The Tackling FGM Initiative

Evaluation of the Second Phase (2013-2016)

Final report by Eleanor Brown and Chelsey Porter

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About the evaluators

Options UK is the UK programme of Options Consultancy Services Ltd, a leading international provider of technical assistance, consultancy, and management services in the health and social sectors.

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About the funders

Rosa, the UK Fund for Women and Girls is the first UK-wide fund for projects working with women and girls. Rosa's vision is of equality and social justice for women and girls and a society in which they:

- Are safe and free from fear and violence.
- Achieve economic justice.
- Enjoy good health and wellbeing.
- Have an equal voice.

Rosa will achieve this by championing women and girls, raising and distributing new funds and influencing change. www.rosauk.org.

Esmée Fairbairn Foundation aims to improve the quality of life for people and communities throughout the UK both now and in the future. We do this by funding the charitable work of organisations with the ideas and ability to achieve positive change.

The Foundation is one of the largest independent grant-makers in the UK. We make grants of £30 - £35 million annually towards a wide range of work within the arts, children and young people, the environment, and social change. We also commit up to £35 million in social investments in organisations that aim to deliver both a financial return and a social benefit. www.esmeefairbairn.org.uk

Trust for London is the largest independent charitable foundation tackling poverty and inequality in the capital. It supports work that provides greater insights into the root causes of London's social problems and how they can be overcome; activities that help people improve their lives; and work empowering Londoners to influence and change policy, practice and public attitudes.

Annually it provides around £7 million in grants, and at any one point it is supporting some 400 voluntary and community organisations. Established in 1891, it was formerly known as City Parochial Foundation. www.trustforlondon.org.uk

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Acronyms

AAF	Africa Advocacy Foundation
Bawso	Black Association of Women Step Out
BME	Black and Minority Ethnic
BSCA	Bolton Solidarity Community Association
BSWAID	Birmingham and Solihull Women's Aid
BWHAFS	Black Women's Health and Family Support
CBO	Community Based Organisation
CCG	Clinical Commissioning Group
DH	Department of Health
DV	Domestic Violence
FGM	Female Genital Mutilation
FGMPO	Female Genital Mutilation Protection Orders
FORWARD	Foundation for Women's Health, Research and Development
GSWG	Granby Somali Women's Group
HIV	Human Immunodeficiency Virus
KI	Key Informant
M&E	Monitoring and Evaluation
NSPCC	National Society for the Prevention of Cruelty to Children
OFSTED	Office for Standards in Education, Children's Services and Skills
OSCA	Ocean Somali Community Association
PEER	Participatory Ethnographic Evaluation and Research
PSHE	Personal, Social, Health and Economic Education
SCA	Southall Community Alliance
SDS	Somali Development Services
VAWG	Violence against Women and Girls

Foreword

The Tackling Female Genital Mutilation Initiative (TFGMI) was launched in June 2010 at the House of Lords and hosted by its Patron, Baroness Ruth Rendell, who sadly passed away in 2015. She would be proud to hear of the progress made over the six-year life of the Initiative, which this evaluation covers in detail.

The TFGM Initiative became a reality after a consultation meeting in 2009, initiated by three funders - City Parochial Foundation (now known as Trust for London), Esmée Fairbairn Foundation and Rosa, the UK Fund for Women and Girls. These Trusts had been supporting key organisations in this field and were beginning to receive an increased number of applications from groups working towards ending this harmful traditional practice. We felt that a collaborative funding programme might help in making a bigger impact by bringing together key stakeholders to tackle this sensitive area of funding. The consultation meeting brought together stakeholders in the issue: people from the voluntary and community sector, statutory agencies such as Safeguarding Boards, Metropolitan Police and experts from the health field and, in particular, midwives.

As a result an initial £1 million was invested in 12 organisations in England and Wales, based within affected communities, to fund community-based, preventive work to safeguard children from the practice of Female Genital Mutilation (FGM), initially for a three-year period. Rosa played a coordinating role and employed a development worker to act as liaison between the funders, the funded groups, the evaluators and broader stakeholders. An Advisory Group was created, involving many of the attendees of the initial consultation meeting, and during the life of the TFGMI many lively discussions were held on several topics including the differences between 'designer vagina' and FGM; the vilification of minority groups; prosecutions and how to secure them; the promotion of human rights approaches; how schools tackle the issue; and how Local Safeguarding Children Boards can protect children.

At the same time the government appointed a coordinator, based within the FCO and Home Office, to ensure cross department co-operation on FGM. So in 2010 it felt we were well placed to see change happen. And indeed change has happened.

The initial three-year investment saw an increased rejection of FGM, sparked necessary discussion and debate about FGM, raised the profile of the issue, involved religious leaders confronting misconceptions about religion and FGM and engaged young people within affected communities to speak out. The funded groups approached their work in many different ways including using theatre and arts projects, providing counselling services, delivering workshops within communities, training of statutory personnel and raised the issue with old and young alike. Two conferences, led by Daughters of Eve and Manor Gardens Welfare Trust, increased our knowledge of how young people and faith leaders respectively can tackle the ending of FGM.

Building on the first three years' findings a further £1.8 million was invested and both Comic Relief and the Kering Corporate Foundation joined the three original funders. Comic Relief funding made it possible to make small grants available, which supported many more community groups working at local level, to build on the work of the initial 12, while the Kering contribution supported learning between organisations and established much needed mental health support for survivors in Birmingham

Since 2010 this initiative has provided the largest non-governmental source of funding for work to tackle FGM across the UK. Over the six years since 2010, significant policy changes

have been achieved, and the profile of FGM has been raised. Affected communities feel more confident in tackling the practice and some 500 community advocates have been trained, along with over 6,000 professionals, making huge strides towards ending FGM.

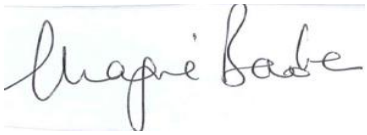
Also during this period, the government produced a resource pack for local authorities on how to tackle FGM, the lion's share of the content having come from Initiative funded groups. Further, the government has made £ 35 million available through DFID's budget to create The Girl Generation, an African-led movement to end FGM.

The TFGMI is an outstanding example of collaboration and partnership to achieve lasting change. It has brought together funders, influenced policy and practice and empowered often isolated communities to create local change.

However, there are challenges ahead, given the austerity agenda. Progress can only continue if funding is available at local level to sustain the groups who are working with affected communities and enable them to share their skills and knowledge with statutory agencies. Further, teachers need appropriate support to be more confident to play their full part in safeguarding young women and girls at risk of FGM. Also, survivors with complex mental health needs require support from frontline services. This six-year investment is only the beginning; the challenge is to hand over the funding mantle to the appropriate statutory partners.

As we publish this final evaluation, thanks to the unstinting work of Options telling the story in detail of a six-year initiative, I would like to sincerely thank all involved: the many community groups supported, without whom no progress would have been made; the funders who made the initial and continuing funding available; the advisory group who gave up hours of their time to give wise counsel; the government for their recognition and financial support for future work; the evaluators who worked closely with the groups over the six years, and those many individuals in communities who have come together to tackle this abuse of children's rights.

May the work continue and prosper.



Maggie Baxter, OBE
Chair of the TFGMI Advisory Group

1. Introduction

The Tackling FGM Initiative (TFGMI) has been working since 2010 to strengthen the prevention of Female Genital Mutilation (FGM) at community level. There were two phases of the TFGMI – Phase One from 2010-2013, and Phase Two from 2013-2016. Over the course of both phases, 51 organisations were funded with a total of £2.8 million invested. This evaluation report focuses on results achieved in Phase Two.

Phase One of the Initiative produced a clearer understanding of 'what works' for community-based prevention of FGM in the UK context. This included working with women affected by FGM as 'community champions' to amplify the voice of survivors and people from affected communities, religious leaders and young people, and raising awareness of the health, and other harms of FGM, as well as the UK law. Gaps identified at the end of Phase One included the need to: strengthen rights-based approaches to ending FGM; further access isolated communities; enhance comprehensive responses to FGM by strengthening relationships with statutory agencies.

In addition, within the TFGMI a small grants programme was initiated with funding from Comic Relief. This aimed to widen the impact of the TFGMI into further geographic areas, building on what had been learnt under Phase One.

1.1 Overview of the Programme Aims and Objectives

Both the Tackling FGM Initiative small and large grants programmes aimed to achieve the overall aims which were;

- To strengthen community-based preventive work to protect the rights of women and children
- To reduce the risk to girls and young women in the UK of under-going genital mutilation in all its forms

The objectives of the TFGMI Large Grants Programme for Phase Two were:

1. To strengthen work which promotes a rights-based approach to tackling FGM among affected communities.
2. To undertake awareness-raising work with target audiences using the most effective messages for that group.
3. To reach those who are most resistant to work which tackles FGM or those who don't normally access services or engage in community activities.
4. To increase the skills and capacities within affected communities to speak out against FGM.
5. To strengthen the capacity of community groups to engage with statutory agencies so that prevention of FGM among women and girls at risk in the UK is mainstreamed as a form of child abuse and violence against women.
6. To strengthen the network of groups active in tackling FGM and work with policy-makers and partners locally contributing to a broader campaign to end FGM in the UK.

The small grants programme had an additional four objectives, but these were subsumed into large grant objectives due to their similarities

- Activist groups become more confident, more knowledgeable, and more skilled in championing issues within their communities (Objective 4 of the large grants programme).
- Grassroots organisations and activist groups become more skilled in engaging with, and in lobbying the range of relevant statutory bodies for appropriate responses to the issue (Objective 5 of the large grants programme).
- A more cohesive, more unified movement that embraces a range of stakeholders (small and larger groups) sharing learning and good practice in addressing this issue. (Objective 6 of the large grants programme).

1. In addition, a specific aim of the small grants programme was to "reach more communities in more geographical areas and that more sections of these communities are reached, increasing the movement to stamp out FGM in the UK.'

1.2 Overview of the Tackling FGM Initiative

The Tackling FGM Initiative was structured to work at local, regional and national levels to strengthen the prevention of FGM:

- At local level, 12 projects in the large grants, and 39 in the small grants programme, were funded to work across the UK.
- At regional level, some projects participated in strengthening responses to FGM.
- At national level, the TFGMI coordinators and a UK-wide advisory group contributed to utilising learning from the TFGMI for further influence, either in addressing gaps, advocating or contributing to national debate and policy development[1].

During Phase Two, 11 organisations received large grants. Full project profiles are provided in Annex I.

Funded Organisations:
Africa Advocacy Foundation, London www.africa-advocacy.org
Birmingham and Solihull Women's Aid, Birmingham www.bswaid.org
Bawso, Wales www.bawso.org.uk
Black Women's Health and Family Support, London www.bwhafs.com
Bolton Solidarity Community Association, Bolton www.boltonbsca.com
FORWARD, London/National www.forwarduk.org.uk
Granby Somali Women's Group, Liverpool www.granbysomaliwomensgroup.org
Manor Gardens Welfare Trust, London www.manorgardenscentre.org
Ocean Somali Community Association, London www.oceansomali.org.uk
Somali Development Services, Leicester www.sds-ltd.org
Southall Community Alliance, London http://southallcommunityalliance.org/

[1] The TFGMI funded projects in England, Wales and Scotland.

1.3 Measuring the Strength of the Prevention of FGM in the UK

It may be asked how can we measure programme 'success' in the prevention of FGM in the UK? Even in countries where FGM is widely practised, there is little evidence on what is an effective approach to reducing the prevalence of FGM, and community-based approaches vary significantly in different contexts[2]. In the UK, both the lack of actual prevalence data (not estimates) and the illegality of the practice make measurement of impact on outcomes unfeasible.

Most programmes thus measure shifts in attitudes towards ending the practice. In other contexts, awareness of the harms of FGM do not necessarily result in reducing the practice[3]. As such, within the evaluation, a range of proxy indicators are used to measure 'prevention' of FGM. This further includes the extent to which preventive systems are identifying and preventing risks of FGM, as well as the extent to which they respond to the needs of those who have undergone FGM.

Among communities, 'successful' outcomes would include that, people from affected communities are:

- Knowledgeable about the reasons for the need to end FGM.
- Showing declining support for any form of FGM.
- Skilled and confident to speak out against FGM.
- Rejecting the practice on the basis that it is a violation of children and women's rights.

At all levels, the evaluation also measured how funded groups contributed to 'comprehensive' prevention of FGM, entailing legal, statutory, social protection and community-based preventive action, working in a coordinated and strategic way. This involves evaluating the TFGMI's contribution to:

- Building the skills and confidence of Community Based Organisations to advocate for appropriate responses.
- Community Based Organisations play a recognised role in local authorities' responses to FGM.
- Those with a safeguarding role are confident and able to respond in identified cases of suspected or diagnosed FGM.

Lastly, the evaluation also contributed to assessing the extent to which the TFGMI had become a relevant and effective network, working to strengthen prevention by:

- Sharing learning, best practice and successful approaches within the network.
- Collaboration between groups to work on joint projects.
- Existence of a national coalition with a strong collective voice and identity.

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[2] Berg, R and Denison, E (2013) 'Interventions to reduce the prevalence of FGM in African Countries', International Initiative for Impact Evaluation (3ie)

[3] Denison, E, Berg, RC, Lewin, S, Freithem, A (2009) 'Effectiveness of Interventions designed to reduce the prevalence of female genital mutilation/cutting. Report from the Kunnskapssenteret nr 25-2009.'

The evaluation also aimed to contribute towards learning on: how these outcomes had been achieved; unexpected results; and implications for approaches to end FGM. It also contributed to our understanding of how these changes have been achieved in different areas of the UK.

1.4 Methodology

A range of methods were used to evaluate these complex interventions, to capture both intended and unintended outcomes. This included:

- Review of the funded projects' self-reported M&E (monitoring and evaluation) data.
- Analysis of survey data on attitudes (people from affected communities and professionals).
- Interviews with key informants.
- Qualitative Participatory Ethnographic Evaluation and Research (PEER).

This report is the final of a series of evaluations and evidence that has been produced throughout the two phases of the TFGMI, which are available on: www.preventingfgm.org

a) Project M&E Data

A monitoring and evaluation framework was developed for each project. Each project used a range of data to evidence their project reach, activities and impact. This included use of PEER and survey data. In addition, qualitative interviews were conducted with project leads to identify challenges, gaps, and contextual factors which may have affected project impact.

b) Project Survey Data

Two surveys were developed to measure knowledge and attitudes towards ending FGM among a) people in community interventions, and b) professionals (often with a legal duty to respond to FGM). Use of the survey was, however, not mandated, and was not appropriate in all situations.

The community-based survey sampled a total of 1,790 people (24% men and 62% women, with 14% missing), and a further 1,448 professionals were sampled. From the post-workshop survey this included: those working in education (47%), voluntary sector (22%), 'other' (10.5%), social care (9.7%), and health (6.4%).

Table 1 – summary of Key Informant interviews

TFGMI interviews	No. of interviews
Government / strategic role	9
Government / frontline professional	5
Police	5
FGM – activist / CBO lead	3
FGM – champion	2
Total	24
Best Practice interviews	
Government / strategic role	2
Government / frontline professional	2
Police	1
FGM – activist / CBO lead	22
Total (Best Practice)	**27**
Total (all interviews)	**51**

c) Key Informant (KIs) Interviews

Key Informants were defined as those who had contact with the TFGMI-funded projects, and who had a strategic or operational role related to the prevention of FGM. Efforts were made to sample stakeholders at all levels of the TFGMI, across a range of occupational categories. Interviews sought to understand what impacts TFGMI-

funded groups had had, and how they were perceived as contributing to the strengthening of a preventive response. In addition, interviews for the TFGMI Best Practice Guide were also used to identify what interventions had worked effectively for prevention and care. The Best Practice Guide is available separately on: www.preventingfgm.org

Table 1 shows that 24 people were interviewed as part of the FGMI evaluation, and a further 27 as part of the Best Practice Guide.

d) PEER Data

PEER is an ethnographic evaluation method which uses qualitative research to explore project impact[4]. PEER provides rich insights into attitudes and how they change over time, but does not provide data on the prevalence of behaviours or attitudes. Options UK conducted training for project workers on how to conduct PEER. Project workers then recruited volunteer community members to interview their friends about the impact of the project and their views on FGM. This provided an opportunity to assess attitudinal change since the baseline PEER exercises (in 2010). Findings from the PEER endline are provided in a separate report, and have been integrated into this evaluation report[35].

PEER data was collected at baseline (2010), endline of Phase One (2013), and as part of the current evaluation at endline of Phase Two (2016). In this report, where there is evidence in PEER data of shifts, these are reported.

[4] 'Price, N and K Hawkins. Researching sexual and reproductive behaviour: a peer ethnographic approach. *Social Science & Medicine 55 (2002) 1325–1336'.* See www.options.co.uk/peer for more information.

[5] Brown, E, Porter, C (2016) 'Evaluation of FGM Prevention Among Communities Affected by FGM: A Participatory Ethnographic Evaluation Research (PEER) Project, Endline Phase 2', Options Consultancy Services Limited.

2. Findings

2.1 Contextual/Background Factors Affecting the Initiative

Over the course of Phase Two of the Initiative, media attention and political will has been galvanised, and the context in which groups are now operating has visibly changed compared to Phase One. This has had many implications for the TFGMI-funded groups, as well as for the movement to end FGM in the UK.

In 2015 alone, many areas of policy were developed, with an evident emphasis on increasing professionals' duties and skills to report. This included: the introduction of 'mandatory reporting' of cases of FGM in girls under 18 years of age and parental liability (as part of the Serious Crime Act (2015); updated Multi-Agency Guidelines for all stakeholders involved in ending FGM in the UK which are now a statutory requirement; FGM Protection Orders, and further risk assessment tools for frontline professionals assessing potential cases of risk.

This raft of policy developments has undoubtedly greatly facilitated the groups' work, particularly in developing local statutory responses, and models of joint working. However, this has also exposed the gaps in the support needed to roll out these policies, particularly in training frontline professionals, and developing their confidence and skills to respond.

'Mandatory reporting' has become a controversial and complex issue[6]. As will be explored, the mediating role that CBOs play between statutory agencies and communities has been highly valued. However, there were strong concerns about particular settings where disclosures of risks of FGM may happen, especially schools, and what kinds of support were in place for teachers, children and their families. There was also a widespread fear among key stakeholders that the requirements for mandatory reporting could be viewed as punitive by people in affected communities.

These policy changes have arguably had a huge effect on perceptions of the need for community engagement, with many stakeholders arguing that increased reporting needed to be backed up by a comprehensive community engagement strategy, and for communities to 'be involved'. Precise articulation of how and when communities should be involved, however, often varied, and while there are best practice commissioning models (such as the Bristol model), there is no evidence that this is being widely taken up, especially outside of London.

There is a widespread perception that much has been achieved in mainstreaming FGM in the UK, and there is now an appetite for addressing FGM within wider forms of VAWG or 'harmful practices'. This is partly due to ongoing council budget cuts which present a real threat to mainstreaming FGM, but also reflects a pragmatic desire to find a way to keep a focus on FGM with constrained resources. The integration of FGM with other areas,

[6] It is now a mandatory requirement that professionals (registered health and social care professionals and teachers) record and report any suspected cases of FGM in children under 18 years of age to the police.

including VAWG, was, however, controversial for some of the groups (see Section 3.2.5 below). The creation of platforms and forums for multi-stakeholders to address FGM (and other 'harmful practices') has also been patchy: these were often in place at the beginning of Phase Two, but are now once again under threat due to budget cuts. In other areas, there are good examples of regional task forces being set up, for example among the West Midlands police, which have facilitated the mainstreaming of FGM. Many stakeholders felt that there was an ongoing need to keep up pressure so that statutory forums would keep a focus on FGM.

The media attention on FGM has been widely credited with pushing forwards the agenda on FGM but it has also raised concerns in the way that it portrays and represents communities affected by FGM. The Somali-UK community, for example, has felt targeted, even though in the early stages of the TFGMI, they were often the primary community leading engagement and campaign work. The over-association of FGM with one community or one religion presents a risk for ending FGM in the UK, and standards for communications should be developed to address this. It was also felt that, where the TFGMI had achieved change, successes should be celebrated so that affected communities are not misrepresented. There was also a growing recognition that FGM is often presented as a sub-Sahara African issue, ignoring FGM's widespread geographical prevalence and the diversity of affected communities in the UK. For instance, UNICEF's prevalence map for Africa is often used, but this ignores the prevalence of FGM among some countries in the Middle East and Asia.

In a few local areas, a more enhanced response has led to demand for a better understanding of local populations affected by FGM. While referrals to social services have risen over the course of Phase Two, caseloads are still low overall. While estimates of local prevalence are available, more qualitative insights into the 'needs' of local populations are required in order to commission services that meet the right mix of preventive and treatment services.

Lastly, many stakeholders raised concerns about the extent to which the need for FGM prevention is understood in areas of low prevalence or with low densities of populations affected by FGM. The experience of projects and FGM leads in these areas has shown that, despite a national campaign, many are still unaware of the illegality and harms of FGM. As one Key Informant highlighted, *"I assumed that people know that it's a violation of rights and law but they said that they knew nothing. 60-70% (of people) did not know that it was illegal and that it's child abuse in our eyes, right under our nose, there is a lack of awareness around FGM, it showed that we have got some work to do."* There is still an ongoing need to ensure that FGM is being prevented and addressed in all areas of the UK.

> *"We want to push this forward and without the commitment of community and their blessing the whole thing will fall apart."*
>
> *"Change has to come from within the community and that's where the work has to be done – community members are the best people to do that – peer networks are the best way to do it."*

2.2 Stakeholder Views on Approaches to Tackling FGM in the UK

Many key stakeholders strongly endorsed the TFGMI approach to community-led change. The reality of an enhanced prevention and prosecution response in many areas is that frontline professionals want to have a visible community voice endorsing action to end FGM, and a realisation that a prosecution-response alone risks alienating people within affected communities.

This is a marked difference from Phase One of the TFGMI, when the funded groups often struggled to gain a foothold within safeguarding forums, and wider settings (such as schools), where risk of FGM could be most effectively addressed. Many stakeholders and funded groups felt that there was now a better localised response, based on listening to communities, and working in partnership and tailoring responses to the local context. The use of public forums, where community members and professionals could talk openly about how local areas were implementing statutory guidance, was perceived to be very helpful by many stakeholders.

The endorsement of community-led responses was based on the recognition of the need to engage with affected communities, partly so that the message on ending FGM could reach into communities. There was also a strong recognition of the pre- and post-work for women identified through 'mandatory reporting', such as women-only support groups, where support for FGM could be effectively challenged, and women could be supported to oppose the practice.

> *"They are crucial to the prevention of FGM. We get referrals via 'mandatory reporting' and via social services and to be able to have a charity to do work in the community, we can refer people and engage that way. It's not just finished once we have done the investigation."* **Key Informant, Birmingham**

Key stakeholders credited the TFGMI with bringing the voice of survivors to the fore, and for having invested in women's leadership within the campaign. This has been especially valuable in the context of developing local strategies and solutions for an enhanced response to FGM.

> *"(The TFGMI-funded projects) are the face of FGM prevention – they come from the community, they lead from the front. We organise the events and they lead from the front and we want it to be that way – it's a highly specific matter, specific to the countries of the world where it is practised. Without that face it will be lost."* **Key Informant, Leicester**

In contrast to earlier phases of the Initiative, there is, in some areas, a clearer view on the need for prevention of FGM. This may be because gaps in the availability of prevalence data (either estimates of population at risk or those diagnosed and accessing care) have now been addressed, and there is a clearer incentive to act in many areas. There is now also a much clearer focus on the types of preventive action that can be taken, for instance, the need to support younger mothers to resist pressure to commit FGM from wider family. There have been good examples of joint working and training to build professionals' confidence and skills to implement/deliver a preventive approach. For instance, Manor Gardens delivered training for nursery workers, which was well received and directly led to several at-risk cases being identified and acted

on. Manor Gardens was highly valued as a training organisation, and the approach was felt to be very sustainable as it targeted an Early Years Children's Centre.

> *"People were very interested in the idea of training. We were saying that prevention starts before children are born and reach the age of being cut, so that by that age people have enough input to resist pressure. The nursery workers really got that this is what we need and what real prevention looks like."* **Key Informant, London**

There were similar and widespread perceptions by stakeholders interviewed in other educational settings – further education, colleges and schools, and with parent groups attached to schools – within both the large and small grants groups. Other agencies, such as the police, have been reached and trained, enhancing their awareness of FGM. The training for professionals has been a vital added component in Phase Two.

> *"Basically the mother lived here and a child was in another country. She had never been to the UK this child. They got this FGM PO, and later found out that the child was going to be cut on Sunday…they were able to facilitate a rescue of that child…the 'Chinese whispers' in that community will be immense. BSWAID have facilitated that and worked their butts off to make it happen. The fact that we have prevented one child from having FGM is amazing."* **Key Informant, Birmingham**

The TFGMI-funded groups have worked across a wide range of areas (see Section 3.1.1). As part of an enhanced response, many have been involved in child protection and FGM casework. This is a contentious area as not all groups will have the capacity (or should be expected) to work in detail on child protection cases. Inevitably, organisations working in the VAWG and BME sector have been most trusted to be able to provide specialist support to child protection services in FGM cases. Where they have done so, there have been real successes: organisations such as Bawso and BSWAID have been very involved in providing direct support and are recognised for doing so. The prosecuting agencies in particular highly value this support. The importance of trust in the capacity of local organisations is now at the forefront of an enhanced response. This is because TFGMI-funded organisations often have to play a dual role, pushing for and advocating for a response from statutory agencies, while also 'educating' them on appropriate responses including not handing over the management of risk to the TFGMI-funded organisation. In many areas, professionals have felt a need for support during this process, and some stakeholders felt that there is still support needed for making referrals and managing risk assessment appropriately.

The results of partnership working have not always been favourable. In a few instances, partnership working was weak and stakeholders complained of difficulties in accessing data and information on affected communities in their local area. While these instances were rare, this highlights that local strategies to address FGM are likely to result in a focus on what types of organisations can be commissioned. There were concerns expressed about groups with a single ethnic constituency, for instance, which were frequently viewed as being less able to reach wider audiences and sometimes acting protectively of their community's reputation.

Stakeholders also had mixed views on the extent to which the TFGMI had successfully managed to ground the ending of FGM into a human rights framework. This question also caused confusion, partly because 'rights' are also enshrined in the legal protections and rights of redress of individuals and children and these latter have recently been strengthened by the introduction of measures including FGM Protection Orders (FGMPOs). Where key stakeholders did express their views, it was felt that, overall, most of the groups had used arguments on child rights rather than women's rights. This may have worked well to make ending FGM more acceptable to a wider audience (results from the community groups suggest so), but those in the VAWG sector felt that FGM still remains too 'siloed', and not adequately understood as a form of violence.

"I am clear that it falls within violence against women, and some communities don't view it in the same light. In some LAs it is put in a box and seen as distinct from any other form of violence against women and girls." **Key Informant, London**.

Conversely, the present financial climate is putting pressure on local authorities and others to merge agendas. In some instances projects felt that this was inappropriate. For instance, integrating the 'prevent' counter-extremism agenda into community talks on FGM.

In terms of wider work that is conducted by the groups, it appeared that stakeholders were less aware of other areas where the groups have been active. For instance, in psycho-social support and mental health. The TFGMI has funded the development of specific models of mental health care, some of which (such as support groups) are informal but may be more culturally appropriate for some communities. This is an emerging area where more learning is needed.

At a regional, London-wide and national level, networking and public forums were felt to have been very useful, and focused on developing concrete advocacy actions. The London FGM Forum, supported by Manor Gardens, was felt to be very useful as professionals and others working on FGM are often quite isolated from each other. There was good sharing of learning and ideas in these sessions. However, there was little sense of the Tackling FGM Initiative as a whole being widely known about. This may be because many of the stakeholders who were interviewed, were operating at regional and local levels.

> *"The conference (on 'What do we need to do to end FGM in the UK and how can we work together to achieve this?') was also really helpful. I met people from Tower Hamlets and others in the education field, but I was then able to go and deliver sessions for participants who were there. There was a journalist who reported on it for a national newspaper. They (Manor Gardens Welfare Trust) have really been at the forefront. They were committed to ensuring that this is part of the safeguarding agenda."* **Key Informant, London**

The major barrier to the future of the campaign to end FGM is still funding. Even in areas where TFGMI-partners are highly valued by local authorities, public health, police and others, it was not evident that future funding needs had even been considered. This may be because of the lack of clarity on where FGM 'sits' and who should be funding it (local authorities, Health and Wellbeing Boards, public health, the police and crime commissioners or clinical commissioning groups), as well as the impact of cuts on local budgets. While much has been achieved under the TFGMI,

stakeholders echoed project leads' views that it will be difficult to maintain momentum under the current financial climate.

3.1 Overall TFGMI Aims

The overall aims of the TFGMI were to:

a) Strengthen community-based preventive work to protect the rights of women and children.
b) To reduce the risk to girls and young women in the UK of undergoing genital mutilation in all its forms.

These overall aims were to be achieved by the projects by reaching the programme objectives detailed below. This section presents headline data on the reach, uptake and impact of the programme, including the small grants projects.

3.1.1 Strengthen community-based preventive work to protect the rights of women and children

Programme Reach and Uptake (Large and Small Grants)

The data on numbers of people reached (communities and professionals) under the large and small grants of the TFGMI demonstrate how widespread changes in the acceptability of talking about FGM have greatly facilitated the groups' reach and uptake under Phase Two. As will be explored, this includes the shift of FGM to no longer being a taboo subject, due to projects undertaking community work.

However, caution should also be used in interpreting the data on numbers reached. There was significant variation per project, but in many cases this will be justified. A slower approach may be required in areas where there is stronger attachment to supporting FGM.

Large Grants

Table 2 shows that, under the large grants programme, the TFGMI reached a total of 14,015 people. There

Table 2 – people reached by sex and age – TFGMI large grants

Age categories	TOTAL		Total (all)	%
	Women	Men		
0-25 years	2,683	373	3,056	22%
25 years and above	3,693	824	4,517	32%
Unidentified	3,755	2,687	6,442	46%
Total Reached	10,131	3,884	14,015	100%
% Reached	72%	28%		

Table 3 – people reached by ethnicity – TFGMI large grants

Number reached by ethnic group	Women	Men	Total (all)	%
White/White British	366	82	448	3%
Asian/Asian British	248	60	308	2%
Black African/Caribbean/British	3,951	1,231	5,182	37%
Mixed/multiple ethnic groups	692	86	778	6%
Other	276	31	307	2%
Unidentified	4,598	2,394	6,992	50%
Total Reached	10,131	3884	**14,015**	100%
% Reached	72%	28%		

are large numbers of 'unidentified' people by age and ethnicity, as it was not always appropriate to collect this data. The majority - 72% - of those reached were women, but 28% is not a negligible number. Work with men only started in earnest under Phase Two, and men have, historically, been difficult to involve in the TFGMI. Where age is reported, it can be seen that there was a strong focus on young people.

Table 3 shows the break down by ethnic group. Where ethnicity is reported, it shows that the majority reached were from Black-African/Caribbean/British groups (74% of those with ethnicity reported), showing that the TFGMI reached into a wide range of communities.

Small Grants

The small grants were disbursed to 39 projects over the course of Phase Two. However, demographic data was only available for 24 of the projects. Table 4 shows that these projects reached a total of 12,052 people. Further people were reached through mass media. Given the levels of funding (with each project receiving a mean of £4,301), these projects were able to reach substantial numbers.

Table 4 – numbers reached by type – TFGMI Small grants

	Paid staff	Volunteers	Individuals	Members of small groups*	Members of large groups**	**Total**
Total reached (numbers)	186	285	1,684	1,848	8,054	**12,052**
Total reached (% of total)	2%	2%	14%	15%	67%	100%

Table 5 also shows the numbers reached by socio-demographic type, the vast majority being those from BME or refugee and asylum seeker groups. This strongly suggests that these projects have focused on communities where they felt that there was the most need.

Table 5 – numbers reached by social group – TFGMI small grants*

BME	LGBT	People living in rural areas	Refugees, asylum seekers, migrants	Girls/young women (under 25)	Boys/young men (under 25)	Disabled people	Older people (over 65)
5,910	47	89	5,275	2,091	1,294	540	164
68%	1%	1%	61%	24%	15%	6%	2%

*categories not mutually exclusive so totals may exceed the actual project numbers reached

Ethnicity was only recorded for 36% of respondents, but 9% and 8% of those were from Somalia and Gambia respectively, where prevalence of FGM is over 90%. A further 19% were from FGM-affected communities. It is not known if those not recorded were from other ethnic groups or whether ethnic recording was not appropriate.

Table 6 – participants by age range – TFGMI Small Grants

	Women	**Men**	**Total**	%
0-10	56	28	84	1%
11-18	2,477	1,083	3,560	33%
19-25	1,376	564	1,940	18%
26-59	3,852	1,099	4,951	46%
60-74	192	72	264	2%
75+	40	16	56	1%
Total	7,993	2,862	**10,855**	100%
% reached	74%	26%		

Finally, age is available for 90% of respondents. Table 6 shows that there were a large number of young people reached (33% of those recorded) but that those in the age range of 26-59 years were the most frequently contacted (46%).

Professionals Reached – Large Grants

'Professionals' who required training on FGM constituted a large part of the large grants beneficiaries. A total of 6,402 professionals were reached over the course of Phase Two. Table 7 shows that this was predominantly in the education sector (52%), followed by health (18% in total) and social workers (7%).

Table 7 – Professionals trained by occupational category – TFGMI Large grants

Professionals by category	2014	2015	2016	Total (number)	Total (%)
Educational professionals	2,265	1,071	9	3,345	52%
Health – GPs	84	211	3	298	5%
Health – (child health)	264	543	1	808	13%
Social workers	173	254	0	427	7%
Other	218	518	11	747	12%
Unidentified	322	455	0	777	12%
Total	3,326	3,052	24	6,402	100%

Data on outcomes achieved during training is presented in Section 3.2.4.

Geographical Spread – TFGMI Large and Small Grants

A very crude analysis of the geographical spread of the TFGMI (small and large grants) shows that it has been focused on areas with estimated high prevalence of FGM, or in areas of more than 1% prevalence. 45% of the projects were in areas of more than 5% prevalence, with 19% in areas of 10%. This is measured as one case per 1,000 population. These are mostly urban areas - Inner London (27.6%), London (21%), Outer London (16.7%), Bristol (14.8%), Leicester (12.9%) and Birmingham (12.4%). Funding was predominantly targeted in areas of 'high need', but as noted in the FGM prevalence study, all areas of the UK will have people from affected communities who will need to be included in FGM programmes and further efforts will be needed to reach affected communities in both high and low prevalence areas[7].

Table 8 – Geographical Spread of the TFGMI (small and large grants) by estimated prevalence of FGM

	All Areas	All areas - >1%	TFGMI projects
Prevalence less than 1%	31%	10%	6%
Prevalence equal or more than1%-4%	51%	58%	48%
Prevalence equal or more than 5%	10%	19%	26%
Prevalence equal or more than 10%	7%	13%	19%

[7] Prevalence estimates are based on the most recent estimates presented in MacFarlane, A, Dorkenoo, E (2015) 'Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates', City University London and Equality Now.

Areas of Activity

Table 9 below shows the types of areas where the TFGMI large grant projects have been working, broadly in community-based awareness-raising, service provision, enabling statutory responses and developing resources on FGM.

Table 9 – Areas of Activity of the Large Grant Projects

Community-based Awareness-Raising									Service Provision					Supporting statutory responses				Resources		
Men	Young women	Young people	Refugees and asylum seekers	Addressing child protection	FGM as a form of VAWG	Work with religious leaders	Community champions	Understanding child protection	One to one emotional support	Support in clinical services	FGM and mental health	Support - FGM Protection orders	Support to social services	Multi-agency forums	Developing local area guidance	Training professionals	Training professionals - police	Multi-media resources	Schools info pack	Plays/theatre/films
✓	✓	✓	☐	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓				
	✓		✓	✓				✓				✓	✓	✓	✓	✓	✓	✓		✓
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			✓	✓	✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	☐	✓	✓		✓				✓					✓				
	✓	✓		✓	✓		✓	✓		✓		✓	✓	✓	✓	✓		✓	☐	✓
✓	✓	☐		✓			☐	✓	✓					✓	✓		☐			
✓	✓	✓		✓		✓	✓	✓	✓					✓	✓	✓				
✓			☐	✓		✓	✓	✓	✓		✓			✓	✓	✓		✓		
✓	✓			✓										✓	✓	✓				

The projects have firstly worked to broaden the spread and reach of types of community members that they work with, building on learning that occurred under Phase One. During Phase Two, projects working in community-based awareness have:

- Expanded to work with specific groups: men, young people and religious leaders, creating a 'whole systems' awareness among communities.
- Retained a specialised focus on working with women survivors of FGM, as well as women and girls from affected communities, developing their roles as community champions.
- Expanded models of care for women affected by FGM, including linking them into care for treatment, developing models of mental health care provision and continued to offer one to one emotional support.

Under Phase One, the links between women's access to care and prevention were realised. This included access to mental health and emotional support where FGM survivors could discuss the harms of FGM and in doing so, develop confidence to state their opposition to the practice.

These project activity areas also show the range of ways in which projects have integrated a human rights approach within the prevention of FGM. Analysis of these outcomes and attribution to the work of the TFGMI is difficult, as during this time the requirements for identification and reporting of women and girls affected by and at risk of FGM became a statutory obligation. Projects in most areas did work to support this process however, by:

- Developing awareness among affected communities of the intention and purpose of safeguarding mechanisms and embedding prevention within a child rights framework.
- In some cases, building awareness of FGM as a form of violence against women and control of women's bodies.
- Supporting women and children's rights to redress and claim for protection (through reporting or using protection orders).
- Improving professionals' confidence and skills to address FGM, including having conversations about FGM with those affected.
- Contributing to local area guidance, including local safeguarding policies, referral pathways and procedures.
- Participating in and leading joint public forums on FGM with people from affected communities, professionals and local decision-makers.
- Developing resources which could be used by other stakeholders in the campaign to end FGM.

Some projects were able to provide specialist support to social services, including support during case reviews and for issuing FGMPOs. This is a highly technical area of work, which realistically only specialist organisations who are experienced in child protection would be able to provide.

The key stakeholder interviews confirmed that projects have often played a valued translational role, in doing the supportive work to ensure that people from affected communities understand the protective intentions of the current government's response to FGM. A prosecutions and enforcement response alone can result in people from affected communities viewing interventions as overly punitive or harsh[8]. The PEER data confirms that many women, in particular from affected communities, view themselves as better supported to be able to protect their children. Work such as mixed public forums have supported creating an open dialogue between people from affected communities and local professionals, and in many cases project workers perceive that this has improved understanding of the necessity to respond in specific areas. This will be explored further.

[8] Roy, S; Ng, P; Ikamara, L; Dorkenoo, E; MacFarlane, A; (2011) 'The Missing Link: A Joined-Up Approach for Addressing Harmful Practices in London.'

Outcomes Achieved:

The data shows that, under Phase Two of the TFGMI, community-based work was strengthened. This was achieved by activities including:

- **Developing and supporting a new cadre of FGM champions and survivors:** though primarily at a local level, most projects supported survivors of FGM and women and girls from affected communities to develop their confidence to speak out against FGM and reach wider audiences.
- **Broadening understanding of communities affected by FGM:** the Missing Link report (published in 2011[9]) notes that most of the community work focused on populations from the Horn of Africa. There is now a broader understanding among key stakeholders and others of which communities are affected by FGM and of their needs. Examples of this include work done by groups such as Mama Telema with the Congolese community in Wales on Type 4 FGM (genital or clitoris 'pulling' – see Case Study One below), and the geographical spread of the funded groups' activities. There is also a deeper understanding that it is important to understand contextual factors such as prior contact with FGM prevention projects and migration status, rather than just ethnic or tribal group or religious affiliation.
- **Deepening knowledge on how to work with specific groups within affected communities:** as will be explored, many projects now have a clearer idea of where and why support for FGM is strongest, and how to effectively work with 'hard to reach' groups, such as men or older people.

One of the outcome indicators for 'strengthening community-based prevention' of FGM included building a strong UK-focused network, which could share resources and learning between partners. There was consensus among key stakeholders and project leads that a network approach was only partially achieved under Phase Two. There is evidence of good sharing of learning among the TFGMI Large Grants partners, particularly in focus areas. There was widespread use of FORWARD's Women's Leadership and Empowerment training, for instance, which was useful in identifying and reaching new audiences and groups to work with. Work in schools has come to the fore under Phase Two of the Initiative and there was widespread use of FORWARD's and Integrate Bristol's schools packs. However, the consensus among stakeholders and project leads was that a network approach was hard to maintain, and that most projects created their own networks. This is explored further under Section 3.2.5.

3.1.2 To reduce the risk to girls and young women in the UK of undergoing genital mutilation in all its forms

Achievement of this overall aim was measured by several outcomes, including: a) declining support for any form of FGM among affected communities; b) young people and those responsible for safeguarding them are able to identify, report and refer if girls/young

[9] Roy, S; Ng,P; Larasi, I; Dorkenoo, E; MacFarlane, A; (2011) 'The Missing Link: A Joined Up Approach to Addressing Harmful Practices in London.'

women are affected or are at risk. This section mostly presents survey data on broad shifts in attitudes and confidence to respond to FGM, along with some qualitative data from the PEER. More detailed discussion of attitudinal shifts is discussed elsewhere in this report. This includes views that FGM is a required religious practice and knowledge of the UK law on FGM.

Attitudes towards FGM among Community Groups

Table 10 – Attitudes to whether FGM should be continued or stopped – Community survey, TFGMI Large grants

Do you think that FGM should be continued or stopped?			
Continued	Pre-workshop	Post-workshop	% Change
AAF	26%	1%	-25%
BSCA	0%	0%	0%
GSWG	23%	2%	-22%
Manor Gardens	7%	3%	-4%
Total (mean values)	14%	1%	-13%
Stopped	Pre-workshop	Post-workshop	% Change
AAF	12%	84%	72%
BSCA	84%	100%	16%
GSWG	13%	78%	65%
Manor Gardens	65%	91%	26%
Total (mean values)	44%	88%	-45%
Depends	Pre-workshop	Post-workshop	% Change
AAF	16%	10%	-6%
BSCA	3%	0%	-3%
GSWG	31%	3%	-28%
Manor Gardens	0%	1%	0%
Total (mean values)	13%	3%	-9%
Don't know	Pre-workshop	Post-workshop	% Change
AAF	41%	4%	-36%
BSCA	13%	0%	-13%
GSWG	32%	17%	-15%
Manor Gardens	2%	1%	-1%
Total (mean values)	22%	6%	-16%
Overall total (mean values)	23%	25%	-21%

The community-based survey was administered to 1,790 people. Only four projects were found to have useable data, having carried out both pre- and post-workshop surveys. Two of these (AAF and Manor Gardens) were based in London, one in Liverpool (GSWG) and one in Bolton (BSCA). Attitudes towards FGM were measured by asking, 'Do you think that FGM should be continued or stopped?'. This makes the survey directly comparable to other large-scale surveys on FGM, particularly the UNICEF surveys which measure prevalence in African countries. It should also be noted that many of the post-workshop surveys were administered after having worked with groups over a lengthy period of time, so we cannot analyse how long it took for attitudinal shifts to occur. As FGM is illegal in the UK this data is also subject to a reporting bias, and probably under-estimates levels of support for FGM.

The TFGMI survey data shows that there were significant shifts in attitudes among community groups, with some important gender differences. There was strong support among some groups for FGM, with 23%-26% of respondents saying that FGM should continue (for AAF and GSWG respectively). Over the course of the workshops, large decreases in support were achieved, with an overall decrease of 21%. A small minority of people thought that FGM should continue (1%), or had ambiguous attitudes saying that it 'depended' (3%). But again, there may be a bias and under-reporting in this data.

When disaggregating the data by gender, it can be seen that there are some very important gender-based differences in attitudes towards FGM. Firstly, men at baseline were often much less supportive of FGM than women: this echoes international research, which has shown that even in countries of origin, some men do not approve of FGM but may have few means of opposing the practice[10]. Support for FGM among women was very high in Liverpool (at 'baseline', 49.3% of respondents said that they wanted FGM to continue), and among men in the AAF sample (18.1% support) and in the GSWG sample in Liverpool (7.8%).

Table 11 – Attitudes towards FGM by sex, Community Survey, TFGMI Large grants

Q1. Before this workshop, did you think that female genital cutting/FGM should be continued, or should it be stopped?					
	Continued	**Stopped**	**Depends (e.g. some types OK)**	**Don't know**	**Missing**
Men	6.5%	29.3%	12.7%	26.5%	25.0%
Women	22.8%	42.6%	13.0%	16.8%	4.7%
Total	15%	36%	13%	22%	15%
Q4. Now, do you think that female genital cutting/FGM should be continued, or should it be stopped?					
	Continued	**Stopped**	**Depends (e.g. some types OK)**	**Don't know**	**Missing**
Men	2.3%	87.6%	3.2%	5.8%	1.1%
Women	1.1%	92.2%	3.2%	2.3%	1.2%
Total	2%	90%	3%	4%	1%
Q6. In your opinion, are some types of cutting/FGM OK for girls?					
	Yes	**No**	**Don't know**	**Missing**	
Men	7.0%	59.0%	5.6%	28.4%	
Women	2.2%	37.2%	2.2%	8.1%	
Total	5%	48%	4%	18%	

Table 11, however, shows that, once they have had access to awareness, men have higher levels of support than women for 'some form of FGM', though this is still among a very small minority. This is most likely to be 'Sunna' (or Type 1) which can be difficult for FGM behaviour-change programmes to address. Men may, for instance, be opposed to 'harsher' forms of FGM (such as infibulation, or Type 3) which they recognise as affecting their own lives (such as sexual experience) but still maintain support for forms of FGM which

[10] Varol, N; Turkmani, S; Black, K; Hall, J; Dawson, A; (2015) 'The Role of Men in the Abandonment of Female Genital Mutilation', BMC Public Health, 15:1034.

aim to control women's sexuality.

This can be seen in response to the question on whether some forms of FGM are acceptable (or 'okay') for girls. A small but not insignificant 7% of men said that it was, compared to only 2.2% of women. Support for 'some form' of FGM was highest in Bolton (13%) and in Liverpool (GSWG, with 7.8% of respondents agreeing).

These findings give strong credence to the TFGMI's approach of including wider audiences in community-based change, such as men, whose roles and influence on the practice can be obscure. This data suggests that men are playing an important role in the shift from 'harsher' to 'less severe' forms of FGM.

Qualitative Evidence of Attitudinal Shifts

Evidence of broad shifts in attitudes comes from key stakeholder and project lead interviews, as well as the PEER data. The PEER data is likely to reflect a more representative sample of those from affected groups, because survey data included wider groups who were not always from affected communities.

The qualitative evidence together provides strong evidence of attitudinal shift and overall reduced support for FGM among affected communities. In the PEER data, a variety of reasons are credited with creating this shift, and this has clearly been a complex change where greater media attention, a more enhanced government response and community-based behaviour-change communications have all worked to shift attitudes. This is further explored in Section 3.2.2.

There is strong evidence of wide rejection of FGM among some communities, with specific groups, such as young people and younger mothers, being at the forefront of a rejection of the practice. This has also been clearly linked to understanding that: FGM is not a religiously required practice; it is illegal; and it has severe health implications. This corroborates project leads' opinions that talking about FGM is no longer taboo, and conversations have reached wider audiences.

One of the indictors of the project reach is that those populations in greatest need of engagement and who are most supportive of FGM have become more clearly defined. Young people are often very clearly opposed to the practice, but in many project areas the voice of mothers, who are opposed to the practice and making a definite decision that their own daughters will not undergo the practice, has come to the fore.

"There is mixed information about FGM. When we arrived here there was no information about FGM and we knew nothing. In the last three years there has been much more information out there about FGM."
PEER data, Manor Gardens, London

"Most families support FGM. They feel a woman cannot be regarded as a proper woman without any sort of FGM practice done. However a very small minority in our community do not support FGM. They feel it is unfair for women to suffer in that way in order to please men. They say FGM has tormented their lives; therefore FGM practices should end."
PEER data, AAF, London

"People in my community are fed up of FGM...almost everyone rejects it and those who support it know it can only be done abroad."
PEER data, BWHAFS, London

"My community is now well educated but those who are newly arrived to Newham always have strong views and are generally supportive of FGM practice."
PEER data, BWHAFS, London

"Most women want their daughter empowered - why should they be held prisoner by a terrible act - FGM is a terrible sentence on a woman." **PEER data, BWHAFS, London**

"The woman said to the mother 'don't circumcise your other daughters, because it is not good for them'. This woman helped the mother to see that FGM is not a good thing to do to their daughter." **PEER data, SDS, Leicester**

However, there are many areas where populations affected by FGM have not been reached and there is an ongoing need to target new arrivals and those most resistant to change in particular. This is very evident in dispersal or high-mobility areas, or in new areas previously not reached by interventions (such as with the small grants programme).

The PEER data also showed that there was less widespread resistance to FGM on the basis of maintaining a cultural identity and greater confidence in rejecting it as a cultural artefact. There is a strong voice opposing the practice, and many projects actively talked about the need to abandon 'bad' traditions, through a critical evaluation process, while also maintaining a cultural identity. This finding should be treated with caution, as those who still endorse FGM do so as a part of maintaining culture. This includes older people and new arrivals.

"I believe the topic of FGM is quite controversial in our community. The young generation of diaspora seem to be quite disgusted with the whole notion. They think it is deeply damaging and the remnant of a sexist and patriarchal tradition from hundreds of years ago. The majority of people disagree with FGM. However, many of the older generation seem to value the tradition. They think it is a positive part of their culture that deserves to be protected." **PEER data, SDS, Leicester**

The PEER data echoes the survey data in showing that, in some cases, support for FGM continues if it is in a 'lesser' form (such as Type 1, often referred to as 'Sunna'). This has been a consistent finding since the Phase One of the TFGMI, and is one of the hardest forms of support for FGM to tackle through communications alone.

"There has been a slight change of attitudes towards female circumcision as people are beginning to become aware of the health consequences associated with the type we mostly practise (Type 3). However, they are in favour of some form of FGM to be performed to girls." **PEER data, AAF, London**

"I think people in the community are very scared to talk about FGM at the moment, as the spotlight is very much on this topic and the identification of communities that are affected by this issue. I think there still is a large support for FGM by females (mothers) especially as their daughters become more English and lose their culture and ideals; many women are thinking FGM is the way forward." **PEER data, GSWG, Liverpool**

Outcomes Achieved:

There is strong evidence from both survey and PEER data of an attitudinal shift towards rejecting FGM in the areas where the projects worked, as indicated by the number of respondents who did not wish FGM to continue. There is also good evidence that, among affected communities in project areas, there is more confidence to reject the practice as a part of cultural identity.

However, in a minority of cases, there is still support for FGM, especially of forms perceived to be 'milder'. In these cases, long-term strategies to address FGM as part of a cultural identity are needed. There is an ongoing need to focus on areas of high mobility in urban areas, through 'new arrivals' or disbursement projects, and in new areas unreached by community-based prevention programmes.

International Conventions on Rights applicable to FGM. The **United Nations Convention on the Rights of the Child (UNCRC)** states that children have the right to:

– Protection from all forms of violence, including abuse committed by parents (Article 19).

– Health (Article 24). Non-discrimination: no child should be treated unfairly, including being unable to access protective measures.

The **Committee for the Convention of the Elimination of Discrimination against Women (CEDAW)** states that women have the right to:

– Protection from all forms of violence, including FGM.

– The right to re-dress for the harm caused by FGM.

3.2 Progress Against Programme-level Objectives

3.2.1 To strengthen work which promotes a rights-based approach to tackling FGM among affected communities

In the UK under the TFGMI, as it has been internationally, FGM has been assimilated into a wider human rights framework, since there is no specific international human rights instrument for FGM[11]. Appeal to international human rights instruments has been a vital part of the movement to end FGM in the UK, in arguing, for instance, that the UK government has a duty to respond and protect women and children from harm[12]. In the UK, rights to protection from harm are enshrined in law, with defined rights of redress. Over Phase Two, these have been strengthened by new legal measures such as parental liability. There has been a definite effect on people's perceptions that legal protections will be enforced. These are discussed in Section 3.2.2 below. This section reviews evidence on how the funded groups have worked to frame FGM within a rights-based framework.

Project leads, Key Informants (KIs) and the PEER data all show that the TFGMI-funded groups have mostly worked within a child rights framework. In part, this has been driven by the increase in the government response and a greater demand from communities

"During workshops my approach was to firstly inform them about the protections they have in UK and their personal human rights. We also discussed the expectation and obligation on all UK citizens to respect people's human rights. Here we discussed women's rights and children's rights with examples including FGM as a human rights abuse. We also focus on children's rights and safeguarding protections. We talk about the value of child protection, reasons for intervention and procedures."

Project report, SDS, Leicester

[11] Shell-Duncan, B (2008) 'From Health to Human Rights: Female Genital Cutting and the Politics of Intervention', American Anthropologist, Vol. 110, Issue 2, pp 225-236.

[12] See, for instance, RCN, RCM, RCOG, Equality NOW, UNITE (2013) 'Tackling FGM in the UK: inter-collegiate recommendations for identifying, recording and reporting'. London: Royal College of Midwives.

themselves to understand how these changes can affect them. These are complex changes which can result in people from affected communities being targeted, which the PEER and project data shows has happened in some areas. This has been avoided on a large scale, however, due to the groups' abilities to play a valuable translational role, especially in explaining the intention and purpose of child protection mechanisms. This has arguably been successful in moving the debate beyond simply understanding the UK law. Under Phase One, many if not all of the groups, undertook capacity-building so that people from affected communities could understand the UK law, but the evaluation concluded that this resulted in 'shallow shifts' and more work was needed so that people understood the intention and purpose of including FGM in child rights, not just that it was against the law.

Areas of Activities

- All funded TFGMI groups have focused on furthering understanding of child rights and protection, and of FGM as a form of child abuse.
- Several projects (including SDS, BWHAFS, OSCA and others) have worked with people from affected communities to build the understanding of parents on child protection responses. This has been particularly important in communities where there are widespread perceptions that social services interventions will automatically result in children being taken into care.
- There are specific examples of best practice in this area, including BWHAFS's work on understanding child rights within a 'positive parenting' framework.
- Project workers' capacities to deliver prevention within a child rights framework has increased, including understanding the means of protection that are available particularly to mothers.
- To a much lesser extent in some areas, projects have worked towards further understanding of FGM as a form of violence against women and as the result of gender inequality.
- Work with young people had a strong rights-based focus, and this has included many of the materials which were produced under Phase Two.
- Work with men has focused on addressing attitudes towards FGM and its harms, but to a lesser extent on gender rights.

> *"People in our community used to think that it was shameful to have a daughter that has not had FGM However, that has changed now and the shame has shifted. FGM is more talked about now in the community than ever before as there are not as many people ashamed of having a kid that has not had FGM."* **PEER data, BSCA, Bolton**

> *"My culture is my identity and these were my initial thoughts before attending sessions. Having learnt about the rights of a child in relation to human rights in these sessions, I realised in this day and age that certain parts of your culture could be outdated. There is no need to hurt the child to make them modest. You can do that by raising them right with your values. I am still proud of my culture and I will continue to express that but I will now put my children's needs first."*
> **Project report, GSWG, Liverpool**

Child Protection and Rights

There is good evidence from the PEER data that child protection arguments have gained traction and enabled more widespread support for ending FGM among affected communities. There is also good evidence that a 'community champions' approach has been essential in sparking this shift, because in many of the project narratives project workers have found that people can

perceive talking about FGM as an attack or denigration of their culture. Many of the community champions (both men and women) have managed to re-frame ending FGM as part of parental responsibility for protecting their children.

> *"A key approach used from this was setting sessions to discuss issues that the community felt were important to them. For example, one such issue was positive parenting; we set up positive parenting sessions and used these sessions to discuss nutrition, safeguarding and what that means, FGM, roles of different agencies and how we can work together to ensure the best outcome for children. Families had better understanding, for example, of social services and knew that they followed a code of practice and any action they took if they believed a child was at risk is to safeguard the child. They also understood that social services also worked in families in cases where there was a child in need and not just to 'separate families' as they previously believed."* **Project report excerpt, SDS, Leicester**

It is difficult to identify one single factor which has led to this attitudinal shift. A better understanding of rights is often very difficult to disentangle from greater legal protections in the PEER data, and with the means of resisting pressure to commit FGM. This confirms the evaluation findings from Phase One. These showed that the law in itself has had a deterrent effect but, that it was widely perceived to be ineffective (due to the lack of prosecutions), and that a minority of people were willing to 'risk it' believing that they would evade detection. In the PEER data, however, women's abilities to resist pressure (particularly mothers), has clearly been one of the factors which has led to a rejection of the practice.

There are a number of reasons that child protection arguments have gained widespread support:

- **Arguments based on a child's rights to protection are less contestable:** children cannot consent to FGM as children, and thus it cannot be viewed as an individual choice.
- **Child protection arguments can appeal to wider values:** this includes valuing children and their development, parents as protectors and even community-wide aspirations for wellbeing.
- **Child rights arguments mobilise both men and women:** both male and female community champions have been mobilised under Phase Two, with both often endorsing children's rights to protection.

> *"Over the last two years more and more people are rejecting FGM. This is due to the increased level of education. Also knowledge of the law has increased and people are more aware of the consequences for those who carry out FGM so they're now afraid to face the penalties such as imprisonment. If it wasn't for the law I don't think that Somalis would have stopped this. The law gives women the power to say no. If the woman is educated she can use the law to threaten the father or the mother-in-law that she will go to the police if they try to have her daughter cut. This has happened. I know a case where the mother threatened to tell the police that the aunt wanted to do FGM on her daughter. She also told the husband that she would tell the police if he supported the aunt and had the daughter cut… A cutter living in Italy came to the UK to do FGM on Somali girls. At the time most people didn't know about the law. But one woman who did, threatened to go to the police and tell them everything if this woman had her daughters cut. To this day the other five girls have not been cut and the mother has attended workshops and is against FGM. This is the power of having a law."* **PEER data, Manor Gardens Welfare Trust, London**

- **Child rights education is backed up by means of protection:** while caseloads of those using FGMPOs, for instance, are low, the deterrent effect of the law has arguably increased since there is a perception of wider scrutiny of parents and their children.

> *"Before FGM used not to be mentioned in the media or TV, but now there is more awareness, also in schools where there are sometimes coffee mornings for parents. Everyone at maternity services now asks about FGM. People in my community have different views. For those less educated, they think that FGM has been practised for a long time so why suddenly is everyone concerned about this – sometimes they think this is a Western agenda."* **PEER data, Manor Gardens Welfare Trust, London**

Women's Health and Family Services (WHFS), East London

WHFS was set up with a small grant under the TFGMI. The organisation started with a participatory project with women affected by FGM, called 'Hear Our Voices', growing their confidence to speak out against FGM. Through her work, project worker Helima Awad became aware that many people had unanswered questions about FGM. *"I thought that people were more aware because they are more educated now – but I found the opposite. They think it's part of culture, whatever health issues they are facing they don't want to talk about it."*

WHFS, with their most recent funding, targeted young mothers through parent groups in local schools. Helima worked with community champions to lead parent education sessions. WHFS's 'community conversation' approach is non-threatening, though Helima makes clear that protecting children from harm is her primary aim, and that professionals are there to support women as mothers to resist any pressures to commit FGM.

In one case, a mother reacted defensively to talking about FGM, but towards the end of the session commented: *"Because of the way you approached us you were not targeting us as a community, and working with us to speak up for (our) community."* The woman requested to join the project as a volunteer.

As the quote above suggests, this is a complex area, where great attention needs to be paid to how and who is delivering the message. There is good evidence that, where community champions have carried this message, it has been more widely accepted and endorsed. While many key stakeholders strongly supported this approach, there was little sense from the key stakeholder interviews that there are wider plans to fund and integrate these approaches into future prevention strategies. The learning from these approaches also highlights that FGM must be understood as a different form of child abuse: unlike other forms of child harm, appeal can be made to parents' values of protecting their children and better parenting in order to reduce the risk of harm. Nevertheless, heavy-handed responses in some areas risk undermining these attitudinal shifts (see Section 3.2.5).

> *"Most people feel it's difficult to talk about FGM to non-community members. There have been so many negative angles—most people who have practised FGM weren't motivated by malice or because they are anti-womanhood but this is how it seems to be perceived and presented by most."*
> **Project worker's report**

Women's Rights, Bodily Integrity and Protection from Harm

There is a wide variety of ways in which women's rights have been tackled within the TFGMI projects. Rights-based approaches have been well integrated into much of the young people's work, for instance, in FORWARD's schools-based education. However, among those who worked within a VAWG or gender rights approach, there was a clear perception that women's rights were not well integrated into many of the groups' messaging around women and FGM. This is complicated because, for instance, religious arguments that support women's bodily integrity have been strengthened under Phase Two, and approaches which have supported women's expression, leadership and empowerment are widely used. 'Empowerment', or confidence to reject and speak out against FGM, was reported by many of the community champions who were interviewed. Under Phase Two, approaches which could broaden criticism of gender inequalities which underlie FGM, such as engagement with men, also became more widely implemented.

By the end of Phase Two, however, some key stakeholders and project leads felt that projects were less confident and able to tackle arguments about gender inequalities, especially as linked to FGM. Those who were most confident to do so were often those who worked in the VAWG sector, or individual project workers who were comfortable in using these approaches. In other cases, project leads did not feel comfortable in talking about FGM as part of inequalities in gender rights. At the end of Phase Two, there has been a push to integrate FGM into wider VAWG strategies but this has not always been well received, particularly if it's perceived as affecting community reputation. For instance, one group vocally resisted this as they felt that domestic violence was not 'an issue' within their community, and feared being viewed in this way. The disconnect between FGM and VAWG sectors has been recognised by the funders. For instance, the most recent Open Forum event held in 2015 focused on how to scale up approaches to tackling violence against BME women[13], but key stakeholders felt that future work with community-based groups will still need to focus on capacity-building in this area, and many felt that this was not a realistic expectation within the current financial climate. IMKAAN was funded to develop Accredited Quality Standards to ensure safe minimum standards of practice for organisations working with BME groups on harmful practices, including FGM.

Conversely, there have been some approaches which have worked because they have addressed women's wider empowerment 'needs'. FORWARD's work with young women in Bristol, for instance, used small grants for young women to develop their own projects for ending FGM, but these were also popular because they developed employment skills. In some cases, projects have been housed within organisations which offered skills and capacity-development to women, and integrated tackling FGM within wider efforts to grow their confidence. Lastly, FORWARD's 'Women and Leadership' approach has been widely

[13] Comic Relief, ROSA the UK Fund for Women and Girls, Trust for London, Esmee Fairbairn, (2015) 'How can we scale up effective approaches to tackling the violence and abuse that women from BME communities face?: An Open Space Event'.

replicated by partners and others within the TFGMI. Future investment in ending FGM should pay attention to the need to talk about women's empowerment.

Outcomes Achieved:

- There is good evidence that there has been a shift in attitudes towards understanding FGM as a form of child abuse more widely, which necessitates intervention and protection.
- There is some evidence that arguments based on women's rights (for instance, the right to bodily integrity) are being integrated into approaches to ending FGM, but this is often best implemented by organisations which are working within a VAWG or gender equality framework. Working within women's empowerment, including promoting women's education and employment, seems to be more acceptable.
- There is good evidence that the funded groups have developed confidence in working within a rights-based framework, especially with regards to child protection.
- The TFGMI groups' approach, of using community champions and creating spaces for dialogue, has also been essential to creating consensus around understanding FGM as a rights-based issue.

3.2.2 To undertake awareness-raising work with target audiences using the most effective messages for that group and to increase the skills and capacities within affected communities to speak out against FGM

Learning through the TFGMI has consistently demonstrated that efforts to end FGM have greatly benefited from insights into the way in which FGM is perceived, justified and maintained, and that these may vary according to local context or group.

Under Phase Two, awareness-raising activities have focused on:

- Identifying new audiences to reach among affected communities.
- Strengthening work with young people, men and other wider audiences who can influence support for FGM.
- Developing multi-media resources to spread the message on FGM.

Work to enhance the capacity of professionals to respond is explored in further detail in Section 3.2.4.

Project activities have been wide-ranging, and have included:

- **Reaching new groups:** under the large grants programme, specific projects such as Manor Gardens have been active in seeking out new groups affected by FGM to work with, such as women from Eritrea (who often arrive in the UK as spouses), and taking project activities into the places where women and men meet and socialize.
- **Working with community champions:** this approach has been widely used throughout the TFGMI Small and Large Grants Programmes and largely accounts for the TFGMI's reach, uptake and the acceptability of its messaging about ending FGM.
- **Using a variety of approaches to reach new audiences:** greater attention and focus on TFGMI has enabled more open discussion in public forums, but use of informal social

networks and spaces continues to be an important facet of the TFGMI work to raise awareness.

- **Work with specific audiences, such as men:** Several projects have focused on working with men, either through workshop-based formats or with community champions. Projects working in this area include BSCA, OSCA, Bawso, GSWG as well as Small Grants Programmes such as NESTAC and WHFS.
- **Production of high-quality multi-media resources and plays to reach wider audiences:** work with young people has often focused on building their voice and skills in rejecting FGM, particularly in public forums. Examples include BSWAID's YouTube video ("Unstitched", produced with BBC Media Action), Bawso's play developed and performed by young women called Take the Good, Leave the Bad on Zero Tolerance Day, (as well as other high-quality resources such as leaflets) and BSCA's DVD on The Scar of My Life, produced with survivors of FGM in Bolton.

There is good evidence, from the PEER data and project reports that, by Phase Two, it was much more acceptable to talk about FGM in more open spaces. An important caveat to this is that, with greater media attention, there is also much more sensitivity about the ways in which communities affected by FGM are talked about, or when it's portrayed as an 'African' practice. A particular difficulty in addressing this issue is that communities where support for FGM was highest were also often most resistant to FGM being more widely talked about. This underlines the importance of using a mixture of approaches, including discussions in informal settings, where these views can be directly challenged.

"I think naming it FGM has helped because people in my community do not think it's a form of mutilation so they often argue about it, but this has increased discussions about the topic and has enabled the advocates to challenge people's views." **PEER data, AAF, London**

"People are not shying away from the topic. If it is brought up people won't ask 'why are you speaking about it?' and tell you to stop talking about it. This is particularly common amongst the mothers. I've noticed this a lot over the years." **PEER data, FORWARD**

"I think nothing has changed since the last two years as this practice was already in decline since the last 20 years in Africa and many other places. However, the only thing that has changed, was the attitude of people towards this issue of FGM as they started to talk about FGM as if it was a normal thing which was not the case before. FGM was seen before as a taboo in our culture." **PEER data, SDS, Leicester**

"She said, even last week I saw a friend of mine who was going home and she has two daughters. I said to her but you are not going to circumcise your girls and she said to me no way! Have you not seen David Cameron on TV!? He said he is going to put everyone in jail, anyone that circumcises a girl. Why would I put myself and my children through that?"
PEER data, OSCA, London

"My friend thinks that the main things that have changed are more awareness in the media as well as making sure no child at risk is being taken back home to get this awful procedure done. He believes that the law enforcement and community in general stepped up to protect young girls at risk. He thinks it's because more women are coming out talking about their ordeal and they don't want the next generations to have to go through FGM. So if they can at least prevent it from happening they will."
PEER data, OSCA, London

"We didn't know about how FGM was perceived before the FGM project, really. We didn't even know it was illegal."
PEER data, BWHAFS, London

Enhancing Knowledge of FGM

FGM is often justified and maintained for a variety of reasons, which are mutually enforcing. A variety of arguments is used to tackle these beliefs, including health-based, religious and legally-based arguments. The PEER and other data, however, suggests that it has been a combination of factors which has enhanced rejection of FGM as a part of identity. 'Knowledge' has impacted this shift in important ways.

The key factors have included:

- A greater and consistent media focus.
- Approaches which create debate and dialogue but use a mix of approaches (informal, formal, public and private).
- Legal awareness and perceptions that there is a greater risk of identification.
- Greater access for women to care such as de-infibulation services and, to a lesser extent, mental health care.

Critical factors have included the voices of survivors, working within their local community networks. Within the PEER data, there was sometimes community backlash directed at high-profile FGM activists and campaigners. It has been vitally important that, at the local level, survivors have also been a part of public debates and forums which talk about FGM. However, as explored earlier, in the PEER data, women's rejection of FGM for their daughters is often linked to a wider enabling and supportive environment.

Legal Awareness

Table 12 below shows how survey respondents responded when asked: 'Before this workshop, did you believe that FGM was against the law in the UK?'. Survey results show that legal awareness is generally much lower than would be expected, especially given the high profile that FGM has had in the media. This provides good evidence of the need to have strategies to reach out into communities and provide messaging in ways which people from affected communities can understand, including overcoming language barriers.

Table 12 – survey respondents' answers to questions about their knowledge of FGM and the law in the UK

Q3. Before this workshop, did you believe that female genital cutting/FGM is against the law in the UK?	Yes	No	Don't know
All responses	**50.9%**	**23.7%**	**24.6%**
Men only	**44.0%**	**32.6%**	**22.4%**
Women only	**50.5%**	**20.8%**	**27.9%**

There were interesting differences between contexts. Legal awareness was lowest among AAF's respondents in South-East London before project interventions, where only 15.1% of respondents knew that FGM was illegal (16.3% for women, and 17.4% for women). Bolton was one of the areas with highest legal awareness (82.8% for all respondents, and 87.3% and 66.2% for women and men respectively).

AAF's 'sister circles' – using women's informal networks to reach new audiences

In South London, the Africa Advocacy Foundation (AAF) works through 'sister circles' to conduct community conversations around FGM. Sister circles are informal women's groups, where young and old women from FGM-affected communities can meet. The sister circles are hosted by AAF's community champions. This enables the project to reach into Lambeth's diverse communities across language groups. AAF is currently working with four circles, with champions who speak Arabic, French, Swahili and Somali.

The sister circles rely on social networks and trust. Many of the women already know each other, and this allows women to talk about very personal issues in this 'safe space'. The sister circles are held in the women's own houses. The informal setting and relaxed atmosphere allows women an opportunity to talk in an open way not just about FGM, but about the issues that they face in their lives. As Shani Hassan, AAF's FGM project worker, explained, *"Sister circles conversations often start with women sharing their everyday problems, like parenting, or difficulties bringing kids up in the UK."* But she can often find opportunities to raise the issue of FGM. Women with FGM may not recognise some of their health problems as being health-related, for instance. Women often also share their difficulties within their marriages, which is frequently as a result of FGM. Many women experience sexual difficulties such as pain, a lack of pleasure and intimacy, which affects their relationships with their husbands. Shani can then advocate for women to access FGM specialist services, such as de-infibulation, which may ease these problems.

Religious Awareness

Project leads, especially among communities where support for FGM is tightly linked to notions of a religious duty, reported that they felt confident that FGM was no longer viewed as a religiously-sanctioned practice. This is corroborated to some extent by the results of the survey, which showed a substantial shift in views on FGM as a religious duty. Table 13 below shows the results when respondents were asked whether they believed FGM was a 'religious requirement' before the workshop, and their views at the end of the workshop. There are also important regional differences. Support for FGM as a religious practice was highest in Liverpool (49.4%), and lowest in Bolton (12.7%). Women appeared to be more likely than men to view FGM as religious (33.8% for women versus 23.6% for men). Agreement for this was highest among women in Liverpool at 64.2%. Only 29.4% of men said it was a religious requirement, while among male respondents, AAF's sample in South-East London recorded the highest proportion of 39.9%.

Table 13 – pre- and post-workshop responses on whether FGM is a religious requirement

Q2. Before this workshop, did you believe that female genital cutting/FGM was required by your religion?	Yes	No	No religion	Don't know	Missing
All responses	30.0%	45.4%	1.7%	22.4%	0.6%
Men only	23.6%	44.3%	0.2%	30.8%	1.1%
Women only	33.8%	47.1%	2.0%	16.8%	0.3%
Q5. Now, do you belive that female genital cutting/FGM is required by your religion?	Yes	No	No religion	Don't know	Missing
All responses	1.7%	89.7%	1.6%	5.4%	1.6%
Men only	3.4%	87.0%	0.4%	6.5%	2.7%

The qualitative data presents a mixed picture. There is a stronger voice rejecting FGM on a religious basis and, in Muslim communities, expressly opposing FGM as it is understood as being un-Islamic. This is partly attributable to wider confidence in project leads in addressing religious arguments within community conversations. There are many projects which have worked with religious leaders, Imams and informal religious teachers to tackle religious justifications, but most of the high-level work with religious leaders was completed under Phase One. The current evidence suggests that wider shifts in community attitudes have meant that religious leaders are now more comfortable publicly opposing the practice. The use of community champions has often been very successful in reaching into religious communities, particularly through small group-learning circles. Religiously-based arguments have also strongly supported certain rights, most especially the right to bodily integrity.

These survey results suggest that views that FGM is a religious requirement are easily shifted. In practice, those who are most attached to supporting FGM appear to flexibly adapt their views, and still view it as an essential part of their cultural identity.

"She thinks the project has mainly contributed to the conversation, and publicised new laws. More importantly, she thinks that the project has used religious arguments to campaign against the practice, and that has had an impact. She says, although short term, the laws where important, but for the long

"I believe that FGM is something that is attached to culture and who I am, so that debating or challenging this issue would not change my views but I do know that my daughter and her friends' views on this topic have changed because they have spoken to me about it. They say it has nothing to do with religion and that we should not continue this practice but I do not believe this as FGM is something I grew up with and my friends and relatives around my age agree with me, so we don't believe this is a topic that should be talked about, as you are disrespecting our viewpoints." **PEER data, GSWG, Liverpool**

"The mother of the young girl said 'if the circumcision was good and is allowed in the Islamic religion, people couldn't give it the nickname: pharaonic'. The woman said to the mother 'don't circumcise your other daughters, because it is not good for them'. This woman helped the mother to see that FGM is not a good thing to do to their daughter." **PEER data, SDS, Leicester**

term one needs conversation not only that this is not religious obligation but this is also against principles of their religion." **PEER data, OSCA, London**

"The Imam is from a practising community and understands how deeply it affects his community. He is very supportive of safeguarding. He is also a head-teacher. He also says that he has 'four daughters and I would never cut my daughters'." **AAF, Project notes**

Health Awareness

It has been a consistent finding of the Tackling FGM Initiative that there is a strong link between prevention and women's access to care. Under Phase Two, there is arguably a deeper awareness of women's needs for care and treatment, particularly access to de-infibulation services. Health-based arguments, demonstrating the harms of FGM, are often used by projects to address support for FGM. Even with the shift to a more rights-based approach, health offers a good entry point to talking about the harms of FGM.

One of the drivers of the shifts in attitudes towards ending FGM has definitely been the creation of 'safe spaces' which have allowed women survivors to discuss the harms of FGM, and their own negative experiences with the practice. In many projects, this offers an opportunity to link women into care, if they are facing psycho-sexual problems or other symptoms of living with FGM. It has been repeatedly found throughout the TFGMI that access to care often results in women recognising the harms of FGM and questioning the necessity of the practice.

"My neighbour had the correct maternity plan because she told her GP about her FGM at her 12 week appointment. She was nervous but she did it. Having access to information is the key." **PEER data, BWHAFS, London**

"They got the courage to talk to professionals about their experience, because they feel empowered because of the awareness raisings and don't feel ashamed anymore." **PEER data, SDS, Leicester**

"At the beginning of this project women and young girls were very reluctant to speak out in workshops and gatherings. Now, however, they are not afraid to stand up and speak out about their opinion and experiences. In one of our women's sessions, we had a brave woman that stood up on the discussion part of the session and she said, 'I have two girls that are not circumcised, and I am glad I haven't done to them what my mother did to me. They are both happily married without discomfort and pain'," **Project report, London**

In terms of prevention, there is some evidence from the PEER data that wider discussions about FGM may have facilitated women's access to care, as in they feel more confident to approach healthcare providers themselves to seek confidential treatment. To some extent, this is corroborated by data from health service providers who have seen rising numbers of women being referred into health services. The PEER data shows that there is also rising awareness of women's need to have access to care, particularly to de-infibulation.

> *"The Somali community came a long way. Now people are feeling that it is normal to talk about FGM. People are really…one of the women said in her interview that she used to come to FGM groups, that although she was against FGM she used to hide herself, and now in the PEER research she is one of the most extreme saying that there has been great work done but we need reversals."* **Project report, TFGMI Large grant, London**

"It is easy for people to say 'end FGM', but when I started talking to people about FGM especially those that practise, it not as easy as people think. Very few women are also aware of the type of FGM they had and this makes it difficult to relate to any health symptoms in community unless the woman concerned consents to seeing a health professional about her health." **FGM Champion, Birmingham**

However, this does not mean that women's access to care is always supported. Both the PEER data and project workers' interviews suggested that, in some communities, women's access to care may be stigmatised, and that more support and encouragement is needed. Additionally, women are often unaware of what services are available locally. For this reason, some respondents wanted to have more male involvement and support for access to these services.

"In our community women also need their husbands to be educated about the negative effects of FGM and what de-infibulation is. The reason why many women are afraid to have de-infibulation done is because they are afraid of what their husbands will think. A lot of women are still not opened because they are worried. They need encouragement – some women think de-infibulation is life-changing." **Female respondent, London**

There is also good evidence that an expanded understanding of the effects of FGM, and women's needs for treatment, has also supported a shift in attitudes. Under Phase One, 'needs' were often described in terms of access to maternity services or during pregnancy. The PEER data shows that this has now expanded to encompass mental health, psycho-sexual needs, and emotional support. This echoes project workers, who have often reported that women affected by FGM may have complex needs which were initially little understood or identified by their client group. This was particularly the case for mental health services.

"I think now people have more understanding of the needs of women affected by FGM. This project has raised awareness about such needs, especially complications with childbirth and issues associated with intimacy. I think now people - especially mothers - are beginning to feel regretful circumcising their daughters, some are not so accepting but it's a work in progress." **PEER data, AAF, London**

Examples of Models of Care in Mental Health:

Dahlia Project

The Dahlia Project is an FGM survivors group, providing psychological support, and waswas set up with support from Manor Gardens Welfare Trust. The project also aims to build the skills of psychotherapists to work with women affected by FGM.

NESTAC

Women who are referred into NESTAC are assessed for mental health needs, and then either offered one to one psychological support, or group emotional support led by trained peer counsellors.

ECYPS

The project is located within a young people's and community centre and conducts outreach into the community. It has good referral pathways from other frontline services. They do community-based workshops with women affected by FGM to build their own understanding of mental health needs. Women with complex needs are offered one to one support from a trained psychotherapist. Most clients are identified through outreach.

"Affected women seem forgotten. Most campaigning is about preventing new cases or would-be victims. Those who have already suffered need support." ***PEER data, BWHAFS, London***

"There should be more psychological support services for women for those affected by FGM. It affects the whole of a woman's life. There will be change if the programme is continuous. Having one-off workshops is not enough, there need to be more workshops, especially for those who have recently moved to the UK." **PEER data, Manor Gardens Welfare Trust, London**

The TFGMI as a whole has arguably made a real contribution to understanding the links between mental health, emotional support and FGM. The current evidence suggests that there is often a strong mental health need and that there needs to be better support linking women into care if they have complex mental health needs. Several projects – including the Enfield Children and Young People's Service (ECYPS), Dahlia Project, NESTAC and others – have included 'pre-counselling work', where women develop an understanding of mental health services before attempts are made to link them into care. The referrals in services such as ECYPS often come through outreach, and not from other frontline providers.

This suggests that there is a strong need to build on these models of care for women affected by FGM. The government has recognised that women who have undergone FGM may have complex psychological needs, and has developed standards for commissioning services for women affected[14]. However, more investigation is needed to assess whether these needs are being met. Funding of services should consider the investments required to link women into care, as is common in other health areas working with marginalised populations, such as HIV.

"The women affected by FGM need psychological support in terms of their sexual relationship because they become passive in sexual relations, which may lead to a sort of depression and they avoid such relations, which in the long term results in separation or divorce, or the husband having a girlfriend. On the other hand, hard delivery or giving birth sometimes leads to post-natal depression." **PEER data, Bawso, Wales**

FGM, Sexuality and Intimacy

The PEER study at the end of Phase One showed that discussions about sexuality, particularly within married life, were prompting a re-questioning of FGM. A focus on the importance of female sexual desire, and the impacts that FGM has had on marital relationships, has the potential to shift attitudes towards all forms of FGM.

The creation of 'safe spaces' to allow this conversation to take place has been essential. For instance, AAF's approach of working through 'sister circles' has meant that women are more able to talk about sexuality within marriage. In Bawso's outreach, conversations about the impacts of FGM have highlighted how it can lead to divorce and family disintegration. The inclusion of male champions has also led to significant

[14] Department of Health (2015) 'Commissioning Services for Women and Girls with Female Genital Mutilation.'

shifts, particularly in addressing gender-based differences in attitudes towards FGM. The impact on couples' sexual lives is one of the main reasons that men disapprove of the practice. There is good evidence that in the TFGMI, male champions opposed to the practice are doing so on this basis, and that young men are especially likely to endorse these viewpoints.

This is a difficult area. In other workshops with men, control of women's sexuality is a recurring justification among a minority for the ongoing need for FGM in the UK. However, the PEER data is clear that people from affected communities want there to be an ongoing approach which does include talking about sexuality within marriage in sensitive ways, including men in these conversations, and encouraging couples to access psycho-social support services if needed.

> *"There is a need for better sex education around FGM and openness in terms of talking about how FGM affects sex. These girls will be sexually active at some point, whether it's before or after marriage. Parents probably don't want to acknowledge that they will be sexually active before marriage. They know it happens but they don't want it to happen. It's a need but not out in the open as it's a taboo and immodest, in their opinion, to talk about sex."* **PEER data, FORWARD, Bristol**

> *"Also, most of the Sudanese men feel that FGM affects their sexual life and they prefer the normal woman who has never been cut, and nowadays most of the Sudanese families are against FGM."* **PEER data, Bawso, Wales**

> *"There are a lot of single parents because of FGM. When they have sex it's painful so the husband will leave and find another. The man will say 'you're a bad wife'. So there are a lot of problems. In the community a lot of them are depressed."* **PEER data, AAF, London**

Work with Men

The end of Phase One identified that there was a need to work with men, both as part of addressing those driving demand for FGM, and as part of widening the enabling environment for tackling FGM. The projects' experiences of working with men has been mixed, with some approaches only working in some contexts.

The barriers to engaging men in FGM are strong. In many of the delivered sessions, project workers had to overcome men's perceptions that FGM is simply not a concern to them and that it was a taboo subject. Similarly to women, male champions have had to develop the confidence to overcome feelings of shame in having conversations around FGM. This has partly been achieved by integrating FGM into workshops addressing wider male concerns.

Project activities have included:

- OSCA's workshops with male and female project workers, working in partnership with the anti-tribalism movement in the Somali community.
- Bawso's work targeting refugee and asylum seeker men through dispersal programmes.

- AAF's work with local male religious leaders (a sheikh and an Imam) from affected communities speaking out against FGM.
- BSCA, NESTAC and WHFS's work (the last two with small grants) with male champions, conducting community conversations on the impact of FGM on marital life.

In some cases, the success of engagement with men relied on identifying men who had a good social network and an acknowledged community leadership role, but some projects found this harder to replicate in other areas. This may in fact be reflective of the nature of the affected community in that area. For instance, working with male champions may be harder in areas of high mobility and with new arrivals.

"I still think men need to get more involved. They are still reluctant. My dad is still reluctant to talk about FGM. Some men are more willing to talk about it. A lot of men in my family don't want to talk about FGM. This is a shame. Men definitely need to be involved in the campaign to end FGM." **PEER data, FORWARD**

"More men are openly rejecting it too. They now see that it is their issue too. FGM affects the whole family, we don't want damaged women." **PEER data, BWHAFS, London**

There needs to be a better focus on how male attitudes towards FGM are being explored within these workshops. Organisations with a gender-based and rights-based approach have been best placed to address the underlying norms which maintain FGM. In a few cases, project workers were unclear about their theories of change, or how their work was leading to a shift in attitudes. In some cases, there was an over reliance on workshop formats, partly because of difficulties getting men into activities. However, more long-term interventions, such as working with male champions and local leaders, have worked best to mobilise male support. Male champions also need support to develop the confidence to address FGM, and the importance of this support may be under-appreciated by some organisations.

Lastly, of note in some cases, discussion about gender and women's rights is perceived as a barrier to creating a broad-based movement which includes men. Project leads on FGM need to be confident in addressing these concerns without expecting that this entails giving up on a gender and rights-based approach. This is especially important given that there is still ongoing support among a minority for 'lesser forms' of FGM (such as 'Sunna') which are rationalised on the basis of controlling women's sexuality.

Testimony from Hirsi Ahmed, male champion with BSCA, Bolton

Hirsi is a community 'elder' in Bolton, and was recruited by BSCA to work as a male champion. He had a good reputation in the community. When Hirsi started to work, he acknowledged that, among men, it was still strongly taboo to talk about FGM. He started to work with a male friend, contacting local men in his community, but found that often men were opposed to him raising the issue. *"Some men said that clearly: 'Ok, you came here to discuss FGM, you wasted and spoilt our time, it's not a good issue that we can discuss with you'. It's difficult to raise the issue with them. Some men said that, while these discussions are going on, 'we will stand outside'. It was not easy."*

Hirsi carried on working, appealing to men's duty as fathers to protect their daughters, and emphasising that FGM is not a religiously-condoned practice. He gradually built up a network of men who were opposed to the practice and at the last workshop, was able to mobilise 25 men to attend, a key indicator of success. As Hirsi stated: *"The majority of the people who supported us are fathers, and they are aware of how this practice destroyed the lives of their sisters and their wives. Some of them still work with us. If I call them to a small gathering then they are coming."*

Work with young people

Young people are potentially at risk of FGM, and there are strategic advantages to engaging them, especially for working within a rights-based approach. Generational differences in attitudes towards FGM have been noted, with young people often more receptive to rights-based messaging on FGM.

Under Phase Two, it is notable that a greater range of the projects engaged young people, often using participatory and multi-media methods, as well as identifying new channels to reach them.

"My friend said: "Most of the men and young people I have come across do not support FGM. This could be due to education about FGM and its problems or simply the understanding that it's outdated and has no place in the community." **PEER data, OSCA, London**

"Many young people who grew up in the West, do not know how prevalent and widespread the tradition is. I think they are slowly starting to realise that. News articles and projects like this are hugely important to raise this awareness." **PEER data, SDS, Leicester**

Projects included:

- Bawso's work with young women from affected communities, which resulted in a play, DVD and leaflet which was distributed through various channels.
- BSCA and OSCA's work with young women, using participatory and interactive methods such as poetry and art, to talk about FGM and their future aspirations.
- SDS's work with young men and women, using participatory methods to develop a play on FGM, and produce a DVD on the issue.
- FORWARD's work with youth advocates and community champions, particularly with partners NESTAC (in Manchester), Empowering (in Bristol) and EUROSOMA (in Birmingham).
- BSWAID's work with young women from affected communities, producing an online film on FGM.

PEER data and follow-up interviews with youth advocates demonstrates that there is a widespread perception that young people are opposed to FGM, and that the projects have built awareness among an audience which previously had low levels. Among those who oppose FGM, there is some support for work with young people on FGM to be further supported.

"More women are openly rejecting it because our collective voices and stories are strong. The truth in stories is very powerful - it makes people think - even those who are initially pro-FGM. It is hard to deny the testimonies and pain of so many women." **PEER data, BWHAFS, London**

There is good evidence that the approaches used by projects, using participatory methods, small grants, and youth-led approaches, has worked well to build young people's confidence and agency in rejecting the practice. Several of the projects felt that the projects were popular in giving young people good life and employability skills. There has also been some work done to further support young women to have conversations with other family members – mothers, aunts and others – about FGM.

"In the conference, the sheikh said it's not a man's issue, and we said that it's demanded from men. They said no man stands up and demands this. Others said no we have to stand up. Young men even said that we don't want to have a woman who goes around the block, we want a woman who will stand with us alone. (What changed their attitudes?). One man talked about problems with sex in marriage. Some men reflected when their wives have their baby they have a longer labour." **Interview with project leads, AAF, London**

There is now an appetite among young people involved in some of the projects to tackle wider, gender-based agendas, including VAWG. There is also a clear picture on 'what works' to engage young women and people. There were, nonetheless, differences of approaches towards the work, with some projects arguing that younger women needed 'safe spaces' to be able to critically analyse not just FGM but also gender-based norms that may affect them, whereas others focused on models which could rapidly mobilise greater numbers of young people in public forums. In some local communities, smaller and more workshop-based approaches may be most appropriate. More public work with young people may attract resistance and criticism from the wider community, and good support mechanisms need to be built in order to address this.

Work with Schools and Education Settings

This section explores to what extent the TFGMI-funded projects have managed to develop models of working in schools settings, as an indicator of broadening awareness and opposition to FGM. Work with teachers as frontline providers and as part of a safeguarding response is explored in Section 3.2.5.

Project activities with and within schools have markedly changed since Phase One, and are a good example of how wider political commitment and safeguarding duties have facilitated access by community groups, who are working to empower (young) people to reject the practice. Changes to the wider environment have included: OFSTED requirements that schools should include addressing FGM as part of safeguarding; 'mandatory reporting' requirements for teachers (as part of the Serious Crime Act 2015), and guidance for tackling FGM which stipulates that schools should use approaches which empower young people to tackle FGM. At this stage, however, education about FGM is still not included in the PSHE curriculum (which is not statutory).

"The popularity and word-of-mouth success of FORWARD's Schools Programme has been a great challenge to our capacity. The sheer amount of outreach work in 2014 – overall the number of school children we reached increased by 240% on 2013 and the number of professionals by 1,235% – proved incredibly time-intensive."
FORWARD, project notes

Within the TFGMI, much of the funded work has built on existing expertise. For instance, FORWARD's work under the TFGMI used its existing schools work, though during the funding the model being delivered has now expanded to include a 'whole schools' model in some areas, working with teachers (as part of safeguarding), students and their parents. The schools pack is widely referred to and used within school settings.

"I've noticed (affected community) boys a lot – young teenagers and of school age. They haven't really been told about it or if they have they have been told that FGM is a good thing if they want to marry a girl. This attitude is changing, but the general attitude of having a clean girl, all of the things driving FGM to happen in the first place – this is still present. It's more subtle – they aren't saying girls have to go and have FGM done but the attitudes driving the practice are still there, in the community. This will take a lot longer to break down."
PEER data, FORWARD

Further project activities have included:

- Integrate Bristol's online resources for both students and teachers (some of which were developed with TFGMI small grants funding).
- Manor Garden's work with further education institutions, delivering workshops supported by a specialist FGM midwife.
- BSCA, Bawso and AAF's work in schools, youth centres and other educational settings.
- Under the small grants programme, organisations such as ARC Theatre have used interactive methods to train teachers on skills to work on FGM, and deliver FGM sessions within schools (see Section 3.2.4).
- WHFS have targeted parent associations within schools to deliver awareness-raising sessions.

The uptake of training for teachers within schools has been one of the major achievements of the TFGMI, and has definitely supported the wider discussion of FGM and the sense that it is 'everybody's business'. Schools settings offer real opportunities to work with young people and address gender-based attitudes which underlie support for FGM and other forms of violence against women. There is now a clear view of standards around tackling FGM within schools, including the need to integrate it within a human rights framework, use non-stigmatising language and approaches, and be prepared in the event of disclosures. In some cases, work within schools can actively feed into wider campaigns for young people to become involved in ending FGM.

However, there has only been partial progress in reaching students within schools. Lead organisations working on this issue have noted that there is still sensitivity around the issue of FGM. The need to create 'safe spaces' within schools, and to adequately support young people or children affected by FGM does not appear to be widely implemented, and mental health support within schools may be facing further cuts. This may be an area which necessitates further advocacy so that young people are more engaged and FGM is integrated into the curriculum for instance.

> *"I have a friend who is Eritrean but her mother lives in Sudan. Her mother made arrangements to take my friend's children for FGM. The grandmother was insisting that she'd look after the children on her own to give my friend a break. But my friend felt there was something funny going on and she cross-questioned her mother. The grandmother revealed that she was planning to have my friend's daughters cut. My friend went mad, told her that not only would her mother go to prison but my friend would also. She told her about all the health complications. It was a terrible holiday for my friend and now she can no longer trust her mother."*
>
> **PEER data, Manor Gardens, London**

Links with the Diaspora

It has been known that parents, women and children may face greater pressures to have FGM done when they return to visit their countries of origin. In some cases, pressure is exerted by family members on parents, even when they are resident in the UK. There was some evidence that parents are now more able to resist pressures when in their countries of origin, using legal arguments to resist. There were individual examples of women taking action to prevent their daughters being cut, or parents being more assertive in resisting family pressure. There was also some indication that, in some communities, greater understanding of the law's extra-territorial reach was a deterrent for some, preventing them from taking their daughters out of the country to undergo FGM. It is very difficult to conclude how far-reaching this is, and further research is

needed in this area.

> *"In the past, people would be taken back home to have FGM done. Our community (the Eritrean one) is very closed and people don't talk about FGM. People are aware of and are very afraid of the law."* **PEER data, Manor Gardens Welfare Trust, London**

The PEER and project data, however, also showed that people wanted to have better linkages with international campaigns to end FGM. This was partly to address ongoing pressure and undertake further work to tackle support for FGM, but also to acknowledge that in some cases, attitudes had also moved on in countries of origin. Those who support FGM in the UK may view it as an essential part of maintaining culture, but that is harder to do if there is a wider awareness that it is being abandoned in countries of origin as well.

"In the Sudanese community back home in Sudan people say FGM is done for religious reasons. Everyone has to do it and everyone supports it – even people my own age will be convinced by others. I've had a big fight with my family in Sudan about not doing FGM for my two daughters. Here in the UK, the Sudanese community doesn't support it as they are more aware. People here are aware of the law." **PEER data, Bawso, Wales**

Broadening the Definitions of FGM

Much of the work on FGM initially focused on affected communities from the Horn of Africa who are more populous in the UK. The Small Grants and other projects have broadened reach into other communities and other types of FGM which may be less recognised.

> *"In my community, outreach and mobilisation done by Sacred Bodies has made some Zimbabweans realise that there is also Type 4 FGM practices in the Southern part of Africa including Zimbabwe. This was a shock to them at first as it did not involve any cutting, thus this has caused lengthy debates at times. However, they have now realised that pulling the clitoris is regarded as Type 4 FGM and damages the genitals."* **PEER data, AAF, London**

The PEER and project data confirms that there is now rising awareness among some groups about Type 4 FGM, specifically 'genital pulling' (which involves elongating the labia) which is practised in some African countries. Specific projects which have worked on this issue include Mama Telema among the Congolese community in Wales, who worked in collaboration with Bawso, and AAF's work among the Zimbabwean community in London. Unlike other forms of FGM, women may not be as affected in terms of their capacity of sexual pleasure, but may not recognise what they undergo as FGM. Projects have used mixed workshops, comparing types of FGM across different groups, to analyse 'genital pulling' as a form of FGM.

Outcomes Achieved:

- There is good evidence that the community-based interventions have worked with a range of audiences within communities affected by FGM and have started to create a critical mass of people who are opposed to the practice.
- FGM is a sensitive issue and requires culturally appropriate messaging. There is good evidence that the approaches used by projects, working with community champions and with those directly affected by FGM, has built trust and credibility in the movement to end FGM.

- Projects have worked well to embed developing women's and men's leadership against FGM at a local level, working with formal and informal popular opinion leaders, and developing their confidence, skills and capacities to respond to FGM.
- Projects have been active in identifying new channels and groups to work with. This includes youth centres, youth groups and mental health services.
- There is good evidence that the projects have worked to broaden understanding of women's needs and that this is being translated to some extent into better access to care and demand for services for women affected by FGM. Further work needs to be done in this area.
- There is still an ongoing issue with support for 'Sunna' (Type 1 FGM) among a minority of people. This needs to have ongoing support so that it can be addressed, using a variety of strategies including rights-based arguments.

3.2.3 To reach those who are most resistant to work which tackles FGM or those who don't normally access services or engage in community activities

Over the course of Phase Two, the mobilisation of more voices opposed to FGM has, arguably, also exposed where support for FGM was ongoing. This was among specific groups which included:

- New arrivals, particularly through the dispersal programme.
- Older people.
- Those who were attached to FGM as a cultural expression.

Work with community-based champions, working through social networks, has been the most effective strategy for reaching those most marginalised from services. Much was learnt during Phase One about strategies to reach those groups, including using social networks, popular opinion leaders and informal social groups (such as learning circles through mosques) to reach wider groups. Under Phase Two, with an atmosphere of greater scrutiny around support for FGM, it is possible that only community champions would be able to identify those who would openly endorse FGM.

There continue to be good examples of models of reaching out to new arrivals or refugees. Projects which work specifically with these groups through the dispersal programme include Bawso (both men and women client groups), BSCA in Bolton (who are housed within the refugee and asylum service), and others such as BWHAFS and AAF, who actively target areas of high mobility and ethnic diversity. BWHAFS, for instance, conducted active community outreach into public areas (such as libraries, community centres and other places) and distributed 'welcome packs' for new arrivals, talking about rights and FGM. Manor Gardens Welfare Trust also used

> *"I think the older generation of women place such a taboo on this topic that even discussing it is disrespectful to them and by keeping quiet they believe the practice will end, which is the complete opposite to the younger generation, who don't want to keep anything hidden."* **PEER data, FORWARD**

> *"One of the women I have spoken to talked about how she had FGM performed on her when she was 10 years old and how much she looked forward to this event. She also spoke about the respect this act provided and when we asked about any medical problems, she was very quick to dismiss the issue. Listening to her speak it seemed like she had undergone a ritual which was not distressing, did not cause any pain but elevated her to a position of power."* **PEER data, GSWG, Liverpool**

community facilitators to actively reach new communities (Eritrean, Sudanese, Ethiopian, among others). The cumulative experience of the TFGMI has underscored the importance of having active outreach strategies.

There still continues to be active support for FGM among a minority. Though it appears that support for FGM is higher among older people, attention also needs to be paid to the types of communities, their demographics and previous exposure to FGM social change programmes. The survey results, for instance, point to high levels of support among affected communities in Liverpool, who may be more 'conservative' in nature than in other places[15]. Similarly, this group also tends to be more attached to FGM as a cultural expression, and take offence at wider discussions of FGM outside of private spaces. There is, nonetheless, evidence that a critical mass of 'older people' opposed to FGM has equally been built, and that projects have focused on the rights, duties and liabilities of the parents. There is no data on whether older people have come to respect that they have no role in making decisions about whether FGM will be conducted or not. But the data during Phase Two has really shown the voices of mothers (most often as survivors of FGM) opposing the practice.

"Due to our work with developing community champions we have enabled outreach to women who would normally not engage with any services such as older women. Mama Khatra, our older community champion has been very successful in engaging with older women, grandmothers and those with deeply held religious beliefs. 90% of these women are against FGM as a result of many different sessions we have had with them." **Excerpt from project report**

"It feels like the older generation looks down at younger girls, almost in horror that they don't conform, that they are not cut. But there are plenty of elders who are proud of the untouched young women...they are seen as strong and courageous... like powerful trees growing. FGM takes away that natural strength and courage all children are born with. It's a tragic symptom." **PEER data, BWHAFS, London**

Women who have had FGM and who strongly support it, continue to present the greatest difficulties for project workers making arguments about the harms of FGM. While in the PEER data this is a minority view, it is of concern given the ongoing low but consistent levels of support for 'Sunna' (Type 1) among some groups. It is important that messaging continues to focus on ending all forms of FGM.

Lastly, there was some indication that projects may need wider support particularly from local statutory agencies for tackling active support for FGM. As one project worker noted, local authority funding should be attached to having clear policies on not endorsing FGM.

''I have undergone FGM when I was five. To be completely honest, I do not remember much of it as I had the Sunna type. It hasn't really affected me growing up or in my marriage and during child birth. I gave birth naturally without any complications. I was very lucky to have had the less severe type of FGM." **PEER data, BSWAID, Birmingham**

"Council has been slow and cautious in addressing FGM straight on. Cogs grind slowly. (The TFGMI project) alerted them to pro-FGM comments made by a local community leader (whose organisation is funded by the local authority). This was after (the TFGMI project) had discussed, debated, offered in-depth training and it had made no impact. Seven months on, the local authority has taken no action." **Excerpts from project notes, TFGMI Small Grant, London**

[15] Personal Communication, Clinical Lead for FGM, Liverpool NHS, 29.04.16

Outcomes Achieved:

- There is good evidence that the approach used by the TFGMI has worked effectively to reach new groups across ethnicities, communities and places. The work with community champions continues to be important in reaching new audiences.
- The TFGMI has produced good models of outreach and integration with services for new arrivals but this stream of work needs to be further scaled up.
- While there has been much progress in tackling support for all forms of FGM, there is still support for 'lesser' forms among a minority.

3.2.4 To strengthen the capacity of community groups to engage with statutory agencies so that prevention of FGM among women and girls at risk in the UK is mainstreamed as a form of child abuse and violence against women and Community Based Organisations play a recognised role in local authorities' responses to FGM

In sharp contrast to Phase One, the second phase of the TFGMI has been characterised by strong demand from statutory agencies and frontline providers to be trained on FGM, as part of the mainstreaming of FGM. TFGMI-funded groups have often been the only locally-available source of training on FGM, and the large scale of those trained (with 6,402 professionals trained) is a testimony to the large scale of demand.

Survey Results – Professionals' Knowledge, Skills and Confidence to Respond

The survey measuring professionals' knowledge and confidence to respond was based on the NSPCC tool. Seven projects used the survey to measure changes in attitudes among professionals, with a total sample of 1,189 respondents. Only two of the projects administered the survey before and after workshops, making assessing changes in knowledge difficult. Where pre- and post-workshop results are reported here, we use data from the two projects only. Other outcomes reported refer to all survey respondents.

Most (84.6%) of those who took part were female, and in order of frequency, were from: education (47%); non-statutory or voluntary sector (22.1%); social care (9.7%); and 'other' (10.5%). Only 26.8% of these respondents said that they had taken part in any previous training on FGM.

Table 14 shows indicators of professionals' basic knowledge of FGM (types, common ages and where it is practised). Baseline knowledge (using pre-workshop surveys) was reasonably high. Overall, 86% of respondents gave correct answers, with a 36.9% increase in knowledge.

Table 14 – Indicators of Basic FGM Knowledge – Professionals Survey

Knowledge of types of FGM	Baseline knowledge	Correct answer	Incorrect answer
All respondents (post workshop)	14.5%	75.7%	19.70%
Common ages for submitting a girl to FGM			
All respondents (post workshop)	66.2%	92.8%	2.4%
Where is FGM practised?			
All respondents (post workshop)	66.8%	89.6%	9.1%
Total	49.2%	86.0%	10.4%

Table 15 – Professionals' self-reported confidence to respond in suspected cases of FGM

I feel confident that I can spot the signs and symptoms that FGM has taken place	**Strongly disagree**	**Disagree**	**Not sure**	**Agree**	**Strongly agree**
Pre-workshop	33.7%	25.4%	29.9%	6.5%	1.5%
Post-workshop	1.8%	2.5%	40.2%	40.7%	13.8%
All respondents	1.4%	3.6%	26.5%	48.2%	19.3%
I have a good understanding of local inter-agency procedures on safeguarding	**Strongly disagree**	**Disagree**	**Not sure**	**Agree**	**Strongly agree**
Pre-workshop	18.4%	21.0%	31.7%	16.9%	5.0%
Post-workshop	1.4%	0.7%	21.3%	45.7%	30.1%
All respondents	1.1%	1.8%	13.6%	47.1%	35.5%
I know how to communicate legal and health complications with a woman who has had FGM	**Strongly disagree**	**Disagree**	**Not sure**	**Agree**	**Strongly agree**
Pre-workshop	28.8%	25.5%	28.9%	9.9%	1.5%
Post-workshop	1.4%	1.4%	29.2%	41.4%	26.3%
All respondents	1.7%	2.3%	19.4%	46.1%	29.1%

Legal knowledge among professionals was very high: 95.5% of them agreed that FGM was illegal in the UK. The most important outcome measured was professionals' confidence to respond. Professionals' confidence was low at baseline: 59.2% said that they disagreed with the statement: 'I feel confident that I can spot the signs and symptoms of FGM'. There was an average of 52% increase across these three indicators in professionals agreeing with statements on confidence to respond, with 75% overall agreeing. Workshops were thus effective in improving knowledge, but there is still room for improvement in building confidence, most especially in educational settings. The training results also indicate that more needs to be done on building knowledge of the extra-territorial reach of the law.

Mainstreaming FGM: working with professionals

The survey results indicate that the TFGMI-funded projects made a real contribution to building professionals' confidence to respond. Interviews with project leads indicated that the demand from professionals for training was very high, and some projects even had to make decisions to scale back their involvement, as the time involved risked taking their focus away from community engagement. As with other streams of work under Phase Two, the greater receptiveness of the statutory sector to responding to FGM opened up opportunities to develop joint work between frontline providers and community groups to focus on prevention. That said, it seems that, at this current stage, budget cuts are once again threatening the

Case Study – ARC Theatre

ARC Theatre, based in East London, have worked using participatory theatre mostly with young people. They identified FGM as a focus area.

ARC worked with leading FGM campaigner Leyla Hussein to develop an interactive training package, working with teachers in schools in the local boroughs. The training used interactive quizzes to build capacity and test knowledge. Workshop evaluations found that the approach was highly popular and effective, with many scoring 100% on indicators of knowledge.

safeguarding forums which have been essential for creating dialogue and soliciting engagement from local community groups on FGM.

There have been some excellent models of joint work with communities and professionals to build confidence to respond. It has often been a joint approach which has created the consensus needed to develop action plans on FGM. Many key stakeholders in the Key Informants (KIs) were very anxious to avoid a 'top down' approach in their interventions. This stream of work has included:

- **Joint public forums**, conducted with professionals and community members, focusing on understanding the intent and means of implementing recent guidance (especially 'mandatory reporting'). These have been widely conducted, but specific examples include AAF's 'safeguarding conference' which brought together health professionals (including specialist FGM midwives), representatives from the Department of Health, safeguarding leads, over 100 frontline professionals and young people and community champions. SDS also provided a joint forum, which was credited with giving initiatives in Leicester on FGM a community-led character.
- **Innovative methods of training frontline professionals:** the Small Grants in particular have contributed to piloting innovative training methods, including those by ARC Theatre.
- **Better integration of training into specific settings targeting children's early years:** specifically the work conducted by Manor Gardens Welfare Trust in children's centres is a model which could be more widely replicated.
- **Training the police:** in Wales and Birmingham, TFGMI-funded partners have worked with community police officers. In Wales, trained police are linked to specific schools as part of their safeguarding approach. Police highly valued working with a community engagement strategy.

These efforts have made a strong contribution to building local consensus on the need to tackle FGM and have been strategically focused on frontline professionals who will have a duty to identify and respond to cases of risk. However, the results from the professionals' survey and KI interviews do suggest that more could be done to standardise training and raise the quality. Even when 'well-trained', surveys indicate that professionals feel unsure about how to respond appropriately with mothers when there is a concern. This strongly suggests that, in cases of identified risk, more support is needed to enable frontline professionals to respond.

> In the second phase of the project, SDS used the child safeguarding issues surrounding FGM, and this helped us to talk about FGM without feeling any pressure and fear. The community also appreciated this, because they felt their children would be in danger if they practise FGM. One of them said 'this campaign has helped us as women, because it protected us. We need to be grateful'. One of them said 'thank God, I don't need to be worried about my daughter. She will be protected in this law.' Another one said 'the community needs to be open minded and the mothers need to be open with daughters and educate them about sexual issues'**.**
> **Project notes, SDS, Leicester**

Case Study – Manor Gardens Welfare Trust's work with Early Years Children's Centres in Islington

Manor Gardens worked with local specialist midwife Joy Clarke (based at the Whittington Hospital) to train staff in Children's Centres in Islington on FGM. Discussion and awareness sessions were then integrated into the everyday activities at the Children's Centres, in breast-feeding groups, mothers' groups and parenting support classes. The focus was very much on supporting women and mothers to resist any pressure to commit FGM, and on building resources within the community to oppose the practice. Staff felt that Children's Centres were well-placed to talk about the long-term harms that FGM would cause to a child, and that mothers at risk may listen to these messages more than from 'authority' figures. Staff in two Children's Centres were trained. These serve over 2,000 families in the local area. As a result, several cases of concern were identified and acted on.

Direct Support: Addressing Identified Cases of FGM

With the greater responsiveness of the statutory sector and increased awareness of the harms of FGM, some community-based groups have become directly involved in frontline responses. The data on their involvement presents a mixed picture, with implications for commissioners, professionals and the groups themselves. Not all groups perceive that there is a need for their involvement, and some felt that this demand placed them in a difficult situation.

Organisations which were best placed to respond and become involved were often those with a strong background in domestic violence (DV) and VAWG (such as Bawso and BSWAID). Bawso has become a trusted source of advice for professionals during child protection cases, and has conducted direct engagement to shift attitudes among parents who have been identified as supporting FGM. AAF has also provided direct support in child protection cases to social workers, providing evidence in case reviews. BSWAID has also provided support for issuing FGM protection orders (issuing the first FGMPO in the West Midlands). Many groups are also providing more support to women identified as having FGM and linking them into care and treatment services.

Community-based groups are heavily relied upon by intervening agencies, but they are often placed in the difficult position of advocating for an appropriate response from child protection agencies and keeping the case on the agenda, whilst also being clear that they cannot take on the risk in these cases. They can only contribute by providing evidence in case reviews, or family support (if qualified and trained to do so). This takes a high level of skill and confidence on the part of project workers, and it is not realistic to think that all groups should be able to undertake these complex roles.

"Some people fear being wrongly accused of doing FGM. If their child was cut before they arrived... how can they prove it? The law is good but they should take into account the individual circumstances." **PEER data, BWHAFS, London**

"Continue the awareness campaign and not victimise those who have already suffered the effect of FGM by assuming that they will do FGM to their daughters as some of them are believers. This is the wrong judgement which is causing a lot of problems. If they suffered from it, they wouldn't want to do it to their loved ones or continue the practice. It is dying and we hope it dies soon for good." **PEER data, SDS, Leicester**

The cases cited by project staff and key stakeholders under Phase Two show that groups have often played a role in advocating for a 'culturally-sensitive' approach. This has been vitally important, for instance, in assessing mothers who are identified as having pro FGM attitudes. Frontline professionals still may not have the level of confidence needed to initiate a conversation on FGM, and conversely, the experience of being assessed may be anxiety-inducing for women from affected communities. Project workers have often played a vital 'translational' role, explaining the process and being advocates.

However, there were also some examples of instances where project leads acted to protect community reputation in discussing possible cases of girls at risk, possibly dissuading further investigation. Community groups who are not actively involved in other forms of safeguarding are often not well placed to offer real support in these cases. This is possibly made worse by the lack of clarity on what kinds of support may be needed during these assessments, which appear to vary widely between areas.

Community groups are also very aware of how these interventions are viewed within the community, particularly among mothers. While there is support for having a law and greater support for parents to resist pressures to conduct FGM, there is resentment against an automatic assumption that women with FGM will go on to commit FGM on their daughters, and a fear that they will not be believed if they say they are opposed to the practice.

Two settings stand out as being 'of concern'. The lack of training and availability of specialist social workers, even in areas of high estimated prevalence is still concerning to the groups and others. Training for social workers, even when freely available, is voluntary, and consequently not widespread. Secondly, there are strong concerns about how identification of children at risk is handled in schools, who are most in contact with potentially at-risk children. Teachers were often said to be nervous of responding, and in some cases left unsupported in dealing with the family's reaction to being referred for assessment.

For some, this points to a clear need for more structured family support services during disclosure. But it also vindicates the TFGMI's approach of building community levels of awareness of child protection procedures within a child rights framework that aims to protect. People from affected communities are often marginalised from services and may view interventions by frontline professionals as threatening even when they are being asked for their views. Lastly, this also points to the need for the focus to shift more towards providing support for mothers affected by FGM, either to resist FGM or to have their own wider needs assessed.

Supporting Local Authority and Statutory Strategic Responses

Almost all of the TFGMI-funded groups have been involved in developing local area guidance, improving the integration of FGM into child protection policies, and inputting to local area informational campaigns led by statutory agencies. The key stakeholder interviews with multiple agencies (public health, police commissioners, VAWG and safeguarding leads) found that their involvement was highly valued.

Specific examples of work that the TFGMI-funded groups have contributed to include:

- **Developing risk assessment tools and referral pathways:** BSCA contributed to the development of a risk assessment tool, including through the refugee and asylum seeker service. This contributed to wider discussion about recommended practice for professionals conducting risk assessments. There is now national guidance on risk assessment.
- **Developing local area action plans to respond to FGM:** AAF's work in South-East London, an area of estimated high prevalence for FGM, with multi-agencies led to local action plans for Lewisham and Southwark councils.
- **BSWAID's work has strengthened support across the care pathway**, by providing support in specialist FGM clinical services, and referring women with more support needs onwards to community-led groups. BSWAID have also worked with regional police commissioners to strengthen police training on FGM.
- **Bawso has been a valuable partner to the 'All Wales' forum**, which includes integrating FGM into child protection procedures, supporting the Welsh government to make a public statement on FGM, and developing referral pathways.
- **Advocating a 'do no harm' approach** to the ways in which FGM-affected communities are talked about and portrayed in local area initiatives. BSWAID has been a strong advocate of this approach, for instance using silhouettes in publicity materials rather than images of women from a particular group.
- **Creating multi-agency forums:** Manor Gardens hosted and supported the London FGM forum, bringing together statutory and voluntary sector professionals with a remit for FGM, sharing learning and best practice.

It is clear that the projects have made a contribution to mainstreaming FGM within local area responses. Participation in multi-agency forums allowed local-level initiatives to have a 'community-led' character, as well as offering opportunities for groups to strategically target training and resources at frontline professionals.

This collective experience underlines the importance for funders to be aware of the need for local groups to become involved in developing local strategies. There are good examples of work led by the TFGMI groups which also should be replicated at a national level, for instance BSWAID's 'do no harm' approach.

However, there is a wider move towards integrating FGM into wider local area concerns, such as VAWG strategies and 'harmful practices' forums. Most key stakeholders viewed this as a positive move, potentially opening up new areas of work for the groups. In a few instances, project leads were concerned that understanding of local communities and a focus on FGM would be lost. There was a degree of protectionism among some CBOs particularly around being included within wider VAWG strategies. This again underlines the importance of assessing an organisation's capacity to work on wider issues beyond FGM at inception of community engagement work.

Outcomes Achieved:

- There is good evidence that the TFGMI-funded groups have made a strong contribution to developing the skills and confidence of professionals to tackle suspected or existing cases of FGM.
- The value of including community engagement in the development of local area guidance has come to be recognised.
- There are good examples of the ways in which groups have actively supported a mainstreamed response to FGM, including developing local referral pathways, safeguarding policies and action plans.
- TFGMI-funded groups have directly contributed to cases of suspected or actual FGM, but this is a specialist skill which is only appropriate for some organisations.

3.2.5 To strengthen the network of groups active in tackling FGM and work with policy-makers and partners locally contributing to a broader campaign to end FGM in the UK

Under Phase Two, the TFGMI initiated a coordinating structure in response to the greater need for strategic engagement across and outside of the Initiative. In terms of a coordinated network, there were several mechanisms.

> *"They were punching above their weight in terms of inputting to central government consultations. The forum has been really positive, and provided continuity for those of us who are working in quite an isolated way. In terms of FGM and honour-based violence that's a key part of my work. I can talk through issues and concerns."*
> **Key stakeholder interview**

At a national level:

- The TFGMI's coordinator inputted to the strategic response to the ending-FGM movement (in the statutory and non-statutory sectors), including future sector development.
- The TFGMI operated as a network, with 'learning events' focused on harnessing best practice and sharing approaches across funded groups.
- Separately to the TFGMI, funders contributed to closing evidence gaps and developing quality standards that could be applied more widely within community-based work on ending FGM.

At a regional level:

- The London 'FGM forum' brought together individuals working on FGM across voluntary and statutory services to share learning, best practice and resources.

Strategic Influencing: the TFGMI's national influence

The TFGMI's coordinator worked within policy and national level forums to influence statutory guidance and support to the end-FGM movement in a number of ways. The impact of this work is often hard to attribute, but key stakeholders did credit this work with a focus on the importance of working with communities. At this stage, it is clear that this approach has come to be appreciated, especially as statutory responses have strengthened, and the need for community engagement has come to be recognised.

Strategic influencing activities have included:

- **Representation by UK groups at the 'Girl Summit'** which mobilised international will and resources for a global campaign to end FGM.

- **Inputs to a wide range of government consultations:** advocating for more effective responses to ending FGM and more political commitment to community engagement. This has included consultations on: the Home Office's FGM unit and toolkit and e-learning package for professionals; the Multi-Agency Guidelines which were updated and made statutory in 2016 and subsequently provided clearer guidance on the need to engage communities in developing local area strategies; development of FGM Protection Orders led by the Ministry of Justice; Home Affairs select committee on the need for a national action plan on FGM; and the development of a risk assessment framework for frontline providers.
- **Advocating for a more effective response:** including the need for specialist social worker training, firmer referral procedures, and lobbying to include FGM within PSHE and make PSHE statutory.
- **Mobilising other funders and resourcing of the movement to end FGM:** this has included funders of the TFGMI itself (such as the Kering Corporate Foundation), as well as discrete pieces of funding for community-based prevention. Comic Relief funding was instrumental in developing and expanding work under Phase Two.
- **Developing specific resources:** a youth website called Everybody's Business has been developed. The site will pool learning and use interactive methods for young people to share their stories of change.
- **Participating in the end-FGM response:** including airport campaigns and media work to push forward awareness of the need for a preventive response.

> *"I loved the TFGMI. We really rolled up our sleeves, they had specialists there and it was really, really good. We were looking at statutory involvement and really thinking about what needed to be done in terms of how to move it forward, and what to look for, and it was really, really concrete. Able to do some networking and it was really useful. It was excellent actually. It was really thought-provoking, they were proactive in thinking about what do we need to further bring about change to end FGM."* **Key stakeholder interview**

The strategic work undertaken by the TFGMI tends to be overlooked, as only a few of the key stakeholders for instance were aware of the behind the scenes work being carried out. It is, therefore, difficult to measure the impact of this work, but definitely a main contribution has been the constant focus on the need for community engagement. Secondly, the funders have made a real contribution to the evidence-base, including funding a national study to update estimates of the prevalence of FGM. This data is now available at local authority level and showed that all areas of the UK will have an affected population, and should have a planned response. Two 'open space' forums were also held on addressing FGM and strengthening responses to violence against women among BME communities. These were both perceived as being very strategic, enabling open dialogue among many partners on the strategic direction that ending-FGM initiatives should take.

Many of the key stakeholders highly valued the fact that the TFGMI's advisory group provided, for instance, the ability to link up with the European Commissioner for Equality and EU-wide ending-FGM movements. The links with projects on the ground, and directly hearing about the challenges that they were facing, worked well to feed into national level strategic work. The TFGMI also was said to have convening power, getting multiple stakeholders across sectors to focus on the strategic needs of the end-FGM movement in the UK. This has been especially important in advocating to non-responsive government

departments. Some key stakeholders felt that the TFGMI could have been more strategic in offering a national voice on ending FGM by, for example, participating in advocacy campaigns, providing a media platform for survivors, or more actively exerting pressure for national standards such as those on safeguarding. There was also a sense of disappointment among some that the TFGMI was not more firmly focused on placing FGM within the wider VAWG framework. However, this was quite hard to achieve in practice, with a lack of clarity at local level on where FGM 'sits'.

The TFGMI-funded groups: A Learning Network

Within the TFGMI large grants programme, funded groups were brought together to focus on building core capacities in a number of areas, and share learning and best practice. Capacity-building activities have included: safeguarding; how to work with young people; a look at school resources (including Integrate Bristol's Dilemma resources); a focus on mental health services, including the Dahlia Project; and media training for survivors. Towards the end of the TFGMI, the coordinators also launched a mentorship scheme in specific areas (such as working with young people or creating high-quality resources) though many felt that this came too late in the programme's existence to have much impact.

There was strong consensus among key stakeholders that a capacity-building approach was necessary, especially in the areas of safeguarding. At the start of the TFGMI this was a challenge. A few of the groups were often unaware of their roles in safeguarding within their own outreach activities, and it is a sign of the strength of the capacity-building conducted under the TFGMI that most project leads do not perceive there to be a conflict between their safeguarding duties and their community support role. However, there were mixed views as to whether the TFGMI managed to operate as a functional network. The small scale of most projects, who could only afford to employ part-time workers, meant that group meetings were difficult to maintain. This was especially the case for the Small Grants, who had very little engagement with learning events, despite often piloting innovative approaches. Furthermore, the qualitative difference of the organisations brought together under the TFGMI may have precluded more joint work. There was broad agreement between the organisations who worked within a VAWG framework, for instance. But often, this was not widely shared by other community-based groups.

Project leads highly valued the non-prescriptive approach taken by the funders, which allowed for flexibility in implementation. This was essential in gathering a feel for what worked in FGM prevention, and being able to respond to the rising demand to support a more enhanced statutory response. However, the funded groups also very much valued the accessible support in developing work-plans and having the support of the coordinator, who was accessible for ongoing advice.

Lastly, the experience of the TFGMI strongly suggests that networks operating at a regional level are most likely to be effective in improving coordination and a strategic response. While many of the policy gaps have been addressed recently, due to the sensitive nature of this work mechanisms for coordination and sharing learning are essential.

Outcomes Achieved:

- There is good evidence that the strategic influencing activities of the TFGMI have led to inclusion of community engagement within national policy and guidance.
- The structure of the TFGMI worked well to identify pieces of national-level advocacy that would facilitate the work of community-based groups.
- The resourcing of the TFGMI contributed to a national movement through building a critical mass of resources and learning on FGM, as well as funding mechanisms that allowed for the development of new approaches.

4. Future Challenges

There is a feeling that much has been achieved by the TFGMI, and that the movement to end FGM is now working in a much more coordinated and strategic way. This is progress. Previous research has highlighted the extent to which the UK had been focused on a prosecutions response, which was widely seen to be ineffective. Across many of the communities where TFGMI-funded groups have worked, it is no longer taboo to talk about FGM. Under Phase Two, community engagement has really been driven by bringing the voices of survivors to the fore, as well as those who are now openly stating that they reject the practice for their daughters.

The PEER and project data, however, cautions that there are several areas where the movement to end FGM faces challenges which need to be addressed. The first is the reaction towards the media-attention and the way in which it has focused on particular communities in the UK. There is a strong sense from the PEER data that some communities (such as Somalis) have been stereotyped, and consequently stigmatised. This does not reflect the attitudinal shifts that have happened and risks undermining faith in the movement, by alienating those who oppose the practice. This especially relates to the portrayal of Muslim communities, or of FGM as a 'Muslim practice', which, due to the work of the TFGMI, is widely understood to be incorrect. There is now also a wider awareness that even describing FGM as an 'African phenomenon' is incorrect and ignores other countries in Asia or the Middle East, where FGM is practised.

While the benefits of greater political will and focus on responding to FGM among the statutory sector has been welcomed, many perceive a heavy-handed response by frontline professionals as a risk. The translational role that community groups often play in promoting broader understanding of child protection, and of responses to prevent FGM, appears to be often under-estimated. There has been much work in developing training, tools and guidance for frontline professionals on how to assess risk and respond appropriately, but this needs to be backed up by more community engagement strategies. There are still some groups, such as young people in schools, who need to be more engaged in prevention. Similarly, many felt that the work with men to date had been promising, but that not enough had been done to place FGM within the wider patriarchal belief systems which perpetuate control of women and violence against them.

The most frequently cited challenge to the end-FGM movement in the UK is funding. Of the TFGMI Large Grant funded groups, only a few have managed to secure further funding at a

local area level. Among key stakeholders, there was a lack of clarity on where funding should come from. Even where local CBOs are highly-valued for the work that they have done, there were few intentions to fund the work. This is concerning, particularly as the TFGMI's experience has demonstrated that ending FGM relies on good outreach, one to one and group support, and critical analysis of norms. It is an effective but labour-intensive approach, which needs local investment.

5. Next Steps

The final evaluation of the TFGMI points to certain areas that do need to have ongoing focus and investment, in order to address key gaps. These recommendations for further action are based on project reports and key stakeholder views, as well as PEER data from the communities themselves.

Advocate more widely for investment in community engagement: while there is a perception that much has been achieved, there is still an ongoing need for community engagement to tackle FGM. Not all areas have been reached. There is enough evidence to suggest that there is a shift from 'severe' to 'lesser' forms of FGM among a minority, and there is an ongoing need to engage with men, as part of addressing patriarchal norms which perpetuate FGM and violence against women. There should also be a focus on 'new arrivals', working through dispersal programmes and CBO support organisations.

Include a 'do no harm' approach: there is a need for the development of national standards on 'do no harm' and specific guidance on how funded groups should integrate these principles into their work. This should include standards of communication and, in particular, how specific communities are presented. Thought should also be given as to how survivors are used in awareness-building forums and, in particular, what support needs to be in place for them to play a public leadership role.

Frame communications around celebrating success and change: the achievements of community engagement in recent years need to be acknowledged as part of a story of positive change. This will also build perceptions of communities turning their back on a harmful practice.

Focus on women-centred care: the TFGMI has brought the voice of women survivors to the fore of the campaign, but there is a clear link between prevention, and women accessing care. There is now more awareness of the diverse and complex needs that women may have, but a widespread perception that there are few services available to meet those needs. This needs to be addressed.

Include FGM in PSHE: there has been much work with young people and teachers under the TFGMI, but despite the production of good resources and approaches, there is still a reluctance in some areas to talk to girls and young women about FGM.

Annex I – Projects' and Organisations' Profiles (TFGMI large grants)

Africa Advocacy Foundation (AAF)

Background

Africa Advocacy Foundation (AAF) is based in Lewisham but works across areas of South-East London with the highest estimated prevalence of women and girls living with FGM: 25% in Lewisham, 32% in Lambeth and up to 47% in Southwark (per 1,000 population). It aims to support and empower vulnerable and disadvantaged people from black and minority ethnic (BME) communities to access resources to improve their health, education and other life opportunities.

AAF works with communities, both in the UK and overseas, affected by issues such as violence against women and girls (VAWG), mental health issues, and female genital mutilation (FGM). They provide information and advice, advocacy work, and practical support and training to BME communities.

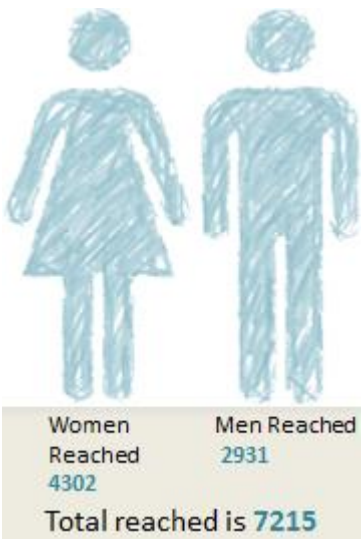
Work conducted under the Tackling FGM Initiative

AAF has run a strong, community-based outreach scheme. The shift in attitudes towards FGM allowed the project to reach wider audiences in more public areas. AAF's work has included:

- Working with up to 30 community champions, including 13 young people, involved in community awareness and mobilisation activities.
- Community outreach in informal spaces, such as 'sister circles' (women-only social groups), 'henna' nights (parties before marriage) and naming ceremonies.
- Outreach in public areas, such as community centres, libraries and events such as Lewisham's People's Day, to reach a wider audience of people from affected communities.
- Work with religious leaders and a Faith Leaders Conference on FGM.
- Work with men from affected communities, through monthly 'man to man' talks.
- Quarterly music, drama, poetry and social events for young people have allowed youth discussion of the topic and youth-led instances of advocacy such as young people taking the issue to a local radio station.
- Training for frontline professionals.
- Therapeutic group-support for women affected by FGM.

Impact of work under the FGM Initiative

Project Reach



AAF reached one of the highest numbers under the TFGMI. In total, 7,215 people were reached. Furthermore, the project trained 253 professionals.

Qualitative research with communities involved in AAF's work showed that respondents felt the project had provided vital information to their communities on: the health impact of work under the Tackling FGM Initiative; the legal status and lack of religious justification of FGM. Respondents felt that AAF had created positive, culturally-appropriate 'safe spaces' for communities, and especially for women, to discuss their experiences and feel supported and listened to.

> *"This is the first project about FGM available in our area. People feel respected and appropriately challenged by people who understand their culture and speak the same languages. This helped to break barriers of communication and many women received support they really needed."* **AAF female respondent**

They appreciated the intergenerational engagement, allowing older generations and young people to all become anti-FGM advocates. Many respondents felt that the project had helped communities recognise FGM in all its forms and had contributed to their communities moving away from practising FGM. They felt that awareness of the needs of women affected by FGM had increased both among communities and among health professionals, which had led to increased numbers of affected women feeling they could access de-infibulation services or psycho-social support.

"*The project has immensely impacted the communities' mind-sets about FGM and encourages communities to move away from the practice. It enabled women and girls affected by the practice to access FGM support services and build better relationships with their partners and families."* **AAF female respondent**

Bawso

Background

Bawso delivers specialist services to BME communities across Wales. Bawso runs projects supporting over 5,000 people affected by issues such as domestic abuse, FGM, forced marriage, human trafficking and prostitution every year in Wales. They provide refuges, outreach, support, advice and information to women and families in need.

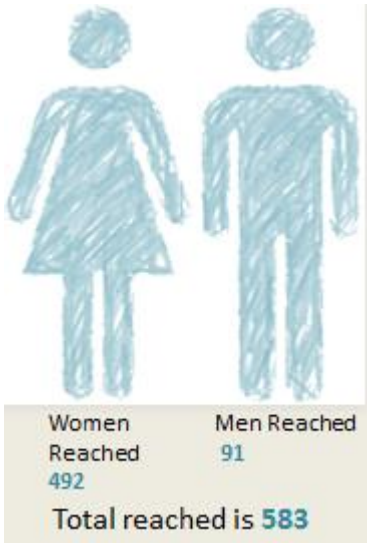
Work conducted under the Tackling FGM Initiative

Bawso chose to focus on young people and 'hard to reach' groups, such as men, under the second phase of the TFGMI. Their work has included:

- Extensive work with young people from FGM-affected communities, including a play called Take the Good, Leave the Bad, which was developed with the National Theatre of Wales.
- Outreach and awareness-raising with schools, youth centres and teachers.
- Work with new arrivals and men and women from asylum seeker and refugee communities.
- High-profile events, including a conference on FGM on Zero Tolerance Day.
- One to one support for women and families affected by FGM.
- Training for professionals on child protection and safeguarding.
- Support in cases to gain FGM Protection Orders, and safeguard children at risk of FGM.
- Work with religious leaders to address FGM in their sermons.
- Participation in strategic groups on FGM, including the Welsh government, to develop a service-user referral pathway and training for professionals to ensure minimum standards for women affected and diagnosed with FGM.

Impact of work under the FGM Initiative

Project Reach



Between 2013 and 2015, Bawso worked with 492 women and 91 men, 28% of whom were under 25 years of age. In addition, Bawso trained or engaged with 708 professionals, ranging

from teachers and health workers to social workers.

Qualitative research with communities involved in Bawso's work showed that respondents felt the project had positively impacted on levels of knowledge and awareness about FGM. Respondents appreciated Bawso's collaborative and collective approach to engaging the communities, and felt that this local work should be sustained and linked to national and international efforts to end FGM.

> *"The* Bawso *project has had positive impacts on our Sudanese Community and a lot of Sudanese people gained good knowledge through awareness sessions carried out by* Bawso *and they engaged with* Bawso *in a collective manner."* Bawso **female respondent**

Bolton Solidarity Community Association (BSCA)

Background

Bolton Solidarity Community Association (BSCA) is a voluntary charity organisation. Established in 2002, the organisation primarily serves diverse BME communities, such as the Somali, Eritrean, Kurdish, Sudanese, Oromo, and Ethiopian communities, in Bolton.

The organisation aims to promote active participation of the new and emerging communities in Bolton, particularly the women, youth and the elderly, on a whole range of issues relating to integration and community cohesion. The project is housed alongside Bolton's refugee and asylum service which offers health and advice services to new arrivals disbursed to Bolton, often from countries with high prevalence of FGM.

Work conducted under the Tackling FGM Initiative

Since 2010, BSCA has had a strong programme of work supporting women affected by FGM. Under Phase Two, they expanded their programme to work with young women, men from affected communities, and use of media.

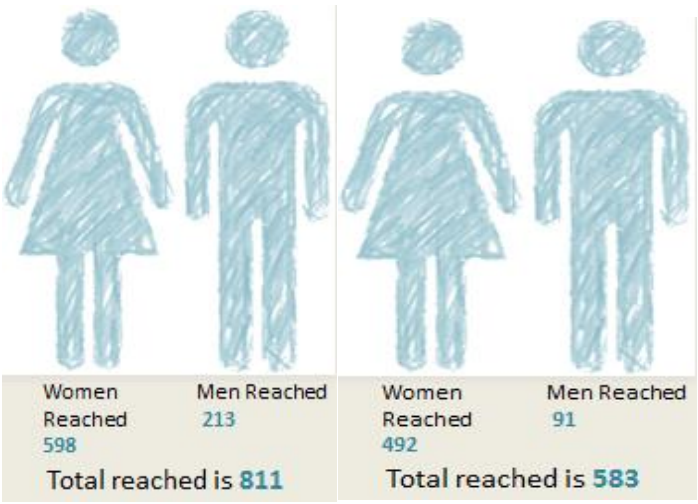
Their work included:

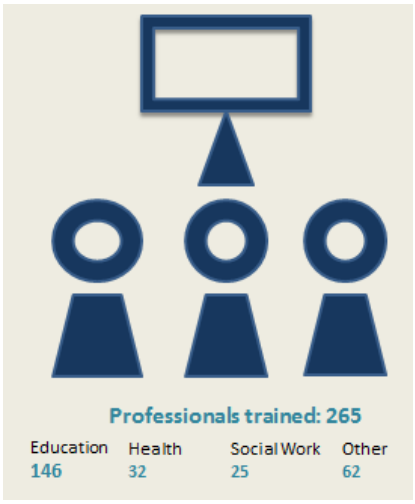
- Awareness-raising workshops with women, girls and men from affected communities (including Somali, Kurdish, Sudanese, Ethiopia and Oromo).
- A comprehensive outreach programme with men, including working with religious leaders and male champions, to directly address attitudes which support the practice.
- A multi-stakeholder conference on FGM, called Change 1000 Hearts and Minds to Stop 1000 Prosecutions. The event was attended by community groups, professionals, the police, Bolton council representatives and the Mayor of Bolton.
- A drama and DVD produced with women affected by FGM, which was performed live. The DVD was distributed to statutory agencies.
- Workshops for parents, to understand child protection and parental liability for FGM
- One to one support sessions for women affected by FGM.
- Action to link women into care, including developing referral pathways for women and signposting to counselling services.

- Work in schools and with young women, using arts-based therapy to start conversations about FGM.
- Training of frontline professionals and participation in the Greater Manchester FGM Steering Group.

Impact of work under the FGM Initiative

Project Reach





Between 2013 and 2015, BSCA reached a total of 811 people (598 women and 213 men) from BME communities. Of these, 36% were aged between 19 and 25. Of the 265 professionals BSCA trained or worked with, over half (55%) were teachers, nursery workers or education professionals, 12% were health workers, and 9% were social workers.

Qualitative evaluation of the project with target communities revealed a strong sense of collective action among the communities, across generations and genders, as well as between communities, health professionals, and other local agencies. The project was credited with raising awareness of and educating people about the physical and psychological effects, legal status and the human rights violations of FGM, and increasing levels of discussion about the issue.

> *"The project impacted the community massively. It created awareness, it educated people, and it made people see FGM in a way they have never seen it before."* **BSCA female respondent**

Respondents reported that, as a result of the work of projects like BSCA in the community, women affected by FGM felt more supported and confident to discuss their health issues with midwives and doctors and more empowered to access support. They also reported that more people in their communities were willing to speak out and support campaigns to end FGM.

"BSCA…has increased the confidence of the community to continue actions and campaigns against FGM. The project has made a huge impact on our community to work together on this issue. The project workers work very closely with the victims in relation to guidance and information. The project is also strengthening the voice of women and other community members to speak out against FGM." **BSCA female respondent**

Birmingham and Solihull Women's Aid (BSWAID)

Background

For the past 35 years, Birmingham and Solihull Women's Aid (BSWAID) has provided tailored support services for women and children. They have worked in close partnership with agencies such as housing and the police, as well as being represented on the Violence Against Women Board, Birmingham Community Safety Partnership, and Birmingham Local Safeguarding Children's Board in Birmingham, to provide a holistic service and deliver long-term, positive outcomes for their service users.

BSWAID aims for a holistic approach, addressing all of their service users' needs including poverty, debt, homelessness, housing, legal issues, health and wellbeing as well as their main target areas of domestic violence, rape and sexual assault.

Work conducted under the Tackling FGM Initiative

BSWAID has a strong track record in providing support to women with FGM through specialist clinical services, and in doing strategic work on FGM to ensure local policies address women's needs. They have also worked using a 'community champions women's empowerment model' to reach women. Under Phase Two, they focused on strengthening participatory and media work with younger women.

Their work included:

- Working with the BBC Media Trust and 'fixers' and with young women from FGM-affected communities to produce a DVD and online campaign on FGM
- Health and wellbeing workshops with parents (through parent associations in schools).
- Work with FGM community champions including women from Somalia and the Gambia. One community champion, Mama Khatra, works specifically with older women (who tend to be highly supportive of FGM, though 90% were against it post-intervention).
- One to one support and FGM prevention with 110 women aged 19-45 years accessing FGM specialist clinical services (at Birmingham's Heartlands Hospital).
- Support for gaining FGM Protection Orders (including the first FGMPO in the West Midlands).
- Extensive training of frontline professionals on FGM and harmful practices
- Work with Birmingham Against FGM multi-stakeholder group and the West Midlands FGM Task Group, and the police and crime commissioner to develop local policies and guidelines on FGM.

Impact of work under the FGM Initiative

Project Reach

In the communities in which BSWAID worked between 2013 and 2015, they reached 583 women between the ages of 19 and 74. Over two thirds (69%) of these were women who identified as Black African, Black Caribbean or Black British. Of the 844 professionals BSWAID trained or engaged with, 53% were teachers, nursery workers or education professionals, 10% were health workers, and 5% were social workers.

In qualitative work with local communities, the project was credited with increasing the openness of discussions around FGM, raising awareness in schools and community groups and empowering women to talk about their experiences. It was linked to increased availability of information on FGM and signposting affected women towards services where they could access further support. Some respondents felt empowered to increase their engagement with the anti-FGM campaign as a result of the project. Respondents felt that the project was culturally appropriate and a trusted source of information and support.

> *"I think BSWA[ID] has reached a lot of people in the community and is trusted by a lot of people because they have a Somali worker, who understands the language and culture and can talk to the older women."* **BSWAID female respondent**

Black Women's Health and Family Support (BWHAFS)

Background

Established in 1982, Black Women's Health and Family Support (BWHAFS) works in East London, offering a broad scope of work through grassroots projects to support and empower women and their families, both in the UK and in Africa.

Their primary area of concern is promoting the eradication of Female Genital Mutilation (FGM). However, their work aims to holistically address this issue in the overall context of black women's health.

Work conducted under the Tackling FGM Initiative

BWHAFS focused outreach work on four target boroughs in East London (Newham, Waltham Forest, Hackney and Tower Hamlets) which are areas of high poverty and population mobility. This has been found to be a good strategy for reaching new arrivals from affected communities who are unlikely to have been reached by FGM prevention projects. A particular strength of the project has been a focus on understanding FGM and child protection.

Under Phase Two, BWHAFS's work included:

- Development of a 'welcome pack' on health, wellbeing, FGM and rights, for new arrivals.
- 15 men-only workshops delivered across four boroughs.
- Peer support sessions, delivered to 237 women.
- Long-term and one to one support offered to 271 women, including supporting access to care.
- Developing women's confidence to speak out against FGM in public: work with seven 'FGM ambassadors' contributing to a borough-wide campaign.

Impact of work under the FGM Initiative

Project Reach

Between 2013 and 2015, BWHAFS reached 987 individuals (828 women and 159 men) through their projects. Over two thirds (70%) of those reached identified as being from Multiple Ethnic Groups. Of the 186 professionals trained or engaged by BWHAFS, 35% were teachers, nursery workers, and education professionals, 28% were health workers, and 14% were social workers.

Qualitative research revealed that the project was well-known in the community and provided a holistic range of support from IT classes to service signposting for FGM support. Respondents discussed the project as a trusted, available, and understanding source of information and support. They encouraged friends and family members to attend the workshops in the community centres.

Respondents discussed having more knowledge about the legal status and health impacts of FGM and feeling more informed and supported to discuss FGM in liaisons with professionals.

> *"I feel more informed at the GP, at my children's school and when going to hospital.I know about FGM and know how to talk about it with professionals."* **BWHAFHS female respondent**

Foundation for Women's Health, Research and Development (FORWARD)

Background

Foundation for Women's Health Research and Development (FORWARD) is a leading African diaspora women's campaign committed to gender equality and safeguarding the rights of African girls and women. Established in 1983, it works in partnerships in the UK, Europe and Africa to tackle discriminatory practices. In the UK, FORWARD works primarily from London and Bristol.

FORWARD's general focus areas include gender-based violence, female genital mutilation (FGM), child marriage and obstetric fistula. They aim to increase access to specialist support services, skills training and livelihood opportunities for affected girls and women. They also work to strengthen the voices of women from the African Diaspora in policy processes and development as well as engaging policy makers, communities and the public to advocate for the advancement of rights.

Work conducted under the Tackling FGM Initiative

FORWARD's Young People Speak Out project worked in four UK cities: London, Manchester, Birmingham and Bristol. The project predominantly worked in schools, building a 'whole schools' package for FGM prevention, and through empowerment of young women and young men to speak out against FGM and violence against women and girls. The project is firmly grounded in a gender rights approach to the prevention of FGM.

Highlights of FORWARD's work under the TFGMI have included:

- Work with 20 youth advocates, who received grants of £250 to develop their own FGM awareness campaigns in schools, further education colleges and other settings. The projects ranged from drama, spoken word and other events to raise awareness.
- Creative multi-media projects, including: a book of poetry and artwork on FGM called Tales of Our Sisters, developed by youth advocates in Manchester; poetry competitions in further education colleges; and social media awareness-raising in Bristol.
- Training of youth 'peer mentors' in Manchester (conducted by partner NESTAC) on peer counselling so that they could offer support to other young people at risk of FGM.
- Setting up a youth advisory council with 11 youth advocates, to guide the young people's programme.
- Say No to FGM Summer Safeguarding Event, where youth advocates did street-based advocacy to raise awareness of FGM.

- A week-long arts event held on FGM Zero Tolerance day, Artists against FGM, which talked about the harms of FGM, child- and forced-marriage.
- The FORWARD Annual Youth Conference, which brought together UK-wide youth activists on FGM in March 2016. Group discussions focused on how to engage wider audiences and engage with policy.
- Training of professionals in health, education and social sectors.
- A PEER research project in Amsterdam, Lisbon and London on FGM.

Impact of work under the Tackling FGM Initiative

Project Reach

In the 2013 to 2015 period FORWARD worked predominantly with young women. Overall they reached 1,113 people from BME communities, with 80% of those women aged 19-25 years old, and a further 9% aged under 18. Of the 2,714 professionals FORWARD trained or engaged with, 74% were teachers, nursery workers, or education professionals, 19% were health workers, and 6% were social workers.

Qualitative work around the project (predominantly in Bristol) showed that the FORWARD youth programme was viewed as a highly successful initiative. It was credited with raising awareness of FGM across youth of all genders and from both practising and non-practising communities, increasing discussion of FGM through drama and social events, and increasing the number of young people engaging in youth advocate work. They felt that the 'safe spaces' for young women to discuss their experiences were valuable, as were the public awareness-raising events. As a result of this work, respondents noted there has been a shift in community attitudes towards FGM with more open engagement in the topic and a steady movement away from the practice.

Respondents described the work of FORWARD as empowering and supportive. There was a strong sense of collective action in many spheres, from communities and youth to schools, health, and local safeguarding agencies:

"The work of FORWARD … makes communities feel like they are part of a collective effort. They really work with the community as opposed to just giving resources. FORWARD uses the resources with[in] the communities. They give training with the women on things like African women's health. This is really important." **FORWARD female respondent**

Some respondents noted an increased involvement of men from practising communities in the anti-FGM campaign. Young people reported feeling empowered to advocate for change within their own spheres of influence, for example, youth groups or schools.

"We made an FGM teaching resource in secondary school…The topic would never have been brought up otherwise without the resource. It gave us an opportunity to bring up the topic and now it is an embedded practice in that school to teach FGM in PSHE lessons to this day." **FORWARD female respondent**

Granby Somali Women's Group (GSWG)

Background

Granby Somali Women's Group (GSWG) was established in 1994 by several Somali women's groups. The aim was to provide a safe environment for Somali women and children, many of whom had arrived in the UK as refugees fleeing the Civil War and famine. However, over time the organisation has adopted an open door policy and now provides support to a range of BME communities in Princes Park Ward, Liverpool.

GSWG aims to break down barriers for BME groups and especially the Somali community in Liverpool. They act as a first port of contact for marginalised groups, and as a supportive service to improve the self-confidence and self-esteem of service users to reach their goals.

Work conducted under the Tackling FGM Initiative

Granby Somali Women's Group adopts a long-term approach to tackling FGM, working with specific groups over the course of several weeks to start conversations about FGM. Support for FGM is relatively higher among communities in Liverpool. Under Phase Two, GSWG has broadened their work into working with young women and men.

Their work has included:

- Workshop-based sessions on FGM with young women, older women and men.
- A research project with service users from affected communities, measuring prevalence of FGM among the affected community.
- Dissemination of FGM reports and leaflets.
- Information-gathering sessions with Merseyside Police, Crown Prosecution Services, Liverpool City Council and Statutory health workers.
- Bi-monthly attendance and contribution to Liverpool's FGM Advocacy Board.

Impact of work under the FGM Initiative

Project Reach

Over the 2013 to 2015 period, GSWG reached a total of 263 people, 128 women and 135 men. These were individuals across the age ranges, with 15% under 15 and 12% over 65, and the remaining individuals distributed evenly between the ages of 15 and 64. Over three quarters (77%) of those reached identified as being Black African, Black Caribbean, or Black British, 8% identified as Asian or Asian British and 6% as Mixed or Multiple Ethnic Groups.

Qualitative research with the communities around the GSWG project revealed that the project was credited with providing the communities with information and support, enabling people to openly debate the topic, and allowing previously held beliefs about the practice to be challenged. Levels of awareness and intergenerational discussion on FGM were said to have increased over the last two years through GSWG, and the project was particularly linked to providing 'safe spaces' for women to open up and talk about FGM-related issues:

> *"I think many women from the community have attended sessions for the FGM project and I know a couple of girls that have attended sessions. The information and the opportunity to discuss have enabled members of the community to challenge FGM stereotypes and this has been a good thing."* **GSWG female respondent**

The awareness-raising sessions for men were seen as positive and resulting in increased openness and discussion of FGM among men. Some respondents linked GSWG to increased rejection of FGM for younger generations.

Respondents expressed concern that they would lose the support of GSWG to help them effectively liaise with police, health and social services once the programme ended.

> *"I think the project at GSWG has made women especially think about FGM and whether they want to pass this legacy on to their daughters. A few women who believed FGM was something very important in our culture have now changed their minds because of the health problems they have faced."* **GSWG female respondent**

Manor Gardens Welfare Trust

Background

Manor Gardens Welfare Trust is a charity based in Islington, London, which has been working for over 100 years to help people to get healthy and stay healthy – mentally and physically – and to create healthy communities.

Manor Gardens works on a variety of fronts, from helping people on low incomes or who are unemployed gain qualifications and training, to supporting older people engaging with social activities and support services.

Work conducted under the Tackling FGM Initiative

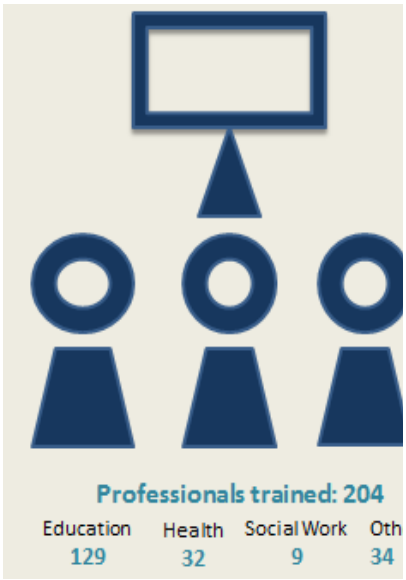
The Health Advocacy Project has raised awareness of the risks of FGM and the law amongst affected communities living and working in North London, an area of high diversity. Manor Gardens has often focused on reaching women who have recently arrived in the area and from affected communities where contact with FGM prevention is less likely, such as Kurdish, Eritrean or Sudanese communities. They have had a very successful partnership with FGM specialist midwife Joy Clarke to deliver joint training to raise awareness of FGM. The project has also conducted higher-level policy engagement to mobilise efforts to end FGM at the London level.

Their work under the TFGMI has included:

- Conducting 22 community workshops with diverse participants to raise awareness of the health, legal and wellbeing consequences of FGM.
- Specific work focusing on men, led by a male community facilitator.
- Joint work to train professionals to mainstream the prevention of FGM, particularly in further education, schools and Early Years Children's Centres.
- Work with community champions, who have worked in informal settings (such as women's homes) to raise awareness of FGM.
- London-wide FGM Forum was conducted quarterly with over 90 participants (who were FGM activists, local authority leads, professionals and others) to focus on policy, strategy and sharing resources and learning to end FGM across London.

Impact of work under the FGM Initiative

Project Reach



Manor Gardens Welfare Trust worked with 355 individuals between 2013 and 2015, a sizeable part of which (20%) were people under 25 years of age. Nearly two thirds (61%) of these individuals identified as Black African, Black Caribbean or Black British. Of the 204 professionals Manor Gardens worked with or trained, 63% were teachers, nursery workers or education professionals, 16% were health workers and 4% were social workers.

Qualitative research with participating communities found that the work of Manor Gardens was well received, especially the workshops providing information, education and signposting of support available. These workshops were said to be well-attended and were said to provide 'safe spaces' for women to express their experiences and support and learn from one another.

> *"…the workshops which Manor Gardens have held, have impacted our community positively. This is because these workshops are held in private homes, it is cosy, warm and consists of a small amount of people, in a non-judgemental environment who listen and support us closely."* **Manor Gardens female respondent**

The work of the project was also credited with increased uptake of de-infibulation services; increased the awareness among the community of the negative health impacts and legal status of FGM; and a general change in mindset away from supporting the practice. Respondents appreciated the social media reminders for counselling, events and workshops and called for more regular workshops to be established to provide ongoing information and support.

The policy work that Manor Gardens conducts through the London-wide FGM Forum was also very well received. Key stakeholders who were interviewed said that even in local authorities, people charged with responding to FGM often work alone. The FGM Forum mobilised political will, and allowed participants to network to find sources of learning and support.

"Someone shared a very personal experience about the fact that once she had de-infibulation her sex life improved and this had a major impact on her life. This is the first time that woman can talk openly. One woman revealed that her husband wanted her to do FGM on her daughters but she refused… these are all things that wouldn't have happened without the project and the workshops." **Peer research 2016**

"(The FGM Forum) enabled that good practice to be shared … It would invite specialist speakers, there was a government initiative around FGM, they would present on what they were doing and were kept in the loop on what was happening, and responding to government consultation, we were able to respond as a group to that. They were punching above their weight in terms of inputting into central government consultations. The forum has been really positive, and provided continuity for those of us who are working in quite an isolated way. In terms of FGM and honour-based violence that's a key part of my work. I can talk through issues and concerns." **Key stakeholder interview**

Ocean Somali Community Association (OSCA)

Background

OSCA is a community-based charity providing support services to the Somali communities in the East End of London to help them access opportunities and strengthen their relationship with mainstream service providers to create social change. OSCA provides a range of community support services, including welfare advice and information, employment training and support, and women's support and health activities.

Work conducted under the Tackling FGM Initiative

OSCA's work under the TFGMI is embedded within a human- and gender-rights perspective and aims to safeguard women and girls from the practice of FGM and signpost them into clinical FGM and mental health services (if needed). Under Phase Two, the project concentrated on work with young women and girls, men, and strengthening ties between the community and statutory agencies so that appropriate responses are taken to protect women and girls.

Their work under TFGMI has included:

- Workshops with men, to address men's role in supporting women with FGM and preventing the practice.
- Multi-stakeholder workshops between community members, local authority leads for VAWG, frontline professionals and others, to review UK legislation and appropriate responses to prevention and protection of women and girls from the risk of FGM.
- Work with young women, using interactive and arts-based methods such as poetry and drama, to raise awareness and talk about FGM.
- A Youth Voices conference, focusing on how young people can amplify their voices to end FGM.
- An FGM conference, with multiple stakeholders across Tower Hamlets, held on Zero Tolerance day.
- Workshops with FGM survivors, women from affected communities and FGM activists such as Leyla Hussein and Edna Adan Ismail, sharing experiences and strategies for ending FGM.
- A conference for Somali professionals working across health, education and social sectors on FGM.
- Engagement in FGM forums and wider strategic work across the borough of Tower Hamlets on FGM.
- Developed 'good practice' learning on working with religious leaders.

Impact of work under the FGM Initiative

Project Reach

OSCA reached 867 people between 2013-2015, of which 25% were under 25 years of age. The majority (89%) of these individuals identified as Black African, Black Caribbean, or Black British. OSCA also trained or engaged with 295 professionals, though their professional groups are unidentified.

Qualitative research from the evaluation of the Initiative showed that members of the community felt more empowered to discuss and advocate against FGM because of the support services OSCA provides. Respondents mentioned that there was increased awareness of the legal status of and lack of religious support for FGM as a result of the project. The workshops and focus groups were said to provide valuable 'safe spaces' for women to discuss FGM in a confidential setting, and they called for more support services like this. Young people reported enjoying the discussions at the youth workshops and adult respondents particularly welcomed the fact that there were workshops for both men and women, as well as the support in accessing mainstream health and social services. It was acknowledged that the increased information, awareness and discussion of FGM had increased the community's understanding of the risks of FGM.

> *"He thinks it has woken people up from their lack of information about FGM. They will be more aware than ever and a more clear understanding about the risk of FGM. The project has also given the community the chance to express their views and opinions."* **Male OSCA respondent**

Southall Community Alliance (SCA)

Background

Southall Community Alliance (SCA) was established in December 2000 as an umbrella network of over 100 small community groups working in Southall. The majority of Southall residents supported are from BME communities including Somali, Indian, Tamil and Afghan.

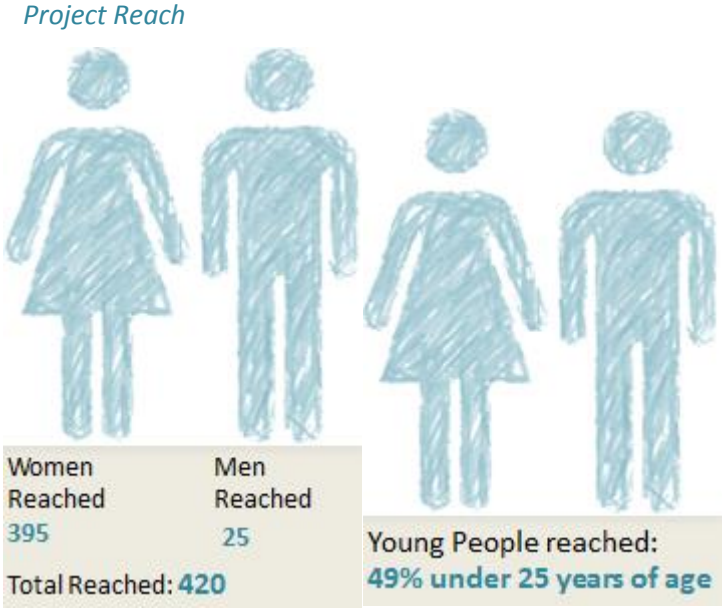
SCA has good working relationships with the safeguarding forums in Ealing. Their work to date has focused on areas such as campaigning locally on health inequalities, young people's issues and community safety, regeneration of Southall and projects aimed at raising aspirations, attainment and achievement among young people.

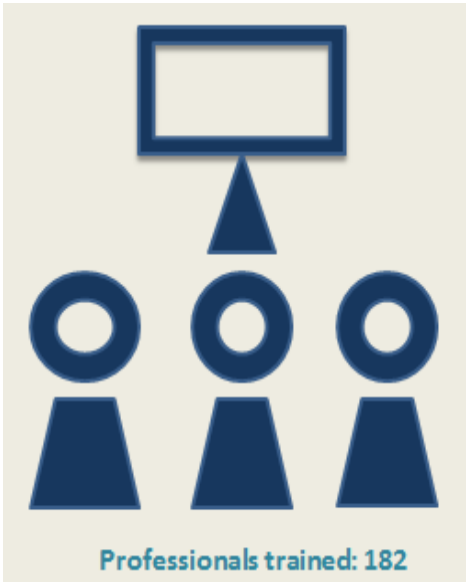
Work conducted under the Tackling FGM Initiative

- Media events including involvement in an Action Women's Radio show, and a TV show on Universal TV (Somali channel).
- Creation of a social networking site and media platform (Facebook).
- Ongoing work with voluntary sector organisations (e.g. Southall Black Sisters, the Anti-Tribalism Movement, the Somali Women's network).
- Working with teachers and parents through school fairs and coffee mornings.
- Ongoing involvement in local Safeguarding Board, and in training frontline staff on awareness of FGM.
- Ongoing dissemination of promotional materials.
- Training of young people as community outreach volunteers to assist work

Impact of work under the FGM Initiative

Project Reach





SCA's project data shows that they reached an impressive number of people under 25 years of age: 49%, with most of those (94%) being young women. All individuals reached identified as Black African, Black Caribbean or Black British. SCA focused their efforts on training or working with education professionals, with 100% of the 182 professionals they reached working as teachers, nursery workers or education professionals.

Key achievements include:

- Working with Ealing Council (through membership of Ealing Safeguarding Board and its subgroup on faith and diversity) and persuading them to prioritise work that promotes anti-FGM messages
- Working with other 'third sector' organisations

- Increased awareness of the health risks and illegality of FGM in local communities
- Younger women, and mothers aged 30-50, are increasingly willing to speak out and reject FGM

Somali Development Services (SDS)

Background

The Somali Development Service (SDS) is a support organisation for the Somali community in Leicester with a variety of services focusing on education, employment, welfare issues and family support services. SDS provides a variety of classes to build men and women's employability skills, including English and IT classes and career development advice, as well as homework clubs for young people and children.

Work under the Tackling FGM Initiative

As a community centre in the heart of diverse Leicester, their FGM workers are well-known and respected in the local area. SDS has been well placed to develop women's leadership against FGM, develop multi-stakeholder forums with communities, professionals and strategic leads from the local authority to understand local strategies for ending FGM, and offering support services to women affected by FGM.

Their work under the TFGMI has included:

- Youth work, using interactive methods such as drama and film, to campaign on ending FGM.
- Workshops with women and men, to raise awareness about FGM.
- Schools-based workshops with teachers, parents and students, on FGM.
- Dissemination of leaflets to schools and mosques.
- One to one support for women affected by FGM.
- Outreach programme and home visits to vulnerable families and new arrivals to support them to access local services.
- Partnerships with religious leaders, Somali mosques and youth organisations.
- Setting up and holding quarterly meetings of a steering group consisting of key stakeholders from the Somali community, local authority, health, Safeguarding Board and other relevant agencies.
- Partnerships with local media for key events.

Impact of work under the FGM Initiative

Project Reach

SDS reached a total of 818 community members between 2013 and 2015, comprising 707 women and 111 men. These individuals were concentrated between the ages of 15 and 64 years old. Nearly a quarter (28%) were aged under 24 and 41% of those reached were aged over 45. Over half (56%) of these individuals identified as Black African, Black Caribbean or Black British.

In terms of professionals, SDS reached 751 between 2013 and 2016. Of the 751 professionals, 44% of them worked in health, 19% were social workers, and 24% worked in education.

Qualitative research around the project revealed that the community credited the work of SDS with supporting people to become more educated and aware on FGM, empowering them to start a dialogue about the issue across generations. Women affected by the practice were said to have taken the opportunity of these events to discuss their experiences - a powerful message for their peers.

"The most powerful things that we spoke about at the event were the personal anecdotes that people told. A young lady shared her personal experience with FGM and it was incredibly emotional and powerful… Her honesty and strength helped everyone understand how young women today are still affected by this. She spoke about how it affected her life and how traumatic it was. It was very educational and informative and it helped everyone understand the ramifications of FGM." **Female SDS respondent**

Awareness-raising efforts by SDS were appreciated because they were held in 'safe spaces' and were culturally and linguistically appropriate to the target audience. Respondents reported there being more support for affected women accessing health services and they

appreciated the contact the project gave them with professionals from different fields like health, safeguarding and police.

Many respondents linked the project, and the increased discussion of FGM it supported, to a change in mind-sets towards FGM, increasing opposition to the practice.

> *"The impact of work under the FGM Initiative of this project on the community is huge, because the people got the correct information about FGM. It gave them a safe platform to discuss FGM without fear. It has changed the mind-set of the people about FGM."* **Female SDS respondent**