midaye
Somali Development Network

TOGETHER WE CAN STOP IT

COMMUNITY ENGAGEMENT IN FGM: LEARNING FROM MIDAYE'S FGM FORUMS

AN EVALUATION AND LEARNING REPORT BY DR. ANNE PIRIE FOR
MIDAYE SOMALI DEVELOPMENT NETWORK
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CONTACT:
FILSAN ALI
MIDAYE SOMALI DEVELOPMENT NETWORK
FILSAN@MIDAYE.ORG.UK
OFFICE 6, 7 THORPE CLOSE, LONDON W10 5XL
0208 969 7456/07915 486 311

NHS
South East
Commissioning Support Unit

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EXECUTIVE SUMMARY

This report presents the learning from a series of three FGM Community Forums held by Midaye, a grassroots community organisation working with Black and Minority Ethnic (BME) communities in west London, as well as the methodology used in delivering these Forums. The Forums brought together community members affected by FGM and professionals from the health, social services and teaching sectors.

The report aims to present the views and voices of the 100 community members who participated, and to give practical recommendations based on this to help service providers, planners and commissioners develop services that better support women affected by FGM, and stop FGM happening to girls.

POLICY AND LEGISLATIVE CONTEXT

FGM was made a specific criminal offence in the UK in 1985, but it is only over the past 4 years, and especially over the past year, that there has been increasing work to prevent FGM being practiced and to punish those doing it. Over 2014 and early 2015, there has been increased pressure on professionals to more proactively identify and report girls at risk or who have had FGM. There has been debate and fluctuating guidance on how best to do this, and differential understanding and interpretation by frontline professionals and their senior managers. Referral practice has varied between hospitals, or sometimes individual practitioners.

Most recently, the Serious Crime Act (passed in March 2015) has introduced a mandatory duty on regulated professions – health and social care workers and teachers – to report known cases of FGM in children to the police. Parental responsibility for protecting their girls from FGM, both in the UK and abroad, will be extended. And a Civil Protection Order has been introduced, which will allow individuals such as friends, teachers or social workers to apply to the courts to stop a girl who is at risk being taken abroad.

As this report is written, important details of how this will work in practice are being considered by the Home Office in consultation with stakeholders.

MIDAYE'S FGM WORK

Midaye is a grassroots BME community organisation that has been carrying out work on FGM for the past 3 years – they estimate that some 95% of their clients (1900 women) have had FGM. They are committed to supporting women and girls who have had FGM and girls who are at risk of it, educating the wider communities on the dangers of FGM, and helping health and other professionals better work with women and girls.

In June 2014, Midaye held a pilot FGM Community Forum that brought together members of the community and statutory providers. This was a unique opportunity for members of FGM-affected communities and service providers/commissioners to meet on an equal footing.

The aim was to bridge the gap between communities and professionals. Midaye wanted to help service providers hear community voices and perspectives – to better understand clients and how to address FGM with them.

THE FORUMS

Following the success of Midaye's pilot FGM Community Forum, they applied for and received funding from the NHS South East Commissioning Support Unit (SECSU) to provide a series of Forums across the three boroughs in which they work (Kensington and Chelsea, Hammersmith and Fulham, and Westminster) in which community members and NHS and other professionals meet on equal terms to discuss practical mechanisms of service delivery.

A major part of the project involved recruiting participants from both the community and relevant professions.

Community members were recruited through Midaye's links within the community – forming 'community action groups' who went into schools, mosques, etc to discuss the Forums. This method was very successful, with all three Forums well attended by women of different ages, from a number of communities and speaking different languages. 100 community members attended.

Professionals were recruited from health, social care and education sectors through sending out emails, telephoning, and calling in person to distribute leaflets about the Forums. In the health sector, Midaye used its links with local GP surgeries and clinics, as well as support from the SECSU's Engagement Lead and local CCG PPE leads, in approaching CCG community engagement staff across the three boroughs, who supplied further contact details of primary care providers. Overall, although sufficient numbers of professionals did attend the Forums (26), Midaye felt that if systems were in place to encourage, fund or mandate more community engagement on the part of statutory services, better attendance could be achieved. In addition, the commitment of senior staff within a service (as seen in Tri-borough Social Services) has a salutary effect on the attendance of professionals.

The focus of each forum was a 1-1.5 hour-long discussion, in small groups, of various aspects of FGM service delivery. Midaye staff and volunteers facilitated discussions, translated so that community members and professionals could understand each other, and supported women in having a say.

Overall, the Forums were very successful in eliciting women's opinions and experiences. The Forums were vibrant, noisy discussions, with women and professionals eager to talk. The lively and frank atmosphere encouraged the vastly outnumbered professionals to ask questions and express the problems they are facing; and the supportive atmosphere of women who had all had similar experiences encouraged open discussion and comment by women.

The Forums were evaluated very positively by community members (over 90% felt they had been able to express their views to professionals), and professionals (92.3% of participants felt they had a much improved understanding of community needs, and 84% felt the Forums would help them improve their FGM services).

Professionals commented frequently on the value of hearing women's voices on this subject.

WHAT WE LEARNT

The Forums saw a rich and sometimes multi-vocal discussion of FGM. There were strong voices saying no to FGM, but alongside this widespread difficulties in talking about FGM in a personal context, especially with people who do not have personal experience of it. Many women felt it was important to have these sometimes difficult conversations within the community – with family members, with children, and with communities in their country of origin.

Women expressed many concerns about inappropriate or poorly informed services to help them with problems resulting from FGM. And women had felt stigmatized by service providers and policy makers, and were concerned about their daughters experiencing the same thing. Recent moves to step up the legislative response to FGM had alarmed women, who were concerned about police and social services involvement.

Despite this, women were very committed to stopping FGM. They felt strongly that community involvement in prevention was the best route to stopping the practice.

A number of recommendations on service delivery for women and girls with FGM and on stopping the practice emerged from the Forums. These centred on

- Education for communities and for professionals,
- Respect for women and for other cultures, and empowerment of women to change attitudes and behavior in the community,
- Support for bringing FGM out of its culture of silence – helping community members and professionals to talk about it, and
- Community involvement in all FGM services and in work to both keep girls safe and change attitudes within the community.

A major recommendation from both community members and professionals is to hold 'more forums like this'. To replicate the good practice of this project, Forums need to be led by organisations that are embedded within the community in order to ensure wide-ranging and whole-hearted participation by community members. In addition, top level support from commissioners, safeguarding leads, funders and other senior management is crucial to the success of Forums – both in facilitating recruitment of participating professionals, and in supporting changes to policy and practice following community recommendations. Other success factors include the level of support for women in having a voice at Forums (including but not limited to translation), adequate resourcing of community organisations, and effective dissemination of the results of the Forums.

ACKNOWLEDGEMENTS

Midaye and the author would like to thank:

All the women who took part in the FGM Community Forums, and especially those who also participated in the Focus Group – their good humour, patience, honesty and commitment was central to the success of the project. We hope that they recognize their voice, and their recommendations, in this report.

The professionals who came to the Forums – from GP surgeries, clinical commissioning groups, social services, hospital trusts, schools and libraries, as well as the Home Office and NHS England. Their willingness to engage, learn and discuss was also central to the project.

Midaye's volunteers and staff who put many extra hours into reaching out into the community on this sensitive subject, supporting women in having a say, and welcoming professionals into their communities.

Deqa Dirie, Health Advocate from Acton African Well Woman Clinic, who was guest speaker at one of the Forums.

Those who made this report stronger through their comments on reading all or part of it in draft form, or contributing to its development through discussion – Juliet Albert (Specialist FGM Midwife, FGM Prevention Programme Project Manager, Department of Health) Helen Cordy and Lena Goodfellow (FGM Unit, Public Protection Unit, Home Office), Professor Jacqueline Dunkley-Bent (Director of Midwifery/Divisional Director of Nursing, Imperial College Healthcare Trust), and Debbie Raymond (Head of Safeguarding, Review and Quality Assurance, Tri-Borough Children's Services).

The funder, NHS South East Commissioning Support Unit, for supporting the FGM Community Forums with a generous grant from their Patient and Public Participation programme. And we would particularly like to thank Jill Mulelly, Engagement Lead for the SECSU, for her support and assistance throughout the project, including help with recruiting professionals, attending the Forums, and commenting on this report. Her support has been invaluable.

1. INTRODUCTION

This report presents the learning from a series of three FGM Community Forums held by MIdaye, a grassroots community organisation working with Black and Minority Ethnic (BME) communities in west London, as well as the methodology used in delivering these Forums. The Forums brought together community members affected by FGM and professionals from the health, social services and teaching sectors.

The report aims to present the views and voices of the 100 community members who participated, and to give practical recommendations based on this to help service providers, planners and commissioners develop services that better support women affected by FGM, and stop FGM happening to girls.

> What is FGM?
>
> Female genital mutilation (FGM) refers to 'all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons' (WHO 2014).

In this introduction, we present a brief background to FGM in the UK, including the current policy and legal context, and the wider work of Midaye. Section 2 then describes the Community Forums, looking at the need for the project and its initiation, aims, and how the project recruited participants. A description of the Forums is followed by a summary of feedback and outcomes achieved, and challenges the project faced. Section 3 presents participants' views and voices on women's experiences with FGM and their fears about FGM services and policies. A discussion follows on the four main themes that came out of the Forums. Section 4 presents recommendations.

FGM IN THE UK

FGM is practiced in in certain parts of the Middle East, and across parts of Africa (UNICEF 2013); but also in South Asia and in diaspora communities all over the world. Populations in the UK from these countries in some cases continue the practice of FGM, but data is lacking on prevalence. We will use the phrase 'potentially FGM-practicing communities' in this report because of this, as there is no good understanding at this point of prevalence in a diaspora context (Hemmings 2011).

Estimates for numbers of women and girls affected by FGM in the UK are thus difficult to arrive at, but a report from Equality Now and City University (2014) estimates that 127,000 women who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

The age at which girls undergo FGM varies, depending on country of origin. In half of practicing countries, girls undergo FGM before the age of five years old; and in the remainder of countries, most FGM is carried out on girls aged 5-14 years old (UNICEF 2013, pp.2-3). The timing and prevalence of FGM being carried out on

British girls is not known. A time of high risk for girls is on long family holidays in the country of origin, when extended family and local communities may exert pressure on the family to have FGM carried out on the girl. It is not clear if the practice is also carried out in the UK.

FGM POLICY CONTEXT

FGM was made a specific criminal offence in the UK in 1985, and the wider legal framework for protecting children has been in place since 1989 (The Children Act). But the hidden nature of the problem, the isolation of community members and professional anxiety about tackling the problem has contributed to lack of action. It is only over the past 4 years, and especially over the past year, that there has been increasing work to prevent FGM being practiced and to punish those doing it.

Over 2014 and early 2015, there has been increased pressure on professionals to more proactively identify and report girls at risk or who have had FGM. There has been debate and fluctuating guidance on how best to do this. For example, the Home Office's Multi-Agency Guidelines (revised 2014) for health care and other professionals sets out that all girls with mothers who have had FGM are at risk. And recommendations for health care professionals from NHS England (April 2014) are to report all girls with FGM, and all women with FGM who have daughters or are pregnant with a girl, to social services. NHS England's document Female Genital Mutilation Prevention Programme: Requirements for NHS staff (December 2014) reiterated the need to follow the Home Office Multi-Agency Guidelines.

Probably due to the challenging nature of implementing these guidelines, there has been differential understanding and interpretation by frontline professionals and their senior managers – and variations in referral practice between hospitals, or sometimes individual practitioners. This situation has created confusion amongst both health care practitioners and community members.

And the methods of identifying risk outlined in the Multi-Agency Guidelines and NHS recommendations have caused some alarm within the community. This approach is seen as too broad brush – and risks alienating women and families who have repudiated FGM. Both professionals and community members are concerned about the implications of these policies on women's access to health services and relationship with health practitioners.

Most recently, the Serious Crime Act (passed in March 2015) has begun to make some aspects of these guidelines statutory. It introduces a mandatory duty on regulated professions – health and social care workers and teachers - to report known cases of FGM in children to the police. Parental responsibility for protecting their girls from FGM, both in the UK and abroad, will be extended. And a Civil Protection Order has been introduced, which will allow individuals such as friends, teachers or social workers to apply to the courts to stop a girl who is at risk being taken abroad.

As this report is written, important details of how mandatory reporting, Civil Protection Orders, and extended parental and guardian responsibility will work in

practice are being considered by the Home Office in consultation with the police, NHS England, community organisations and women with FGM, as well as the Home Office's Round Table on FGM, and will go to public consultation. This will result in a revised set of guidelines for professionals that will outline how girls at risk of FGM are to be identified, appropriate safeguarding responses by police and social services, the responsibilities of non-regulated practitioners/organisations, and other aspects of how agencies will work together under the new law (as well as under existing FGM and general safeguarding laws). These new guidelines will be central to determining the success or failure of the law, and how effectively it stops FGM.

ABOUT MIDAYE

Midaye, meaning Unity in Somali, was set up 2002 by women from the Somali community, to help the community become healthier, better educated and more informed about services. They have expanded to work with members of all BME communities for whom English is an additional language – Ethiopian, Sudanese, Eritrean and others. Their activities empower, advocate for and support the most disadvantaged, isolated and marginalised members of the community; helping individuals to help themselves and have the knowledge to improve their life in a meaningful way.

Midaye has been carrying out work on female genital mutilation (FGM) for the past 3 years – they estimate that some 95% of their clients (1900 women) have had FGM. They are committed to supporting women and girls who have had FGM and girls who are at risk of FGM, educating the wider communities on the dangers of FGM, and helping health and other professionals better work with women who have had FGM. They are working to stop the practice of FGM.

Their work includes:

- Support for women who have had FGM
- Support for families in keeping their girls safe and healthy
- Training for professionals working with FGM-practicing communities.

SOMALI PROVERB: "WHEN WE HOLD HANDS, TOGETHER WE CAN STOP IT"

In June 2014, Midaye held a pilot FGM Community Forum that brought together members of the community and statutory providers, including commissioners, hospitals, mental health services, GPs, safeguarding and violence against women specialists. This was a unique opportunity for members of FGM-affected communities and service providers/commissioners to meet on an equal footing. They discussed:

- Women's experiences and needs
- Safeguarding girls
- Community involvement
- Current FGM policy and practice

The aim was to bridge the gap between communities and professionals. Midaye wanted to help service-providers hear community voices and perspectives – to better understand clients and how to address FGM with them.

Some learning points came out of this Forum:

- Both **community members and professionals** were very concerned about the lack of meaningful communication between potentially FGM-practicing communities and service providers.
- **Service providers/commissioners** were very concerned that they had policies and procedures but no tools for action, and there was no way for them gain grassroots community knowledge about FGM. They spoke of having little or no access to how communities feel about FGM, why it is carried out, and how to stop it.
- **Women who have had FGM** were feeling threatened and marginalised by the current approach to statutory FGM services (e.g. fear of children being taken into care), and may be avoiding primary care services and maternity services.

The success of this pilot, together with an increasing need for community participation, and better communication and knowledge, has meant that since the pilot FGM Forum, both professionals and community members have repeatedly enquired about future Forums, underlining the need to develop this service going forward.

2. THE COMMUNITY FORUMS

INITIATION AND FUNDING

Following the success of Midaye's pilot FGM Community Forum, they applied for and received funding from the NHS South East Commissioning Support Unit (SECSU) to provide a series of Forums across the three boroughs in which they work (Kensington and Chelsea, Hammersmith and Fulham, and Westminster) for community members and NHS and other professionals to meet on equal terms to discuss practical mechanisms of service delivery.

The funding was part of a wider programme being delivered by SECSU to develop the capabilities of commissioners around best practice engagement. A key element of this programme was an 'innovation fund' to which voluntary sector organisations could submit applications for funding of projects that centre on testing and/or developing innovative approaches to collective engagement, with a specific focus on hard to reach communities. The innovation fund aimed to support the development of new approaches and tools in patient and public participation which could be shared with CCGs and NHS England London region

The SECSU funded Midaye to support their patient and public participation agenda, and to help commissioners put patients at the centre of health services. To that end, dissemination of results was an important part of the project design, both in terms of evaluation of the project itself, and in ensuring women's voices were heard.

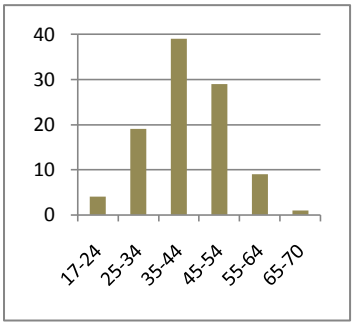
AIMS AND OUTCOMES

The FGM Community Forum project aimed to build bridges between professionals and community members over this very sensitive topic, and have a practical impact on commissioning and service provision. Midaye wanted to help

- Commissioners and service-providers hear community voices and perspectives – to better understand clients and how to address FGM with them.
- Women who have had FGM to speak out on this very sensitive topic and help to inform current policy and practice on working with women and girls.

RECRUITING PARTICIPANTS

Midaye put a lot of effort into recruiting both community and professional participants for the Forums.



AGE OF PARTICIPATING WOMEN

Community members were recruited through Midaye's links within the community. Individuals within the local community were gathered together and informed about the Forums, what they would involve and how they would benefit the community. These volunteers formed a 'community action group' that then went out into schools, mosques and other community gathering places to tell them about the Forums. They told their friends, family and neighbours, and spread the word about the Forums. Midaye kept in close touch with these groups, and followed up progress, encouraged outreach, and answered questions that arose in the course of going out into the community. This method was very successful, with all three Forums well attended by women of different ages, from a number of communities

and speaking different languages.

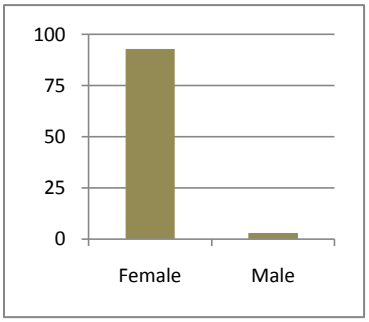
Community members spoke in feedback on their motivation for attending.

HOPE OUR DISCUSSIONS REACHES PROFESSIONALS AND POLICY MAKERS

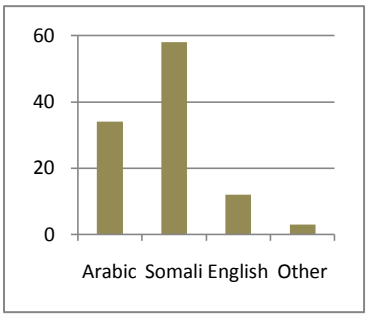
HOPE THAT IN THE NEAR FUTURE, FGM WILL BE ERADICATED

However, recruiting community members was not always straightforward. In Hammersmith and Fulham, community members were deeply concerned about the services they are receiving, especially in terms of children, young people, gangs and education. Midaye had to negotiate with groups of women to attend, pointing out that these Forums were a good opportunity to meet with service planners and providers to put their views across. Additionally, when women learnt that the Forums would be discussing FGM, they felt that this was not a priority as they had left FGM behind – and they did not want to discuss this with people outside the community. Midaye pointed out to them that it would be of benefit to the whole community to put their views on FGM to service planners. Women agreed to participate. In return, Midaye has negotiated with Social Services to meet with these women to discuss their priority issues.

Professionals were recruited through sending out emails, telephoning, and calling in person to distribute leaflets about the Forums. In the health sector, Midaye used its links with local GP surgeries and clinics, as well as support from the SECSU's Engagement Lead and local CCG PPE leads, in approaching CCG community engagement staff across the three boroughs, who supplied further contact details of primary care providers. Despite this wide ranging effort to reach health care professionals, it was felt that numbers attending were disappointingly low. Past work on FGM has reported similar difficulties in involving GPs in community engagement (Scottish Refugee Council 2013). Other sectors were also approached, with Social Services being effectively reached through the commitment of the Tri-borough Social Services Safeguarding Lead to community engagement over FGM. The education sector was approached through emails and personal contacts with local schools, but was more difficult to engage with. Overall, although sufficient numbers of professionals did attend the Forums, Midaye felt that if systems were in place to encourage, fund or mandate more community engagement on the part of statutory services, better attendance could be achieved. In addition, the commitment of senior staff within a service (as seen in Tri-borough Social Services) has a salutary effect on the attendance of professionals.



GENDER OF PARTICIPATING COMMUNITY MEMBERS



LANGUAGES SPOKEN BY PARTICIPATING COMMUNITY MEMBERS

COMMUNITY MEMBERS

100 community members attended across the three forums. The vast majority were women (97%). Participants covered a wide range of ages, with most (67%) 35-54 years of age. Participants were mainly from East African cultures, including Sudanese, Somali, Ethiopian, Eqyptian and Eritrean.

The vast majority were Arabic and Somali speakers. Many women spoke very little

English, and some understood it but could not speak it. Some could function in English but needed some phrases translated.

Sector	No.	%
Social services	6	22%
Schools	4	15%
CCGs	4	15%
Primary care	4	15%
Other health care	4	15%
Other	2	7%
d/k	3	11%
TOTAL	27	

PROFESSIONALS

26 professionals from a wide of professionals attended the Forums. 42% were health care professionals, mainly in primary care or from Clinical Commissioning Groups (CCGs). 23% were from Social Services and engaged in safeguarding, children's or family services. 15% were from schools, and were either school nurses or involved in safeguarding.

THE FORUMS - METHODOLOGY

Three Forums were held - one in each borough that Midaye works in. Held in local community centres, each Forum followed the same schedule. An opening presentation was delivered by Midaye staff, explaining the purpose of the Forum and the current situation with FGM in the UK. A guest speaker followed, presenting some local work with FGM survivors. The presentations were translated into Somali and Arabic.

This was followed by a 1-1.5 hour-long discussion (which often over ran). Participants were divided into 4 groups, each made up of some professionals, and a larger number of women from the community. At least 2 Midaye staff (supported by volunteers) were at each table. Their role was to facilitate the discussion, translate so that community members and professionals could understand each other, and support women in having a say. Each table was either Arabic or Somali speaking, to simplify the translation task.

Each group was given 2 questions to address, and was tasked with expressing women's views on the question, considering what services/actions could tackle the problem, and what must happen so that these services could be provided in an appropriate manner.

Questions varied somewhat from Forum to Forum, and included:

WHAT DO WOMEN WHO HAVE HAD FGM NEED FROM PROFESSIONALS SUCH AS DOCTORS?

HOW CAN WE WORK TOGETHER TO CHANGE ATTITUDES WITHIN THE COMMUNITY?

HOW CAN WE WORK TOGETHER TO KEEP GIRLS SAFE FROM HAVING FGM?

HOW WILL THE GOVERNMENT'S PROPOSED CHANGES AFFECT THE RELATIONSHIPS BETWEEN WOMEN AND MEDICAL STAFF?

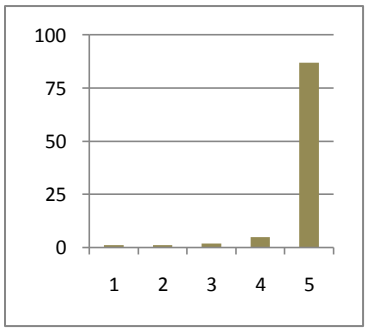
WHAT CAN BE DONE TO MAKE SURE THAT PROFESSIONALS HEAR WOMEN'S AND GIRLS' VOICES?

Discussions at each table were recorded to facilitate capture of women's voice and the details of the discussion. At the end of the discussion, each group had 5 minutes to report back to the whole Forum.

Following the report backs, a buffet lunch was served, and community members and professionals carried on discussions informally.

Following the three Forums, a focus group was held to discuss themes that had arisen, and any questions arising from Forum discussions. 6 women attended this.

Overall, the Forums and Focus Group were very successful in eliciting women's opinions and experiences – the discussion section of every Forum, and the Focus Group, all overran. The Forums were vibrant, lively, noisy discussions, with women and professionals eager to talk. The lively and frank atmosphere encouraged the vastly outnumbered professionals to ask questions and express the problems they are facing; and the supportive atmosphere of women who had all had similar experiences encouraged open discussion and comment by women.



LEARNING ABOUT FGM SERVICES AND PROVIDERS

FORUM EVALUATION AND OUTCOMES ACHIEVED

METHOD

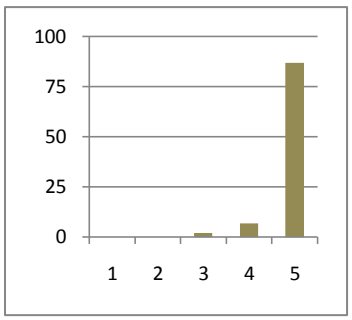
Each Forum was evaluated by both community members and professionals through short questionnaires. 100 community members responded, and 26 professionals. Results have been collated below.

COMMUNITY OUTCOMES

Community members were asked about any improved understanding of FGM services, and about their experience of expressing their views to professionals.

Do you feel you have learned anything about FGM services and service providers from this Forum?

90.6% rated their learning at 5 (the highest rating); this reflects the current state of confusion over the legal and policy position on FGM, as well as previous lack of contact on an equal footing with professionals.



ABILITY TO EXPRESS VIEWS IN THIS FORUM

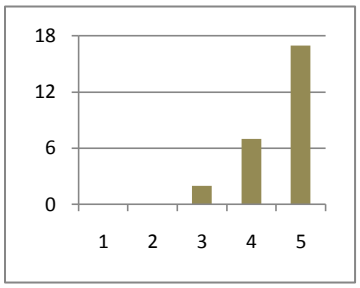
Do you feel you have been able to express your views about FGM services to professionals attending the Forum?

90.6% rated their expressing at 5; this very high rating confirms the feeling in the Forums of the vast majority of women speaking out, often passionately, about this issue.

Community members were also asked what further services Midaye could provide on this issue. The two most popular responses were 'to provide more forums like this, bringing community members and professionals together' and 'education, training and awareness raising for community members on FGM, its effects, and the law'.

PROFESSIONALS' OUTCOMES

At the end of each Forum, professionals were asked about their understanding of community needs, and how well what they learnt could be used to improve services.



IMPROVED UNDERSTANDING OF COMMUNITY NEEDS

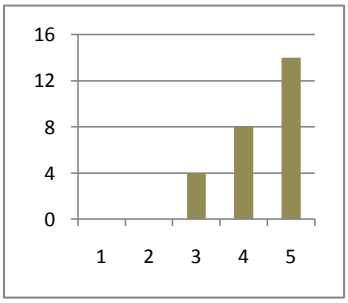
Following this FGM Community Forum, do you feel you have a better understanding of community needs?

92.3% of participants rated their level of improved understanding of community needs at a 4 or a 5. This reflects, again, the lack of previous opportunities for professionals and community members to meet on an equal footing and to discuss sensitive topics openly.

Following this FGM Community Forum, do you have a better understanding of ways that your service/agency might be better able to bring community members into meaningful participation on FGM?

84.6% of participants rated their level of improved understanding of meaningful community participation in FGM at a 4 or a 5.

Overall, do you think that this Forum will help you improve how you deliver/commission FGM services? If yes, how? If no, why not?
84% said yes; and 1 person said no because their agency's role was still a 'work in progress'. The remainder (11%, or 3 respondents) did not answer the question. The most popular answers to this free question were:
Better cultural awareness for providers, and the need for further training (7)
Need for further engagement and better communication with community (6)
Need for community education (5)



IMPROVED UNDERSTANDING OF THEIR AGENCY'S ROLE IN PARTICIPATION

THE FORUM MADE ME WANT TO ENGAGE MORE (GP)

What did you find the most useful at the FGM Forum?
Nearly all the respondents to this free question (92%) answered that talking to the community, hearing women's voices, and getting feedback from communities directly was the most valuable thing about the Forums.

What did you find the least useful at the FGM Forum?
The majority of respondents (91% of those that answered) said that nothing was not useful; two respondents commented on wanting more time for discussion.

Going forward, what services could Midaye provide to help improve FGM services, community engagement and education?
There were many responses to this free question. The most popular ones were:
Work with schools/children (8)
Awareness raising/information in the community (7)
Training for professionals (6)
More forums/work bringing communities and professionals together (5)
Partnership working with statutory agencies (4)
Other direct services to survivors (2)

CHALLENGES AND PROBLEMS

RECRUITING PROFESSIONALS

As discussed above, it was difficult to recruit professionals to attend the Forums, although those that did attend were very enthusiastic and reported good learning to take back to their agencies. Top-level support proved useful in recruiting professionals, and it is likely that this, together with specific funding for primary care providers and schools to support community engagement, would help.

TIMESCALE

The project had a very short timescale due to funding restrictions which meant that funds had to be spent within 5 months (by the end of the financial year). This meant that some aspects of recruiting were rushed, and that Midaye's very small staff team was at times extremely stretched to deliver the Forums and this report. This is not an uncommon occurrence with project funding and adversely affects both how projects are carried out, and the sustainability of small grassroots organisations.

FUNDING LEVELS

While Midaye are hugely grateful to the NHS South East Commissioning Support Unit who funded the project almost to the maximum allowed under their Patient and Public Participation innovation fund, the project also had to be subsidised by Midaye's own funds and staff personal time. With hindsight, it is possible that delivering 2 rather than 3 Forums would have been better – but as Midaye works across 3 boroughs, it was felt important to ensure that community members in each area had sufficient opportunity to participate.

Various aspects of the project proved more costly than anticipated. As discussed above, recruiting participants was time consuming and took extra staff resources. The national response to FGM changed over the course of the project, which meant that significant work on the current position in terms legislation, policy and practice had to be regularly refreshed. And the excellent response from the community meant both that some of the event housekeeping overran (e.g. refreshments) but also that the huge amount of information generated took more time to collate and write about.

Community involvement is often carried out on a shoestring, and this project was no exception – and it relied for its success on the commitment (beyond their contracted hours) of key staff, and support from volunteers and other community members. Meaningful involvement needs to be better funded.

3. WHAT WE HAVE LEARNT

The 100 community members who came to Midaye's FGM Forums and spoke about their experiences and opinions sometimes spoke with one voice, sometimes with many – below we report on the main issues discussed. All quotes are from women participants unless otherwise specified.

WOMEN'S EXPERIENCES WITH FGM

Why FGM is practiced, and by whom

There was general consensus on why FGM was done. A clear message from all participating community members was that where FGM was carried out, it was seen as being for the girl's benefit, and was done out of love.

WHEN FGM WAS DONE, IT WAS TO MAKE SURE OUR GIRL IS SAFE, IS WANTED, IS PROTECTED. SO SHE ISN'T ISOLATED. SO SHE HAS A FUTURE. FOR MY GRANDPARENTS, IT WAS OUT OF LOVE THAT THIS WAS DONE.

There was much discussion, and some disagreement and conflicting views, about who did it. Many women perceived FGM as part of male oppression of women, while others felt that women had control of the decision-making process.

I BLAME MEN, BIG TIME. IT'S WHERE IT ALL STARTED, WITH PLEASING THE MAN SEXUALLY.

IT'S ALWAYS WOMEN – MOTHERS, GRANDMOTHERS. THE WOMEN DO HAVE THE POWER, BECAUSE IT IS THEM THAT CREATED FGM.

And many women discussed the role of the extended family, and especially elders, in making decisions and in upholding traditions.

MY FATHER IS A GYNAECOLOGIST, AND SINCE 1975, NONE OF MY FAMILY GETTING THE FGM, BECAUSE HE SAY NOT TO DO IT. IT IS NOT DONE IN MY FAMILY. BUT IF MY GRANDMOTHER SAY WE WILL DO IT, THEN WE WILL DO IT. THAT'S THE PROBLEM.

MY GRANDMOTHER IS PRESSURING ME TO CONTINUE WITH THE CULTURE – MY POSITION IS TO RE-EDUCATE HER, BECAUSE MY MOTHER HAS SUFFERED, I HAVE SUFFERED. THIS IS EVIDENCE THAT WE HAVE ALL LIVED THROUGH.

And more generally, many women felt pressure from communities and families in their country of origin to carry out FGM on their girls – but at the same time valued their connections with home countries, and the opportunity to teach children African values.

PEOPLE BACK HOME DON'T WANT TO SIT AND EAT WITH YOU, IF YOU ARE NOT CUT.

I DON'T WANT TO KEEP MY CHILDREN AWAY FROM MY COUNTRY. I KNOW THERE ARE SOME BAD HABITS, WHICH I DON'T AGREE. BUT THERE ARE SOME VALUES I WANT THEM TO LEARN.

What are women's feelings about FGM

Overwhelmingly, women identified the fact that they had FGM as causing them pain, poor health, and suffering.

We have suffered immense pain. It has damaged us.

I remember how I felt when I was a child and I was circumcised. I would never do this to my girls.

And older women spoke of their particular experiences having had FGM in extremely basic circumstances in their home country, with no available health care.

If I talk to you about what I've been through, none of you would be sitting here. No pain killers, no medical help.

But a very few women disagreed.

I DON'T KNOW ANYONE WHO HAS BEEN DONE THIS WAY WHO HAS THESE PROBLEMS

When talking about the future, there was a strong commitment to seeing the practice end.

WE AS A GENERATION CAN SAY NO.

FGM IS SOMETHING THAT HAS HAPPENED TO ALL OF US, SOMETHING THAT HAS DAMAGED US. WE WOULD NEVER WANT TO PASS THAT ON TO OUR DAUGHTERS. WE WILL NEVER ALLOW OUR GIRLS TO BE DAMAGED.

And it was clear that some women had experienced a change of heart about FGM, due to moving to the UK, and education about the practice.

BEFORE, I THOUGHT FGM WAS FINE. THEN WE FOUND OUT IT WAS NOT PRACTICED IN THIS COUNTRY, AND NOT NECESSARY FOR RELIGION. AND WE KNOW, BECAUSE WE HAVE SUFFERED.

IN OUR CULTURE, IF YOU DON'T HAVE FGM, IT'S SOMETHING EMBARRASSING, UNHEARD OF. BUT WHEN WE COME TO THIS COUNTRY, WE LEARNT. WHY WOULD WE GO BACK? WE KNOW, BECAUSE WE HAVE SUFFERED OURSELVES, THAT THIS IS A PROBLEM.

WE USED TO THINK THIS IS WHO WE ARE. BUT NOW WE KNOW IT IS NOTHING TO DO WITH WHO WE ARE.

Not talking

There was consensus on the difficulty of talking about FGM – the culture of silence around FGM – within families, amongst women, with professionals and others not from the community. Women were brought up to not discuss FGM or 'women's problems'. Silence was seen as the norm.

IT TOOK ME YEARS BEFORE I COULD TALK OPENLY ABOUT FGM – EVEN NOW I FIND IT DIFFICULT.

A LOT OF PEOPLE ARE SCARED. SO WE NEED TO HAVE AN OPPORTUNITY SO WE CAN TALK AND FEEL SAFE ABOUT TALKING ABOUT FGM.

But many women spoke passionately about the need to talk, especially with children, who often know nothing about FGM.

WE HAVE A DUTY TO TELL OUR CHILDREN THIS IS WHAT WE WILL BE FACING WHEN WE GO BACK.

SO IF I TAKE THEM [TO MY HOME COUNTRY] THERE IS A CHANCE. I TEACH MY CHILDREN ABOUT IT. IF YOU ARE AWARE, AS A MOTHER, YOU WILL TEACH YOUR CHILDREN TO BE SAFE.

NO-ONE TELL ME NOTHING – UNTIL I AM MARRIED. I TELL MY CHILDREN EVERYTHING. BECAUSE I KNOW HOW I SUFFERED.

And some women talked about their duty to educate other community members.

WE ARE FIGHTING 2 BATTLES. NOT ONLY ARE WE FIGHTING THIS BATTLE, WE ARE FIGHTING THE ONE BACK HOME. WE ARE RE-EDUCATING OURSELVES. AND OUR ELDERS.

I REMEMBER HOW I FELT WHEN I WAS A CHILD AND I WAS CIRCUMCISED. I AM A MOTHER WITH GIRLS. I TELL PEOPLE THIS IS NOT GOOD – I TELL PEOPLE.

Some women spoke of how opportunities like this Forum empowered them to speak more openly, spreading the word to friends and family. But it was clear that not all women would feel comfortable talking to, for example, their elders in this way. Social codes make it difficult to disagree with older family members, and even women who saw it as their responsibility to speak out described the difficulties of talking to elders, family members, friends and communities in their country of origin, without offending them or seeming 'superior'.

Religious leaders have a role to play in education, especially for those, who may be elders, who still believe that FGM has a religious basis.

Women aren't the only ones who find it difficult to talk about FGM. Many women confirmed that men find it difficult to discuss as well.

IT'S HARD FOR MEN TO BE MORE VOCAL ABOUT FGM. IT MIGHT BE SEEN AS DISRESPECTFUL. THEY THINK, WE CAN'T TALK ABOUT THIS. IT'S A SHAMEFUL THING TO TALK ABOUT IT.

And talking to professionals, usually from outside the community, can be very difficult. In fact, no women attending the forums reported that they had voluntarily brought up the subject with their GP, and GPs confirmed a culture of silence from patients.

NO-ONE'S GOING TO TURN UP AT THEIR DOCTOR'S SURGERY AND SAY, I'M THINKING OF DOING THIS.

I SEE A LOT OF WOMEN FROM A LOT OF DIFFERENT CULTURES, AND THEY'LL TELL YOU ABOUT A LOT OF THINGS – DRUG USE, ALCOHOL, RAPE, ABUSE – EVERYTHING. EVEN KILLING PEOPLE. NOT ONE HAS EVER TOLD ME ABOUT THIS. EVERYTHING ELSE – BUT NOT THIS. (GP)

And women reported that they would feel startled, alarmed and in some cases offended if their doctor brought up the subject out of the blue.

FGM IS NORMAL TO US – EVERYONE IN OUR COMMUNITY IS GOING THROUGH THIS. SO IF [A GP] ASKS US ABOUT THIS, IT IS A BIG SHOCK.

Professionals also discussed the difficulty of talking about FGM with community members, feeling that it was difficult to find the words to bring up such a sensitive subject without putting off their patients. Some white British professionals

expressed the feeling that it was inappropriate for them to discuss FGM, or to be seen to criticize another's culture.

BECAUSE I DON'T FEEL THAT IT IS RIGHT FOR ME, AS A WHITE BRITISH WOMAN, TO TRY TO TALK TO SOMEBODY ABOUT SOMETHING THAT IS VERY CULTURAL. I WOULD FEEL – I DON'T UNDERSTAND IT LIKE YOU DO. IF IT COMES FROM THE COMMUNITY, IT'S MUCH MORE POWERFUL. (SOCIAL WORKER)

AND IF I WERE TO SAY OUT OF THE BLUE, HAS THIS EVER HAPPENED TO YOU, THEY WOULD NEVER COME BACK. (GP)

And women also discussed their recognition of 'FGM' – they reported that some women in the community would not understand the term FGM, and would not recognize that they had this. Many women did not know they had FGM until they went into labour. Visually, images of FGM were very upsetting (or offensive?) to some women, and unrecognizable to others. And community members reported that many women were not aware that the pain, illness and discomfort that they experienced was a result of FGM – it was perceived as a very normal part of being a woman.

I COULDN'T CONNECT WITH ANY OF THE FGM TYPES ON THE SCREEN.

I DON'T ACTUALLY KNOW WHAT KIND OF FGM I HAVE.

WOMEN'S FEARS ABOUT FGM SERVICES AND POLICIES

Women expressed many concerns about the day to day services they receive related to FGM, as well as future use of health and other services to identify girls at risk and who have had FGM.

Poor services

A number of women related their experiences of poor health care received from professionals who did not have any knowledge of FGM, how to treat its symptoms, and what services were available. Women do not feel that they can count on health professionals outside FGM Clinics knowing enough to help them. Midwives and clinical staff supporting women in childbirth are often not knowledgeable about FGM, which is where women sometimes first learn they have had FGM. And women can present to their GP with recurrent urinary tract infections and problems with intercourse and periods, without GPs recognizing that FGM might be a factor.

Overall, women spoke of being treated with a lack of respect and being given poor and inappropriate services across many health issues, leading to a feeling that some health professionals give those for whom English is an additional language a second class service; this further informs their fears about how health professionals may respond to FGM.

Stigma

Many women spoke about how services they had accessed had dealt with them in a way that made them feel stigmatized, alienated from society at large, and guilty.

ALL THE STAFF CAME TO LOOK AT ME, I FEEL UPSET.

BECAUSE SOMETIMES THE MIDWIFE DOES NOT KNOW WHAT THAT IS, AND YOU CAN READ IT IN THE MIDWIFE'S FACE, AND YOU FEEL LIKE YOU ARE ALIENATED, YOU FEEL LIKE YOU GUILTY. BUT YOU ARE THE VICTIM.

Women were very concerned about the possibility that their daughters would be stigmatized through coming from a potentially FGM-practicing community.

Treating the victim as perpetrator

Many women spoke of being made to feel victimized – they feel that they are seen primarily as potential perpetrators, rather than as either victims of FGM themselves, or as their daughters' protectors against future FGM. Women expressed anger and frustration that they are seen in this light.

BECAUSE MY MOM DID IT, THEY SEE MY DAUGHTER AND ASK, AM I GOING TO DO IT? WHY? BECAUSE MY PARENTS DID IT. IT'S NOT MY FAULT I HAVE HAD FGM. AND IN THE FUTURE, MY DAUGHTER'S GOING TO SUFFER FOR IT IN THE SAME WAY, BECAUSE SHE COMES FROM THE SAME BACKGROUND.

And medical staff also reported difficulties with balancing their relationship with the individual woman, their need to help and treat that woman, with seeing that woman's daughter as a potential victim of FGM who should be reported to the authorities.

THE WORST THING IS THAT NOW WE HAVE TO REFER PEOPLE THAT WE SEE TO SOCIAL SERVICES, THAT'S NOW OUR GUIDANCE. EVERY WOMAN WHO HAS HAD A CHILD, WHATEVER AGE, WE HAVE TO REFER TO SOCIAL SERVICES. AND SO OUR PROBLEM IS THAT WE ARE TRYING TO BUILD TRUST, AND YOU ARE THE VICTIM, AND IT SOUNDS LIKE WE ARE PUNISHING YOU. AND FOR US IT IS VERY DIFFICULT FOR THE CONVERSATION TO KEEP THE TRUST.(GP)

IF MY JOB IS TO PROTECT GIRLS, HOW DO I DO THAT WITHOUT HURTING MUMS? (SOCIAL WORKER)

Involvement with Social Services and Police

As mandatory reporting by professionals of girls at risk of FGM had moved up the policy agenda, and has recently become law, women have at times felt increasingly threatened by the closer links between e.g. antenatal clinics and social services/police. Many spoke of increased distance between community members and professionals.

YOU ARE FRIGHTENING AND SCARING THEM, AND THAT'S NOT A GOOD THING TO DO.

THE FIRST THING WHEN I HEAR SOCIAL SERVICES, I GET HIGH BLOOD PRESSURE!

SHE HAD FGM WHEN SHE WAS A CHILD, WITHOUT HER PERMISSION. SHE GETS MARRIED, AND ENDURES IMMENSE PAIN. GETS TO ANTENATAL CLINIC, AND FINDS SOCIAL WORKERS AND POLICE THERE. HOW DO YOU THINK SHE FEELS? YOU ARE JUST ADDING PAIN TO PAIN.

IT HAS TO BE BOTTOM UP. IT WILL MAKE WOMEN NERVOUS, IT MAKE THE COMMUNITY NERVOUS TO ACCESS SERVICES. YOU CANNOT FORCE ANYONE TO CHANGE THEIR CULTURE.

Women spoke of 'racial profiling' – feeling singled out because of their ethnic background rather than any crime they had committed, or were going to commit.

THE NEW LAWS – ALL CRITERIA IS A WAY TO ISOLATE AND IMPRISON US. IT IS NOT TO SUPPORT US.

WHY? BECAUSE I'M BLACK, I'M MUSLIM, I'M WEARING HIJAB

THEY ARE GOING TO SORT OUT THE PROBLEM OF FGM. BUT THEY ARE GOING TO CREATE ANOTHER PROBLEM.

A few women, however, spoke of the new and clearer legislation, and renewed commitment to prosecute, as a support in their efforts to keep their girls safe.

WHERE MY HUSBAND COMES FROM, IT'S PRACTICED. I TELL HIM, DON'T EVEN THINK OF DOING IT. IF YOUR RELATIVES DO IT, YOU WILL BE RESPONSIBLE. IF THEY DO IT, MY DAUGHTER WILL TELL ME. I WILL CALL THE POLICE, AND GET YOU ARRESTED.

However, while many women expressed support of the stronger laws that are enforced, they also doubted that legislation was a way to stop FGM being practiced.

THIS IS NOT SUPPORT, THIS IS PRESSURE. IT IS NOT GOING TO STOP PEOPLE DOING IT. IF THEY WANT TO DO IT, IT WILL GO UNDERGROUND.

THERE IS NO WAY THAT IF A POLICY COMES DOWN TO US THAT IT WILL CHANGE CULTURE, OR CERTAIN MEMBERS OF THE COMMUNITY.

Focus on FGM to the exclusion of other multiple deprivations

Some women spoke of the many challenges facing BME communities – concerns were raised particularly about children, education and gangs, but also jobs and housing. Some felt that these have been ignored for years, with the government continuing to ignore these daily challenges while raising the profile of FGM legislation.

WHY ARE THEY BECOMING BUSY WITH THE FEMALE GENITALS WHEN THERE ARE OTHER THINGS TO BE CONCERNED ABOUT?

THE WAY FORWARD

Respect and women's empowerment

Both the process of personally coming to repudiate FGM, and the tenor of much of the legislation and policy discussion, have led women to feel ashamed that they have had FGM, guilty, humiliated and set apart from British society.

BRITISH PEOPLE DO NOT KNOW OUR VALUES. WE ARE APART FROM SOCIETY. DECISION-MAKERS SHOULD KNOW US BEFORE THEY MAKE ANY DECISIONS.

PROFESSIONALS NEED TO RESPECT THE COMMUNITY. IF THE COMMUNITY FEEL HUMILIATED, THEIR CHILDREN DISCRIMINATED AGAINST, THIS WILL INCREASE THE GAP BETWEEN THEM AND SOCIETY.

Communications about FGM need to be delivered in the context of affirming messages about culture, and individuals need to feel respected by professionals.

IT IS IMPORTANT TO CULTURALLY UNDERSTAND THE OTHER PERSON. OTHERWISE WHO WILL LISTEN TO YOU, IF YOU DON'T RESPECT THE OTHER PERSON?

While the strengthened government determination to stop FGM was welcomed, again and again women spoke of the need to do this within a context of respect for cultures, and for women and their experiences. Women spoke of the need to empower women within their families, within society and in their relationships with professionals.

FEAR TACTICS WILL HAVE NEGATIVE OUTCOMES FOR WOMEN AND FOR THE COMMUNITY.

IT'S NOT JUST ABOUT FGM. GIRLS DON'T HAVE A LOT OF AUTHORITY IN THEIR LIVES BACK HOME; HERE THEY HAVE MORE OPPORTUNITIES AND CAN BE RAISED TO SPEAK UP.

Education

One of the main themes of all of the workshops was education. Community members felt that there a need for training of both community members and professionals. Everyone participating felt that knowledge was the key to stopping FGM, and ameliorating its effects on the women who have already had it.

Education about FGM, its health effects on women, the legal situation, and its lack of religious base, were all topics that some community members needed education on.

THERE WAS A LAW PASSED IN SUDAN IN 1948 TO STOP FGM – BUT THEY STILL DO IT. LAW CAN'T STOP IT, EDUCATION CAN.

EDUCATION ON LAW, HEALTH, RELIGION – THAT WILL RAISE COMMUNITY'S AWARENESS TO STOP FGM.

Education for children was also highlighted as a need. Women discussed how and when this could take place, most agreeing that it would be appropriate to include it in at school. However, women were very concerned that their girls might be stigmatized by being singled out as coming from a potentially FGM-practicing community. All agreed that FGM education for children had to be delivered to all children – girls and boys (separately), and all ethnicities, without singling out certain cultures.

Education for the whole family – including men and extended family members – was spoken of. Some women spoke of their own role in educating their family.

THEY HAVE EMPOWERED US WITH EDUCATION – WE CAN HAVE AN IMPACT ON OUR EXTENDED FAMILY.

A FORUM LIKE THIS IS VITAL FOR MOTHERS TO BE EDUCATED. BECAUSE A MOTHER IS EDUCATION. SHE IS THE TEACHER. AND SHE WILL PASS THAT ON TO HER DAUGHTERS.

And training and education for professionals is also needed. Women spoke of the need for training about FGM – what it is, how to recognize it, how to treat symptoms, and what services are available to help. But women also spoke of training for professionals in cultural awareness and competency. Women had many stories of being treated insensitively by health professionals at all levels – being

humiliated, put on display for colleagues, referred to inappropriate services or told their pain was insignificant.

And professionals themselves felt the need for training for staff at all levels, particularly in cultural awareness, where they felt unsure and unable to understand their patients and build relationships with them. Professionals also spoke of the need for Safeguarding training to include FGM, and for clear training and guidance on referral pathways.

MORE FUNDING IS NEEDED TO GET MORE HEALTH WORKERS TRAINED. TO MAKE EVERYONE COMFORTABLE TO SPEAK ABOUT THE PRACTICE. (GP)

Talking

Traditionally cloaked in silence, the practice of FGM is rarely spoken of – not in families, not between husband and wife, not between mother and daughter, not amongst women survivors. This may be changing, and a recurrent theme was the need for more Forums; for spaces where women could talk about FGM with each other – share experiences and views, and come to understand that there are other women struggling with the effects of FGM, and how to keep their daughters safe. Places where women are supported to talk openly and to learn from each other.

IF YOU DON'T SPEAK ABOUT IT, YOU DON'T KNOW ABOUT IT

FOR ME, I LIKE TO SHARE MY EXPERIENCES WITH WOMEN WHO HAVE BEEN THROUGH THE EXPERIENCE – IF I SHARE WITH PEOPLE WHO HAVEN'T BEEN THROUGH IT, THEY ARE LOOKING AT ME LIKE I'M A VICTIM. WITH WOMEN WHO HAVE BEEN THROUGH IT, THEY HAVE RESPECT WHEN WE TALK ABOUT IT, AND NOBODY CAN LOOK AT ME DIFFERENTLY.

Discussion in the Forums was often heated, always passionate and sometimes humorous. Women didn't always agree – there was lively engagement over the role of men, how to educate girls and the role of legal intervention in stopping FGM. Women's education, awareness-raising, and empowerment were happening at every Forum.

The challenges to women in talking to different members of the family and the community about FGM should not be underestimated. Complex messages of risk, safety, respect and tradition all need to be balanced in talking to elders, children, and others. Women spoke of their strategies in some of these contexts, and support from within the community to share these and to build ways of discussing this sensitive subject would help women.

Community involvement

Many of the difficulties of working on FGM in a way that respects culture and individuals, supports complex within-community discussions, provides sensitive and culturally appropriate education and fosters empowerment in women can be overcome through involving communities in FGM work at all levels – initiating, planning, and delivering. Women and professionals spoke of the need for community members to deliver solutions to FGM through work by community

organisations, community members becoming professionals, and individuals cascading out their own learning. Community involvement was seen as central to stopping FGM, keeping girls safe, and changing attitudes.

And community involvement is particularly necessary in identifying and reaching out to the most isolated families, who may be from villages or regions in their countries of origin where FGM is central, and where girls may be at risk. The difficulties of recognizing and working with this level of isolation require particularly high levels of cultural competence and sensitivity.

A major theme in the discussions and the feedback was the multiple roles for community organisations in stopping FGM – in providing more Forums bringing together communities and professionals and bringing community voices to wider platforms, in supporting discussion within the community, in providing education and awareness raising, in supporting and training professionals, and in providing direct services to affected community members such as health advocacy, advice, or counseling.

IT'S FANTASTIC TO HAVE THE HEALTH ADVOCATE FROM THE COMMUNITY THAT WILL REASSURE THE WOMAN AND EXPLAIN TO HER IN HER OWN LANGUAGE.

SUMMARY

The Forums saw a rich and sometimes multi-vocal discussion of FGM. There were strong voices saying no to FGM, but alongside this widespread difficulties in talking about FGM in a personal context, especially with people who do not have personal experience of it. Many women felt it was important to have these sometimes difficult conversations within the community – with family members, with children, and with communities in their country of origin.

Women expressed many concerns about inappropriate or poorly informed services to help them with problems resulting from FGM. And women had felt stigmatized by service providers and policy makers, and were concerned about their daughters experiencing the same thing. Recent moves to step up the legislative response to FGM had alarmed women, who were concerned about police and social services involvement.

Despite this, women were very committed to stopping FGM. They felt strongly that community involvement in prevention was the best route to stopping the practice. Respect for communities and cultures, empowerment of women, education of professionals and of community members and support in talking about FGM were all key themes that women believed would stop FGM fastest.

4. RECOMMENDATIONS

A number of recommendations on engaging with individuals and groups of community members over FGM emerge from the Forums. These should be considered and interpreted as appropriate in different contexts and sectors. Schools, ante-natal clinics, social services and GP surgeries will all have different priorities and approaches. And professionals working in areas of higher or lower prevalence of FGM are also likely to interpret these recommendations in different ways. These guidelines, however, provide feedback on basic approaches that will be helpful across different disciplines and contexts.

The recommendations spring directly from women's comments throughout the three Forums.

EDUCATION

- Community education on FGM – its health effects, legal position, and lack of religious basis, is needed – for women, for men, for children, and for extended families/multiple generations. This needs to be delivered by people seen as experts by community members – health care professionals or imams/religious leaders, for example; but also by, and alongside, community members and grassroots organisations.
- In addition to specialized FGM training, FGM should also be mainstreamed into wider training and education where appropriate– for example, within school lessons on hygiene and personal development, and within safeguarding training for professionals.
- Opportunities for community awareness raising on FGM need to be identified as broadly as possible – for example, posters and leaflets in GP surgeries, children's centres and schools; mainstream television programmes as well as Somali channels; community parties and festivals.
- Work with men on FGM needs to be carried separately to that with women, can best be done through outreach to the places where men gather, such as mosques. Religious leaders could usefully be involved in educating men.
- Training needs of professionals go beyond specific FGM training. They need opportunities to develop greater cultural awareness/competency, to facilitate their discussions on this and other sensitive topics with people from different cultures. Professionals need to be supported to become more comfortable with difference, and to be able to see beyond stereotypes to the individual.
- Training and engagement opportunities for some groups of professionals need to be mandatory or specifically funded in order to encourage participation. This project experienced great difficulties encouraging GP participation without this.

RESPECT AND EMPOWERMENT

- Women should not be considered as potential perpetrators of FGM in the first instance, but as mothers who love their children and want to do the best for them.
- Messages on challenging FGM need to be culturally affirming – and to give a sense of the rich and largely positive wider culture of communities.

- Women who themselves may have had FGM should be treated with respect – and not made to feel like they are viewed as victims or as abnormal.
- Community members – as advocates, community organisations and as professionals – should be involved in FGM work, both in delivering e.g. training or awareness raising, and also in work with individuals, such as social work sessions.
- Work needs to be carried out with women and girls to strengthen their independence and life chances, inform them of their rights, and emphasise positive cultural expressions and traditions.

TALKING

- Events and safe spaces where women can talk openly with each other, facilitated by informed and independent community organisations/members, are necessary to educate, empower and share community learning, and to change attitudes towards FGM.
- More Forums like the ones described in this report are necessary, to bring together professionals and community members in order to share views, develop relationships, learn how to communicate with each other, and develop/improve services.
- Practical hands-on opportunities for professionals to develop their skills in talking about culturally sensitive issues are necessary – through Forums with community members and training.
- Relationships within communities – between women and elders, between diaspora women and communities and families in their original country of origin – can be very complex. And discussion about FGM is even more complex. Community-led support is necessary to help community members to develop strategies for talking about FGM in difficult circumstances.

COMMUNITY INVOLVEMENT

- Grassroots community organisations need to be involved in initiating and planning FGM work alongside statutory and other agencies. These need to be genuine partnerships which meaningfully share control and finances.
- Direct services to women and other community members need to be provided by, or in meaningful partnership with, communities.
- Messages about FGM can often be delivered in a more impactful way by community members, and 1:1 work by statutory agencies such as social services can be facilitated by involvement of community advocates.
- Community women should be supported, trained and funded to take leadership roles within the community on change to FGM practices – providing advocacy, outreach to isolated families, work in schools and training for professionals.
- FGM training for professionals can be usefully delivered by community members best placed to improve understanding of community attitudes.
- Increasing the number of professionals from within communities would begin to break down barriers between agencies and communities going forward.

- Delivering services in community contexts, and with advocacy support from community members, will improve access to and trust in services.
- For community organisations to be effective in both protecting girls now and in ending FGM, they need to remain a 'safe place' for community members to talk openly about FGM. Community organisations cannot be seen as just another branch of social services or the police. Any future Home Office guidelines must recognize this important and distinctive role and not force organisations into mandatory reporting regimes more appropriate for statutory authorities.

IMPLEMENTATION

- Named FGM leads within main services are recommended to serve as local 'experts', receive advanced training in FGM and advise on locally appropriate strategies as well as individual cases. This approach can be adjusted in the light of local prevalence – where it might be that each GP surgery in an area of high prevalence should have an FGM lead, in a different area, this might be located at CCG level.
- A partnership approach to community engagement is necessary, with funders, commissioners and service delivery agencies recognizing the role of grassroots community organisations. Funding needs to realistically support the involvement of communities, and the sustainability of community organisations.
- Communication support is needed to ensure the full involvement of women from the community. This will often mean interpretation in community languages is necessary. Written communications will need translation, and care given to engaging women who are illiterate.
- Sensitivity is essential to successful involvement of affected women. In some circumstances, as in these Forums, ensuring that women are present in significantly greater numbers than professionals from outside the community will be necessary to enable women to speak confidently. And in e.g 1:1 work between a social worker and a mother, support from a community health advocate will help support the mother.
- The important role of prevention – creating and sustaining change in community behavior – needs to be central to all work on FGM. A narrow focus on protection measures (prosecution, safeguarding responses, Civil Protection Orders) can have the unintended consequence of working against effective prevention measures through alienating community members, further isolating families most at risk as well as potential community change advocates. Women spoke of humiliating, frightening and ill judged reporting and investigations that had left families traumatized and their neighbours and friends less likely to co-operate with authorities. It is crucial to involve communities in the development of protection measures and their implementation. And preventative work should be embedded within police and social services work on protection, with a focus on involving community support for girls and families at risk.

REPLICATING FORUMS

A major recommendation from both community members and professionals is to hold 'more forums like this'. To aid in this, and to support others wishing to run something similar, here are our top tips for running future forums:

RECRUITING

- Forums need to be led by organisations that are embedded within the community in order to ensure wide-ranging and whole-hearted participation by community members. Midaye is a grassroots organisation with women at its heart as staff, trustees and volunteers – they can talk with community members not as an organisation standing apart and 'delivering services to clients', but as fellow community members going through the same experiences – with FGM, with medical and social care services, and with family members and community attitudes. Without the support of this type of organisation, women would not have been willing to discuss such sensitive topics so openly with professionals.
- Significant efforts need to be made to ensure community participation – Midaye used staff, volunteers and their wide contacts within the community to cascade out knowledge of the Forums, and did intensive outreach discussing FGM and the need for the Forums, answering community questions and following up on initial contacts to keep willingness to participate alive. This continued throughout the period leading up to the Forums, but also into the Forums themselves when groups of community members arrived who were vocally not willing to participate until Midaye staff negotiated with them.
- Significant efforts also need to be put into recruiting professionals. Midaye's emails, calls and visits to named professionals and agencies achieved some success. Hard pressed medical, educational and social care staff should be better resourced to take part in engagement.
- Top level support from commissioners, safeguarding leads, funders and other senior management is crucial to the success of Forums – both in facilitating recruitment of participating professionals, and in supporting changes to policy and practice following community recommendations. Midaye's Forums were attended by their local head of Safeguarding for Children's Services, CCG managers, Head of Early Help Services, as the Home Office's FGM Unit and the NHSE lead on FGM.
- Existing good relationships between the lead grassroots organisation and statutory agencies are crucial to initiating community engagement and in achieving impact. Midaye had prior funding and project relationships with many of the attending agencies which had built trust.

THE FORUMS

- Forums should be designed to be as welcoming and comfortable for community members as possible, in order to facilitate free and frank discussion. Midaye held these Forums in local community venues convenient for community participants, generous food and drink were provided, and time at the beginning and end of the Forums was allowed for general socializing

between community members, and between community members and professionals. Overall, the Forums had a very sociable feeling.

- Organisers should ensure that community women outnumber professionals, so that women feel safe and comfortable discussing sensitive topics. At these Forums, community members outnumbered professionals by at least 4 to 1.
- All engagement needs to be supported by translation into English, Arabic and Somali. Midaye staff and volunteers were present at each discussion table ensuring women were supported in expressing their views. At the outset of each Forum, a presentation was given on FGM in the UK, its legal and policy context, some basics on the practice itself and why it is carried out. This was aimed at ensuring that both professionals and community members had some basic ground in common and were not disadvantaged in the discussion. This turned out to be difficult to achieve due to changing policy context of FGM over the project's life, and very different levels of understanding of the practice amongst professionals.
- Discussion topics should be devised in advance, and tested with community members. Midaye designed its questions to be short and clear to community members, and of direct concern to women and professionals alike.
- Guest speakers can be invited to talk about local services available for women with FGM. Midaye invited their FGM Advocate who works with Triborough Social Services in a local clinic, and a representative from the African Well Woman Clinic. This helped to inform women about services available, and also gave them an opportunity to reflect on these services in the discussion that followed.

RESOURCING

- It is essential not to underestimate the work involved for community organisations in delivering Forums of this kind – or the challenges for professionals in creating time to take part. Community engagement needs to be properly resourced for both community organisations and professionals.
- Meaningful community engagement relies on strong, well supported grassroots community organisations. Midaye has had little funding in the past for work that helps them to support community voice, liaise with policy makers and develop relationships with statutory agencies. In Midaye's case, this has largely been done in staff's own, unpaid time. Grassroots organisations' role as a link to hard to reach communities is crucial and needs to be properly resourced.
- As a guide, the immediate organisation and delivery of these three Forums was funded at just under £15,000 including evaluation. In the event, even taking into account modest community sector salaries and extensive volunteer involvement, this did not cover all direct costs, the recruitment activities, or all of the activities that went into collecting information for and writing this report. Midaye estimates that £17,000 would be a closer approximation of the true costs of delivery.

EVALUATING

- Both professional and community members' experience of Forums should be evaluated. Midaye chose to evaluate community members' ability to participate, and improved understanding of professionals and services; and professionals' improved understanding of communities and community engagement, and likely impact on their service provision.
- Monitoring techniques within Forums need to be brief and practical – Midaye kept monitoring questions down to less than 8 (including equalities questions), and most were quickly answered multiple choice questions.

DISSEMINATING COMMUNITY VOICE

- It is important that a record is kept of community voice and contributions to Forums, and opinions disseminated amongst wider groups of professionals than just those who attended. Participating in an event of this kind and talking with professionals about such a difficult and deeply personal subject was a huge challenge for many of the women who attended. Making sure that their voice reaches and influences a wider audience is a respectful and appropriate acknowledgement of their strength and commitment. Midaye ensured that women's views were recorded (using recorders at each discussion table), notes taken and feedback collated – and this is what has informed this report. All recordings and notes were later destroyed to keep confidentiality.

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