training

- Currently, FGM e-learning training is available to all partners on 'my learning source'.
- Most individual partners provide their own single agency training on FGM.
- The FGM Steering Group is developing a training programme with AAF that will meet the needs of front line practitioners across the partnership. This will be taken forward jointly with the FGM Steering Group and the Professional Development and Training subgroup of the SSCB.



- Dr Comfort Momoh and Specialist Midwives also provide training across health services.
- Across health, FGM training of health staff are part of the on-going training programme. In both acute hospitals at Kings College Hospital Trust and Guys and St Thomas's Trust referral and information pathways are in place
- Training of GPs is undertaken annually and is part of the CCG work-plan. There is a quarterly GP Safeguarding Lead Forum and FGM is part of the on-going programme.
- FGM briefings are sent out to Primary Care via the GP Bulletin and CCG 'members' zone' intranet.

#### 10.7 Audit

The Audit and Learning Subgroup has a multi-agency audit plan in place and includes an FGM audit to be undertaken in 2017/18. This will be a joint audit which will include partners from both the Safeguarding Children's Board and the Safeguarding Adults Board.

### **11. COMMUNITY ENGAGEMENT WORK**

Locally community engagement work is led by Africa Advocacy Foundation and coordinated by the FGM Steering Group. There is a clear work plan in place which supports the aims and objectives of the group.

### **12. WORK UNDERTAKEN BY AFRICA ADVOCACY FOUNDATION**

#### **12.1 FGM Activities in Southwark November 2016 – April 2017**

##### **12.2 Planned Activities**

- Training of Community Champions
- Monthly women only discussions
- Monthly man to man talks
- Faith group activities
- Community outreach
- Support for survivors

##### **12.3 Training of Community Champion**

During this reporting period AAF were able to recruit and train 12 Community Champions including survivors and volunteers. The champions attended a 4-week course which equipped them with knowledge and skills e.g. communication, rights of women and children, FGM law, sexual health etc. The competencies gained through participation in the programme have empowered champions to effectively engage with their peers, families and communities on FGM conversations. Furthermore the champions were provided with practical opportunities to test their skills on community engagement activities with the support of AAF experienced workers and volunteers.

Community champion are a vital resources to FGM work, they help with the delivery of much needed interventions and to engage with diverse individuals and communities affected by FGM including those who would not otherwise connect through normal approaches. As FGM is considered a taboo subject, the Champions play a key role in breaking the silence surrounding the FGM topic and offering culturally, faith and language appropriate information and ready support and this helps to build trust among participants and the community at large.

**Table 1: Community Champions**

Age group	Male	Female	Language spoken
14-24	1	3	Somali, Arabic, French, Yoruba
25-44	1	5	Swahili, Somali, Creole. Arabic, French Yoruba
45-64	0	2	Somali, Arabic
65+	0	0	

## 12.4 Women only discussions

One of the most successful community engagement methods used by AAF is the Sister's Circles; a dedicated female only discussion in comfortable and confidential environment. They take place in any settings including participants and champion's homes, cafes, hairdressers or familiar environment. This allows women to have in-depth conversation about sensitive topics such as harmful cultural practices including FGM, related sexual and mental health issues, struggles with family and relationships associated with the practice. The women are able to share intimate stories as a way of encouraging each other to share their experiences and any learning on how to overcoming the difficulties.

During the period under review, AAF held 14 sessions involving 98 young women and girls, some family members from FGM practising communities in Southwark. Most of the services users and referrals come through this activity.

**Table 2: Women Only sessions**

Age group	Number	Country of Origin
16-24	25	Sierra Leone (7) Somalia (8), Nigeria (4) Ivory Coast (3) Djibouti (2), Sudan (1)
25-44	46	Somalia (17), Sierra Leone (10) Ivory Coast (4), Sudan (4) Ethiopia (2) Ghana (2) Egypt (2) Eritrea (1) , Eritrea (2), DR Congo (1), Guinea Bissau (1)
45-64	18	Somalia (3), Ghana (3), Sierra Leone (2) Ivory Coast (1), Senegal (1) Eritrea (1), Kenya (1), Djibouti (1) Sudan (1), Turkey (1), Chad (1), Nigeria (2)
65+	9	Somalia (3), Sudan (2), Sierra Leone (2), Nigeria (1), Iran (1)

## 12.5 Man-to-Man discussions

Male only discussions is one of AAF regular FGM campaign activities and similar to sister circles. Experienced male champions facilitate the sessions which are usually interactive and held in venues where the men are gathered outside work e.g. coffee, shisha shops, pubs etc. A total of 11 sessions were delivered with 71 participants engaged. The sessions are a very good starting point in the campaign against FGM and usually throw up debates and arguments that are interesting but also useful in getting the men involved, educated and campaigning to end FGM.

**Table 3: Men Only Sessions**

Age group	Number	Country of Origin
16-24	18	Sierra Leone (4) Somalia (4), Nigeria (2), Sudan (3), Ghana (2), Kenya (1) Gambia (1), Eritrea (1)
25-44	36	Somalia (9), Sierra Leone (5) (Nigeria (5) Ghana (3), Ivory Coast (2), Guinea (2), Senegal(2) Gambia,(1) Iraq (1), Djibouti (1) Yemen(1) Ethiopia (1) Eretria (1) Kenya (1) Congo (1)
45-64	17	Somalia (5), Nigeria (5) Ghana (2), Sierra Leone (4) Ivory Coast (1), Senegal (1) Sudan (1) G.Conakry (1)Kenya (1), Tanzania (1)
65+	2	Somalia (2), Sierra Leone (1)

## 12.6 Faith Group Discussions

AAF was able to hold 4 faith specific sessions in Elephant & Castle, Woolworth, Camberwell and Old Kent Road involving over 500 participants from FGM practicing communities. The pastors and Imams who we trained as Champions facilitated the sessions. This was at times done through integration of FGM messages in sermons e.g. discussing about parental love, responsibility and the need to safeguard the children against practises that impact negatively on their health and wellbeing.

**Table 4 Faith Group sessions**

Age group	Percentage	Country of Origin of congregations
16-24	18%	Somalia, Eritrea Nigeria, Egypt, Turkey, Sierra Leone Sudan, Ghana, Kenya, Cameroon, Pakistan, Yemen, Tanzania, Uganda, Ivory Coast, Guinea, Gambia, Liberia, Senegal, G. Bissau and G. Conakry, Cameroon, Yemen, Ethiopia, Iraq, Iran
25-44	33%	
45-64	28%	
65+	21%	

## 12.7 Support group, counselling and therapeutic activities for survivors

During this period, AAF supported 31 women and young girls living with effects of FGM from Southwark. The women accessed assessments, drop-in sessions, group activities as well as on-one counselling sessions. The participants indicated that they have experienced positive changes in their psychosocial wellbeing as a result of being part of the project. According to the project's monitoring data, 99% of all the clients had been fully assessed and a support

plan agreed with them. Those who interacted with the project have identified a safer space to express to share their feelings, ask questions and to be able to identify available support services in the community.

**Table 5: Support Groups and Activities for Survivors**

Age group	Number	Country of Origin
16-24	7	Sierra Leone (2) Somalia (4), Nigeria (1), Sudan (1),
25-44	16	Somalia (4), Nigeria (3) Sierra Leone (3) Iraq (1) Eritrea, (1) G. Conakry (1) Sudan (1), Ethiopia (1), Uganda (1)
45-64	8	Somalia (2), Sierra Leone (2) Nigeria (2) Yemen (1) Sudan (1)
65+	0	

## 12.8 Training of Professionals:

Training for professionals in Southwark is required and although offered within most organisations as single agency training, the FGM Steering group is working in collaboration with the SSCB professional development and training subgroup for a comprehensive multiagency training offer on FGM.

AAF has had several requests from schools to provide training sessions and require support in promoting this across agencies.

A successful training session was undertaken at Rotherhithe Primary School in April. It was facilitated by Kelly Ansell (FGM and Safeguarding children lead at Rotherhithe primary school), Dr Comfort Momoh (FGM Specialist) and an FGM activist and counsellor. Staff from surrounding schools attended and was impressed with the work and progress Rotherhithe had made using the Norbury School FGM Programme which was supported by Barnados and the National FGM Centre. Rotherhithe was successful in engaging with children and parents at their school, particularly children of year 6 (both boys and girls) on FGM awareness. The children had adapted a leaflet to make it unique to them, explaining what FGM was. The FGM Steering group is looking at ways to roll this programme out to other schools.

## 13. Case Study with Demonstrable Outcome

For the year 2016-2017 the Multi-Agency Safeguarding Hub (MASH) received the following:-

- 14 referrals where risk of FGM was a presenting factor
- 4 children/families where FGM Protection Orders were taken
- Variable support was offered to families including Solace, Forward, etc.

Southwark Children's Services in partnership with the Police Child Abuse Investigation Team have worked through the Courts and with partner agencies to ensure the safety of children in Southwark. This case study in the table below gives an example of the journey of one of the referrals received where an FGM Protection Order was obtained.

**Table 6: The Journey of a child at risk of FGM** *(this case has been anonymised)*

<p><b>Case Study</b></p> <p>Referral received in relation to mother having approached police officers indicating that C's father intended to take her and C abroad in the next 72 hours in order for FGM to be performed on C, who is not yet 1 year old.</p>
---

Referral	Intervention	Support	Partners Involvement
<p>Concerns that child C was at risk of being taken out of the country to have FGM performed on her.</p> <p>C's mother (Jane) was worried as she was subject to the same procedure when she was 12 years old.</p> <p>Mother had No Recourse to Public Funds and had been previously known to another LA in London.</p> <p>Parent came to the UK in 2011 in Africa. C's mother said that the marriage was arranged.</p> <p>Jane's family were pressurising her for C to have FGM. Jane's siblings' children have gone through FGM.</p>	<p>Mother is very vulnerable and she is now isolated from all family and friends. SW allocated to support in identifying appropriate support to the mother and C.</p> <p>Section 47 investigation with the police, children social care, health and other agencies</p> <p>Legal planning meeting held and decision made to apply for protection for C and her mother</p> <p>Emergency accommodation offered to Jane and C due to concerns that father was aware of Jane's whereabouts.</p> <p>Ex-parte FGM Protection Order granted and C was made Ward of Court to prevent her being taken out of the UK for FGM.</p>	<p>Offered alternative accommodation to protect C from FGM</p> <p>Financial support provided to ensure that Jane did not have to rely on her husband for financial support</p> <p>Support to Jane to address her immigration status</p> <p>Jane was offered support to apply for Asylum. Jane's asylum application was accepted and she was offered accommodation by the Home Office in South Yorkshire.</p>	<p>Police</p> <p>Forced Marriage Unit</p> <p>Health visiting</p> <p>Home Office</p> <p>High Commission of the African country of origin</p> <p>Foreign Office</p> <p>Diplomatic Protection Group</p>

**Outcome/Impact**

Without the LA's involvement and the FGM Protection Order being granted, C would have been taken to Africa for FGM to be performed. The LA's support resulted in Jane being empowered to make appropriate decisions to keep C safe. Jane has now left her husband with her daughter to start a new life in South Yorkshire. C's father left the UK and has returned to the country of origin in Africa. He has not returned to the UK neither has he had contact with Jane.

**Potential Savings to agencies:-**

For the cost of short and long term physical and psychological treatment and support for C if intervention had not taken place.

**14. NEXT STEPS**

- To continue to build on the community profile by including data from non - statutory sources.
- Engage with the communications team to instigate an FGM raising awareness campaign
- To support the LA community engagement team in expanding their portfolio with faith groups.
- To develop a comprehensive FGM training offer.
- To commission the services of AAF to continue their community engagement work.

This page is intentionally blank

**EDUCATION & CHILDREN'S SERVICES  
MUNICIPAL YEAR 2017-18**

**AGENDA DISTRIBUTION LIST (OPEN)**

Julie Timbrell, Scrutiny Team, 10 copies.

**Total: 10**

**Updated: June 2017**