



# What will it take to end FGM in the UK and how can we work together to achieve this?

An Open Space Event  
Wednesday 4<sup>th</sup> July 2012  
at Woburn House, London





# Delegates

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Florence Acquah	Northwick Park Hospital
Dr Sade Adenekan	NSH Brent
Dheg Aidid	Southall Community Alliance
Rukayat Akanji-Suleman	Africa Advocacy Foundation
Amina Ali	Black Women's Health and Family Support
Nimco Ali	Daughters of Eve
Lisa Avalos	Georgetown University Law Centre
Jaspal Babra	Trust for London
Maggie Baxter	Rosa
Eleanor Brown	Options
Nicola Butler	Metropolitan Police - SCD5 - Child Abuse Investigation Command
Sioned Churchill	Trust for London
Maryam Anshure	Somali Development Services
Amna Dirar	Black Association of Women Step Out
Efua Dorkenoo	Equality Now
Asha-Kin Duale	Voluntary Action Camden
Annabel Durling	Esmée Fairbairn Foundation
Holly Dustin	End Violence Against Women Coalition
Janet Fyle	The Royal College of Midwives
Colette Goward	Metropolitan Police - SCD5 - Child Abuse Investigation Command
Ruhi Hamid	Love Productions
Bishara Hassan	Southall Community Alliance
Muna Mohammed Hassan	Integrate Bristol
Asiya Hassan	Integrate Bristol
Donna Hillocks	London Borough of Newham
Jade Holvey	LB of Lambeth
Abira Hussein	Daughters of Eve
Leyla Hussein	Daughter of Eve
Balqiss Ismail	Integrate Bristol
Samsam Ibrahim	Bolton Solidarity Community Association
Khadija Jaamac	Birmingham & Solihull Women's Aid
Saria Khalifa	FORWARD
Laura Lines	Esmée Fairbairn Foundation
Vera Lustig	Researcher
Alison Macfarlane	Midwifery Department, City University, School of Health Sciences
Saynab Mahamud	Ocean Somali Community Association
Jane Merkin	Love Productions
Fionnuala Ni Mhurchu	Iranian & Kurdish Women's Rights Organisation
Joan Millbank	Third Sector Freelance
Hamdi Mohammed	Integrate Bristol
Siham Mumin	Integrate Bristol
Diana Nammi	Iranian & Kurdish Women's Rights Organisation



# Delegates

Hodan Osman	Bolton Solidarity Community Association
Yeliz Osman	Mayor's Office for Policing and Crime
Naana Otoo-Oyortey	FORWARD
Hekate Papadaki	Manor Gardens Advocacy Project
Louise Robertson	28toomany
Nimo Said	British Somali Community
Samsam Saleh	Granby Somali Women's Group
Rukayah Sarumi	FORWARD
Khadija Shireh	British Somali Community
Anyia Stern	Rosa
Naima Suufi	Integrate Bristol
Julie Taylor	NSPCC
Christine Townsend	Integrate Bristol
Joanna Vergoth	Forma
Jennette Walcott	Newham & Waltham Forest Local Immigration Team, UK Border Agency
Debbie Walmsley	Comic Relief
Ann-Marie Wilson	28toomany
Naimat Yusuf	Teacher/psychologist
Lisa Zimmermann	Integrate Bristol



# Introduction

I am delighted to welcome you all today and thank you so much for coming, I am Maggie Baxter, Chair of ROSA, UK Fund for Women and Girls, one of 7 organisations hosting today – Trust for London, Esmee Fairbairn Foundation, Comic Relief, Daughters of Eve, FORWARD and Equality Now.

3 of us, The Trust for London, Esmee Fairbairn and ROSA have jointly funded an FGM Initiative for the last three years. For more information about the Initiative go to:

## **Trust for London**

<http://www.trustforlondon.org.uk/special-initiatives/female-genital-mutilation-fgm>

## **Esmee Fairbairn**

<http://esmeefairbairn.org.uk/what-we-fund/major-grants/female-genital-mutilation-special-initiative>

## **ROSA**

<http://www.rosauk.org/grants>

We realise that we have supported only the tip of the iceberg as there is so much more that needs to be done to end FGM in the UK. Today is all about all of us. We are here to answer the key question:

## **What will it take to end FGM in the UK and how can we work together to achieve this?**

We hope for a constructive discussion and a lot of ideas to take away at the end of the day.

This leaves me to introduce Annette who is going to take us through the Open Space meeting today. It is an interesting and participative way of working together and I have every confidence in Annette's skills and ability to make it fun as we go along.

Maggie Baxter  
Chair of the FGM Initiative





Using the Open Space process, delegates created an agenda prompted by the question:

**What will it take to end  
FGM in the UK and how  
can we work together to  
achieve this?**

24 topics were posted and discussed. The recommendations that follow emerged from the discussion groups (with apologies for any errors in transcription). Numbers in brackets reflect the votes attached to different ideas at the end of the meeting. Those involved in moving issues forward are identified in *italics* and any timescales in capital letters.

## Should we have a dedicated (visual) campaign to end FGM in the UK?

Votes

- Establish a coalition to launch a campaign to end FGM in the UK. (14)
- To do this, a working group should be set up to agree a strategy, agree the messages, target audiences, media campaign, and tactics. The coalition should be broad enough to include the 'unusual' suspects and those with power e.g. MumsNet, Women's Institute, Brook and other NGOs. (8)
- We should also identify the skills needed and add where there are gaps.
- The coalition should lead to a media campaign to mark the 10<sup>th</sup> anniversary of legislation – on Zero Tolerance day Feb 2013. (5)
- We should use all the Olympic visuals in London for the campaign.

## Targeting the Media

Votes

- Going Mainstream – by doing advertisement that will catch people attention (Bill boards, 30seconds on television, maybe even pop ups on social media). Celebrity endorsements/ politicians – someone that has an influence/ power on the current society, them implementing the issue would make its go from a local level to a global! For example Joanna Lumley, the British actress that helped gurchas, giving the right to settle In the country. *Media, Department of Health, Home Office*
- Zero Tolerance day – bringing all agencies together for one day annually and campaigning towards the END of FGM. E.g. Flash mobs, having a something that represents FGM like breast cancer has the pink ribbon. *RCs, Agencies* (12)
- Social media – rather than using just articles in the newspaper, Target a younger generation by posting and blogging on twitter or Facebook. Also creating an anonymous blog where people can post experience/stories to share with the world
- Effective messages on t-shirt/banner to make people discuss or question e.g. 'Would you cut your own child?'



## How do we strengthen the voices of campaigners on the issue and protect them from backlash

Votes

- Create a multi agency Coalition/Partnership of agencies including household brands (e.g. NSPCC, Barnardos, Royal College of Social work, Midwives etc) as well as small local specialist groups (eg. Groups at the meeting) to offer legitimacy to the issue and campaign. The Coalition would agree a statement which all would sign up to. *Forward, NSPCC, Initiative member, Rosa*
- The Coalition would also consider a training programme: such training would include: media training, public speaking, public relations, marketing (audience identification and messaging); social media
- The Coalition would develop protocols needing to be in place to support the campaign along with organising appropriate events
- The Coalition could be driven by an existing organisation (e.g. Forward)
- *Forward, NSPCC and Rosa*

(9)

## What support do local and national groups and organisations need to develop their projects and come together to lobby The Powers That Be for change?

Votes

- A coalition of interested organisations could cooperate to support a national resource to coordinate and bring everyone in the UK together to share information, agree campaigning priorities, support small and emerging groups, share resources etc. bring everyone's 'voice' together. Coalition of organisers and groups
- Would need to employ someone to facilitate/coordinate this – should be based in a neutral space, so not government or statutory led. Maybe a neutral charity that all would feel comfortable with. Could also provide resources for local groups to have access to information/support about what works/doesn't work, maybe training of people in local groups, e.g. in working with the media or how to work with schools, building confidence to speak out etc

(6)

(2)





## How to engage religious leaders more effectively?

Votes

- Increase community base awareness raising which will then feed back to religious leaders. Organise peer to peer training sessions. Set up a religious/faith forum where religious leader can come together and discuss issues faced by their community members. *All, CG, FG, Schools and other organisations* (5)
- Religious leaders must be held accountable as they have a responsibility in the community
- Empower young people to engage religious leaders through church/mosque activities. Empower men/raise men's awareness so they can engage with religious leaders (2)
- Tap into existing networks – Muslim Council of Great Britain and others.
- Link with safeguarding children boards and ensure that religious leaders are represented on those boards.
- Local authorities need to work with Imams to ensure they uphold safeguarding children.
- Organise suitable training for religious leaders – similar to the PREVENT agenda recommendation with regard to radicalisation



## We need to raise the profile of the issue in a constructive way,

Votes

- All safeguarding boards should have mandatory training on FGM – should talk to chairs of SGB and move this forward, *Local GPs should talk to chairs of SCB.* (5)
- More media coverage – locally and nationally with a balance between the ‘horror’ and the voice from communities, speaking out against it. By building ...of activities and relationships with journalists. *Local and national campaigning groups.* (4)
- Use sympathetic religious leaders to speak out against this. Groups. (1)
- Asking communities themselves, especially young people about what they want done about it (using social media, drama) (need a way of starting up discussions).
- Using other agenda e.g. sex education, relationships so that it is included in the school curriculum. *Other NGOs and campaigning groups, schools.*
- Getting health and well-being boards and police, crime commissioners to include FGM – need to lobby them now. *EVAW will have information.*
- Learn from the Forced Marriage Unit experience? How did they get to set it up?

## How can we link professionals to survivors of FGM?

Votes

- On one hand you have professionals who are reluctant to engage in conversation because they feel it is a “sensitive” subject – they do not know how to address it. (Fear of offending communities – lack of awareness)
- On the other you have communities who don’t understand the aim of the professionals in discussing FGM with them (fear of being stigmatize – labelled barbaric)
- The government is key to incite collective action \_ to place FGM as universal issue! (10)
- Key professionals – School staff, Health visitors, GP, to engage with communities and raise awareness.
- Mid wives - FGM awareness should form part of their training. Many are reporting that they have had to self educate on the topic because of seeing a constant stream of affected women.
- Multi-agency work. Guidelines need to follow. Community needs to be engaged to dispel fears. (professionals to get to know this communities and identify champions who they can work with to raise awareness of FGM e.g. interpreters) (3)
- Social workers – often are too hasty and do not know enough about communities.
- Health visitors – better position to raise awareness of FGM and offer advice. (They currently lack capacity to work outside their duties)
- GPs should know more about FGM – they have the most consistent relationship/contact with survivors. (2)



## How do we create behaviour change?

Votes

- Need research on what has shifted behaviour change already ie move away from stitching – *Funders*
- Empower and work with the whole community, not just individual women – *Women's groups/agencies*
- Take a tailored approach to different communities – statutory agencies/vol sector/health
- Schools to address this issue as a safeguarding and child protection issue – *Schools/local authority/safeguarding board/training/central government*
- Schools to engage with communities better
- Agencies need to change their approach so that 'culture' doesn't over-ride child protection – *statutory agencies/safeguarding boards/NGOs to put pressure on/Ofsted to inspect safeguarding boards and schools*
- Support anti-FGM voices in the community
- Early identification of warning signs from primary schools
- Implementation and promotion of FGM guidelines – *central government/local agencies*
- Public role models and local champions
- Revisit Lammy recommendations after Climbie re statutory duty on harmful practices

(9)



## How do we improve the legal and policy environment around FGM?

Votes

- Normalise/mainstream anti-FGM strategies within child safeguarding policies and procedures. Strengthen and standardise information sharing among relevant statutory agencies and professionals. Where necessary, strengthen the legal framework to facilitate this. *DFE, HO, DH, Royal Colleges, Professional organisations, Police* (9)
- Training of stakeholders and key professionals around implementation of anti-FGM strategies. Develop a national action plan on FGM, similar to what Norway has done. This should include strategies for increasing public awareness of FGM, policies for each relevant sector, and community involvement in ending FGM. Effective integration of FGM into the existing violence against women strategy – weighted and adequately resourced. All anti-FGM strategies should be based on protection of human rights and should equip stakeholders to reject the protection of FGM based on cultural difference. *DFE, HO, Professional organisations, Universities, Media, Community Organisations, Media,* (1)

## How can we help make health & social/medical systems be joined up to ensure a female child does not fall through the system

Votes

- We recommend an 'educational' plan for all women at 'booking' to plan care to ask 1) Had FGM? 2) If yes, plan care. (3)
- We recommend EVERY maternity service should have a designated professional with responsibility for FGM service; educating team members; educating community etc. (4)
- Create a centre for FGM education & resources for midwifery/FP resources/GP's/Health/academia/practice/community resources/NGO's (1)
- We recommend EVERY woman from FGM community with a female child, as the child is at risk, the Health Visitor incorporates Q's re FGM as part of new birth Visit in 10 days post birth (3)
- If Mum is 'pro FGM' It's flagged to designated safeguarding Nurse. If Mum is anti-GFGM needs incorporating in family approach by monitoring through 1 year, 2.5 year and pre school check with Health visitor. (1)
- At 5 years, needs handover to School Nurse or early Years Family support worker. In parallel, needs linking with GP's visits. (2)
- For refugee/accompanied or unaccompanied/ asylum seekers/ illegal immigrant/looked after children, if possible at sexual health/antenatal/ maternity/police, ask FGM questions as appropriate. (1)
- Need ICD code for FGM and putting on Reed code for FGM and replaced complications.
- We recommend awareness raising all professionals in tailored solutions : universal FGM package and tailored training.



### How to ensure key professionals in statutory agencies have the information and skills they need to protect girls at risk and meet the needs of FGM survivors

Votes

- Home Office to develop national strategy with resources to roll out the FGM guidelines and raise professionals' awareness (should include working with local authorities and teacher training colleges, basic police and social work training, RCM, RCOG, BMA etc). *NOW Home Office, Dept. for Health* (1)
- Government to explicitly include FGM in child protection frameworks, policies and training. Government to fund the gathering of data on prevalence of FGM at local and national level, to inform strategy and help us advocate. *2013 Academic experts with funding from Home Office* (5)
- NGOs to put more pressure on national government and local authorities to recognise and prioritise FGM – creating 'a sense of urgency' (with support from funders). *NOW NGOs (with support from funders)* (2)
- NGOs to run empowerment programmes for affected women and girls, to increase their knowledge of their rights and enable them to advocate to the national and local government and within their communities. *NOW NGOs (with support from funders)*

### How do we ensure FGM training is included in schools

Votes

- Needs to be seen as child prosecution. Refresh training every 2 years. Part of safeguarding, child protection training, London Board Training Agenda. Standardised training on FGM. SEPTEMBER London Board of Safeguarding (5)
- Find out which voluntary groups do work on this and work with them, disseminate findings. Being proactive in working with vol. groups. Data knowing it's going on. Voluntary groups
- Existing resources being used, feedback on how resources are being used. Home Office
- Primary schools more important. Parent groups in schools. (2)



## How can tackling FGM be completely mainstreamed? Votes

- Create sense of urgency, particularly around the number involved. Perhaps through social media, documentary, STUNTS, - Greenpeace have done really well by using stunts to bring attention to an issue. FLASH MOB! *Media, campaigners*
- Include in schools as routinely as DV is taught in schools – but with localism – HOW? Gove will need to do something but as this issue will never affect him – how do we make him CARE? How do issues like this get dealt with in his mind, under the new 'local' approach. *Gove*
- DfE should create guidelines and training – but under the banner of VAWG – so doesn't stigmatise. *DfE* (3)
- Make FGM not a minority issue – can be sidelined plus people find it embarrassing. Make VAWG issue.
- Let families back home know the negative affects of FGM – need to link the work back and forwards. Campaigners and NGOs. People here say 'if you change the views of people back home – I will change mine' otherwise it will mean I am ostracised if I try to go home
- Empower campaigners – give them the skills to challenge and change attitudes. Communities will do but need resources and networking.
- Educate key people in a range of professions. Child protection – should be mainstreamed with every single child safeguarding board – they should know about it – no excuses. We must all lobby to ask how they are meeting their obligations around FGM. Can the people who are good on this in Local Authorities (where all the power is now) work with colleagues in other LA's to get them to care about it too? Boris has committed to this – how is he doing?! *NGOs, Local Authorities, Boris*
- Every midwife should ask every single woman. Even if they don't appear to be from affected communities. If every member of the public understands what FGM is and knows it is wrong, they will not mind this, but it will mean that women get the support they need and can begin to talk about FGM. But the person asking needs training otherwise will not work! All hospitals supposed to ask about DV – but many do not as do not know how to deal with it!
- We need to look at how things like drink driving (not!), five a day, smoking, DV and forced marriage have become messages which are more mainstreamed
- For teenagers – celebrities are important – can we enlist them to change attitudes?





## Following safeguarding procedures

Votes

- There should be a scheme in place whereby people go into schools and educate teachers about what FGM actually is. Also, the safeguarding training that is done during insert days for example, should include training on how to follow the FGM policies. (2)
- The campaigners, organisations or charities should link up with the key people such as the safeguarding coordinators and ask them to make sure that the FGM policies are followed through in the schools that they may be accountable of.
- Professionals such as teachers should not be too concerned about cultural sensitivity; they should be trained on how to respond/react to situations whereby they may be faced with a parent that uses culture to justify FGM. *Advocates and professional bodies*
- GFM should be a part of the curriculum; PSHE lessons should include information about FGM and so should other health care lessons such as 'health and social care'. (1)

## How can we incorporate FGM in all VAWG agendas in the UK?

Votes

- Every PCT/Health and well being boards should be gathering data on FGM and publishing the statistics so that advocates can use them *DoH, Local Authorities, GPs* (4)
- Emphasis should be put on the immeasurable impact on the health of the girls and women affected by FGM (going beyond statistics). Emphasis should be on the cost effectiveness of having a strategy in place. "Prevention is cheaper and better than cure". *Advocates, GPs, LA, DoH, APPG, Academics* (3)
- Make it mandatory for GP codes to be available on FGM. National government need to make it mandatory for local authorities to address FGM. *DoH, ROCCG, ROM, BMA*
- Educate statutory and non-statutory agencies and professionals about the religious and cultural issues. This is because they may be causing "blockers" on preventing work on FGM.



## How can we engage young people in the campaign to end FGM and how do we support young women affected by FGM

Votes

All below: RS, CT, RH, SK, SM. KH, SK

- Linking up and into youth sector services already available e.g. Youth Mayors, Uniformed Youth, YMCA; in order to reach large groups of young people. Linking up and into other organisations already focused on child protection and young people's sexual health e.g. Childline, NSPCC, Brook. (5)
- Training of statutory professionals and all those that come into contact with children and young people on FGM as a part of child protection training.
- Creation of youth friendly approaches, resources and spaces for young people on the issue of FGM; as well as sharing of these resources and methodologies. This should include sessions with young people to challenge their beliefs in a culturally sensitive way. (5)
- Engaging young people as peer educators and peer advocates in a creative and youth friendly way
- Mainstreaming FGM as a topic to be embedded in other aspects of the curriculum (not only PSHE) e.g. social care, child care and citizenship; as well as reframing the conversation of FGM to look at it from a gender based violence lens and as a human rights violation
- Provision of where young people from FGM affected communities can get support and linking this with school nurses and already available children's helplines.
- Mapping of services already available that are youth-friendly particularly FGM specialist clinics.
- Integration of community work and youth work on FGM bearing in mind that the approaches to working with young people may differ from engaging older community members.





## How do we help educate newly arriving migrants to understand how to end FGM in communities?

Votes

- We support the concept of an (FGM) Health Passport being given to 1) UK residents travelling home, so they understand the implications of having FGM overseas (& other cultural practices such as forced marriage and DA/A etc) and 2) those seeking asylum/refuge/ arriving illegally. *HO/Border agency/Police* (3)
- We would like the FCO/British Councils overseas to have copies of FGM law and practice etc and give info at point of visa application (in country) to know law re FGM in UK; implications of breaking law etc. *FCO/BC/DfID*
- We support FCO leaflets being given to local GP's sexual health clinics: delivery wards; schools; mosques; Refugee Council etc.
- We support a public health broadcast/info campaign to support the Summer Cutting Season in addition to supporting other TV broadcasters doing culturally sensitive advisory dramas (eg Casualty etc) and use material for debates such as 'Watch over me' or 'Miss Dorothy' etc from Kids Task Force *DofEd; Dof Health* (2)
- We support all schools having an Info Pack; poster; brief for a school nurse; Counsellor and have info available to support teachers and girls etc *Dof Ed*
- We support all nurses; midwives; GP's having FGM training as a mandatory element of medical training *Dof Health*

## How to empower communities to speak out against FGM

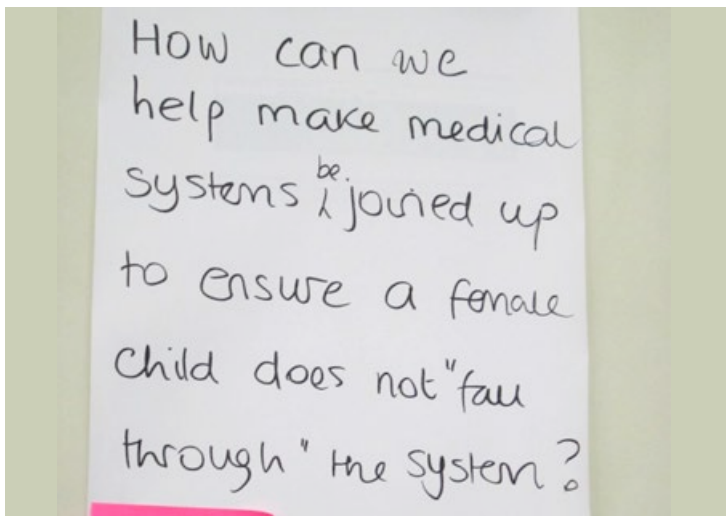
Votes

- Empower and raise awareness among women about FGM the law, health, and safeguarding issues – rights of the child, support champions and share information, data on community experiences/ outcomes. *NGOs, Forward* (3)
- Engaging religious leaders, identify champions and other faith groups. Engaging men and boys. Funding (sustainable). (2)
- Engage men and boys as key players and actors through range of mediums including where men are
- Support community campaigns including possibility of using wrist bands as and other symbols that people can link with- campaign and community messages should be sensitive; empowering and positive and aim to address harm; child abuse; legal situation; marriage and sexual health
- Ensure schools and education curriculum addresses FGM to provide wider public awareness and engagement. Need for sensitive and positive message – harm, abuse, law, sexual health. *Policy makers* (4)
- Community engagement with policy makers to strengthen call for sustainable funding for community work since communities play a strategic role in ending FGM

## How can we get young men actively involved in the campaign?

Votes

- Finding and nurturing dynamic male champions to not only act as a means to raise awareness but also as male facilitators and project co-ordinators
- Share resources and co-ordination on men's work; share learning from other VAWG issues and campaigns on how they engaged men
- Dedicate funding and resources for the involvement of men in the campaign, this would allow recognition of men's work and incentivize men to work on the issue.
- Linking with other male organisation e.g. HIV, anti-racist groups
- Creation of strategy for male engagement that's answers the question who is the messenger, what/how is the message delivered, and has clear actions that we would like men to take.
- Male champions in parliament, arts, teachers and celebrity male endorsement
- Use of social media and digital arts as a way of engaging men
- Changing our approach and methodology to incorporate men e.g. hosting football fundraisers, approaching men in tea houses, gender neutral advertising and promotion.





## How can we support FGM survivors?

### Votes

- Online support through forums, chat rooms, social media and information (2)
- FGM helpline. (1)
- Offering psychological help. (1)
- Offering safe spaces where survivors can come together, build their confidence and feel empowered. (4)
- Online campaigns to create greater awareness amongst young people
- Literature that offers information.
- Training staff such as GPs, Doctors, Midwives, Nurses in the healthcare field to be aware of FGM, recognise the different forms, and what to do if they receive come in contact with a woman that has undergone FGM so that if a survivor does approach them they can offer the necessary support without them feeling embarrassed.
- Every borough having a domestic violence officer that can go to the local schools and train the staff and offer lessons on VAWG.
- Working with families. Community engagement
- Inter-generational events to support daughters and mothers that have undergone FGM. More awareness raising campaigns
- Offering families support so that if they suffer pressure from the community back home they have something to refer to - the Holland model of the health passport. (1)



## Would a prosecution help stop FGM?

Votes

- It would not stop FGM but it would 'alarm' people and help reduce the risk but it's a broader picture of which prosecution is one element. (2)
- Mandatory training and knowledge base by front line professionals. All FGM cases investigated and children safeguarded. *Health Education. All Statutory Agencies* (1)
- Could court orders be used under family law i.e. Prohibited steps. Unlikely unless other evidence/risk exists. *Courts*
- Re-examine offence broaden so emphasis on parents responsibility to protect, burden not on children's shoulders CPS? Police?
- Welcome pack? Saying about the law. French have contract of welcome
- Legal Audit – why have previous prosecutions not worked? (1)
- Record if parents declare their child has not had FGM, then will be able to hold to account later if have had.
- Reciprocal prosecutions between countries where practiced and UK
- Civil prosecution – burden of proof lower? FGM has had up till now
- Do children have a place to go – Childline? Should be a dedicated helpline like exists for forced marriage. *Childline* (2)
- Do children have enough awareness that it is wrong to be able to say to police what has happened? Empower them
- Focus on the cutters!
- Female cosmetic surgery – confuses and dilutes the issue *BMA?* (1)
- No offence fully stops a practice but a prosecution would be a good opportunity to talk about FGM more widely (media) and will inform those who don't know about FGM law
- French courts can order parents to pay compensation to their daughters – worth considering?





## How do we improve data on FGM?

Votes

- Devise and implement standard procedures for recording information about FGM which can be used for both operational and statistical purposes:
  - It should be mandatory to ask a woman booking for maternity care whether she has had FGM. A standard question should be devised for inclusion in antenatal notes and IT systems. This is needed both for planning care at delivery and for statistical purposes.
  - Information about whether women have FGM and if so, what type, should be recorded at delivery, using a standard format, which should be derived and included in all delivery records.
  - Information on mother's FGM status be included in handover from midwives to health visitors, especially if the baby is a girl.
  - This information should be recorded on community child health systems and in GP systems, in relation to daughters in the case of child health systems.
  - Daughters considered to be at risk, based on their mother's FGM status and prevalence in their country of origin, should be included on safeguarding registers.
  - Parents' countries of birth should be recorded on all systems as well as ethnicities.
- Activists, academics, the NHS Information Centre and its counterparts in other UK countries, clinicians. (12)
- Assign International Classification of Diseases codes to FGM. WHO
- Research and monitoring
  - Updated literature view of surveys in practising countries and of relevant communities in the UK.
  - Administrative data in 1. above should be aggregated nationally and linked to estimate prevalence by country of birth both nationally and for local authority area of residence.
  - Completeness of data should be monitored by local authority area and maternity unit.
- *Activists, academics, funding bodies.*
- Updating estimates of prevalence: In the shorter term, estimates based on prevalence in mothers' countries of birth should be updated from surveys undertaken in FGM practising countries and used to derive prevalence estimates in the population and at birth, using data from birth registration and the 2011 census. Activists, academics, funding bodies.
- Surveys of view and attitudes of families from FGM practising communities. Activists, academics, funding bodies.





## Should there be different approaches to address different FGM community practices or a universal one?

Votes

- Understanding the social functions (rationale for practice) of FGM in different communities in order to develop appropriate strategies for eradicating it. Joint action plan across health, social care and voluntary sector incorporating robust evidence (qualitative & quantitative). *Public Health, Policy makers, Children Lead Commissioners, Children Services (Local Authority), Community Group, Religious Scholars. Statutory Commissioners in Health Social Care to ensure FGM is incorporated as priority in the JSNA (Joint Strategic Needs Assessment) and Health & Wellbeing Strategy URGENT (as soon as possible)* (8)
- Collection & dissemination of what works (good practice) and what does not work (lessons learnt) with specific communities in the prevention and management of FGM victims. NEXT 6 MONTHS *Funders, Research, Public Health & Policy leads.* (10)
- Integration of FGM as a safeguarding priority in primary schools, primary care (GPs), health visiting and school nursing delivery agendas. 3 – 6 MONTHS *School Heads, Education services, GP Health Visitors, Public Health.* (2)
- Government to ensure FGM is a performance target / Key Performance target (KPI) priority embedded into Commissioning plans to ensure delivery. IMMEDIATELY (national consultations on Safeguarding going on). *Department of Health, Health Commissioning leads (Clinical Commissioning Groups (GPs), Local Authorities and Public Health.* (15)



## Concluding remarks



These are some of the comments made at the end of the meeting:

I'm excited to work with everyone to tackle FGM in the UK.

I learnt a lot - I work as a volunteer and will relay all information to the girls I work with.

I was overwhelmed to see all the people that want to end FGM.

A very interesting and useful event and very important. The group discussion was excellent and I have learnt a lot.

I'm taking back a lot from other organisations - there is much more to do in FGM.

Listening to others and their ideas has been really interesting.

It would be really good to collect our efforts from the sessions today and work together.

The government needs to be doing more - that has come out of most of the sessions that I have attended.

We all have a huge job to do to be advocates for the girls and women.

I'm inspired by all the work that is currently being done in the UK and will take inspiration and information back with me to the USA.

I feel connected at this meeting but we still have a long way to go. The organisers have done very well; thank you.

I like this style and will use this when I go back to Bristol with my groups.

It has been really interesting and useful for us in relation to the documentary we will be making.

I look forward to seeing what comes next.

Very good recommendations.

Good to see that everyone is committed to this work and I look forward to seeing the recommendations.

I will be taking some of the recommendations back to the office to see how I can take them forward within my organisation.

I found the day empowering - it was good to see that everyone wants to work together.

Everyone came with such positive attitudes - I look forward to the report.

I found it inspiring - it has been great to see everyone come together.

There were no men in the room!

I liked the diversity and the voices that I have heard today.

The range and complexity of the issue has impressed me.

It has been really interesting - thank you to all the funders who have made it possible.  
We agreed about many things - and there is a lot that needs to be done. We need to make the awareness of FGM bigger and better.





## Getting on Brilliantly

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