



COMMUNITIES TACKLING FGM IN THE UK

THE TACKLING FEMALE GENITAL MUTILATION INITIATIVE (2010 - 2016) – EVALUATION SUMMARY

The Tackling Female Genital Mutilation Initiative (TFGMI) supported community based organisations (CBOs) to strengthen prevention of FGM at a local level across the UK. This document summarises key achievements and findings from the six-year Initiative, as well as highlighting recommendations for tackling FGM in the UK.

ACHIEVEMENTS AND KEY FINDINGS

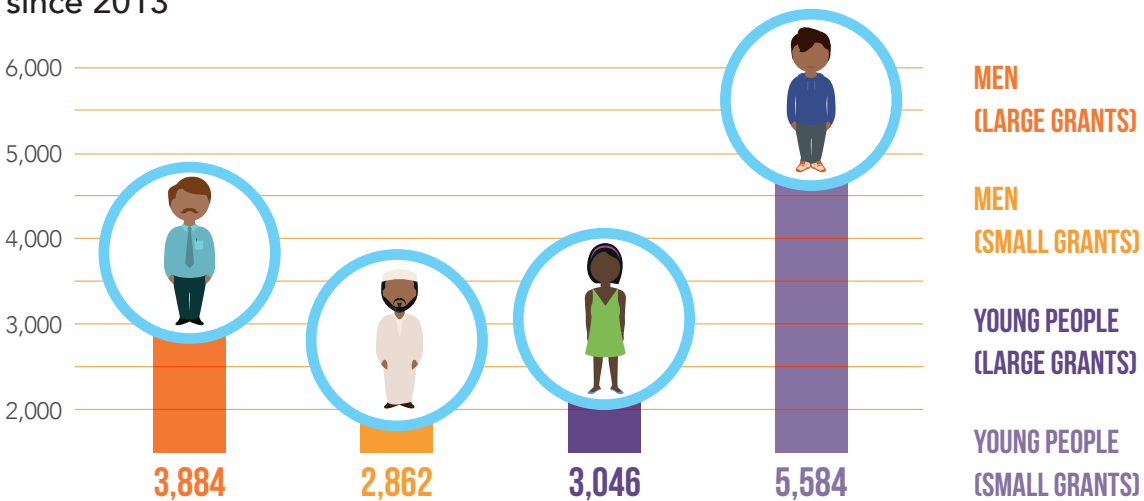
Reach and scale (2013 - 2016):

- **26,607** individuals reached through various FGM awareness and engagement activities delivered by the TFGMI organisations. 73% of those who were engaged were women.
- Since 2013 TFGMI organisations expanded the scope of their work and actively sought to engage with both men (6,746 in total - 3,884 in the Large Grants and 2,862 in the Small Grants) and young people (8,640 in total - 3,046 in the Large Grants and 5,584 in the Small Grants).
- **6,402** frontline professionals (those with a legal duty to identify, report and respond to FGM) received training delivered by the TFGMI organisations.

- Training was delivered to education (52%), health (18%) and social care (7%) professionals who reported an increase in their knowledge, skills and confidence to respond to FGM.



Engagement through TFGMI organisations since 2013



CHANGE IN UK FGM LANDSCAPE

- There is a growing national movement to end FGM in the UK, to which the TFGMI has made a significant contribution. We helped by: investing in community-led change; developing needed resources; sharing learnings; and providing a platform to advocate for a better response to ending FGM in the UK.
- ‘Community champions’ (women, men and young people from affected communities) have been crucial in developing local

opposition to FGM as they have raised awareness of FGM and mobilised widespread support for the campaign to end FGM.



- The value of community-led change in local FGM strategies has now been widely recognised. Work with both CBOs and survivors strengthens and provides credibility for efforts to end FGM in the UK and builds widespread support.
- The strengthening of UK legislation was seen as necessary by those who want to end FGM and a useful tool to support ending the practice. However, greater community involvement has been crucial to ensure that increased government intervention is not seen as punitive, particularly around the implementation of 'mandatory reporting'.

"(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

- There is now a more in-depth understanding of how to work with different social groups to prevent FGM as well as a clearer view of where support for FGM is highest. The TFGMI groups have been using this expertise to develop targeted and tailored FGM prevention activities in their local area.

SHIFTING ATTITUDES

- There has been a widespread shift in attitudes, with many openly rejecting the practice. This is a result of the silence around FGM being broken in many of the areas where the TFGMI organisations worked.

"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 that all children are born with - it's a tragic symptom."

- PEER Data, Black Women's Health and Family Support, London

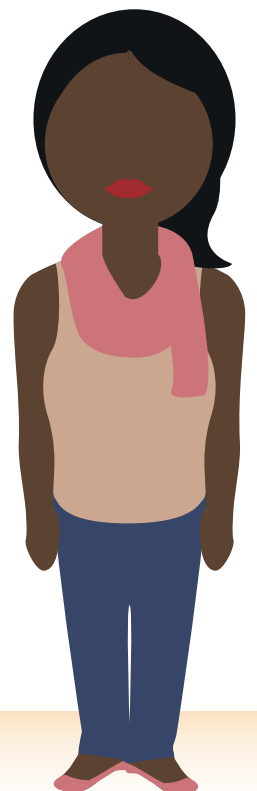
"If you've gone through it and you have daughters there is no way you'd put them through it - that is a good thing at least - that is the main change! Our parents had gone through and did it to us, but we are changing this."

- Mother, London

- Individuals are abandoning FGM as a way to protect children. The voice of parents, in particular mothers, rejecting the practice, has been strongly expressed in the TFGMI.



- FGM is being understood as a form of child abuse and violence against women and girls. This is due to the work of the TFGMI organisations engaging communities.
- FGM is no longer being viewed by affected communities as a religiously condoned practice, and there is recognition of the severe health and wellbeing impacts on women, girls and their families.
- Parents and communities view the new and strengthened legislation as a valuable tool to resist pressure to commit FGM. TFGMI organisations have been vital in explaining legislation to parents and communities to ensure it is understood and not seen as a threat or an attack.
- In some cases, frontline professionals, strategic local authority leads and others have shifted away from only seeing parents as potential perpetrators and, instead, see them as allies who need support to resist pressure to commit FGM, and who may, themselves, need access to services.



WHAT WORKS FOR THE PREVENTION OF FGM?

- A.** Prevention has worked best where community groups and statutory frontline professionals have worked together, with a joint message on ending FGM. There is good evidence that a combination of approaches – enhanced intervention by the government, better legal protection, and community engagement and awareness – has enabled a change in attitude among affected communities.
- B.** There is evidence that a **strategic, enhanced and multi-agency response** to FGM, involving frontline professionals, local decision-makers, safeguarding teams, police, community-based groups and FGM champions, in a comprehensive and coordinated way supports local efforts to end FGM and ensure they are more effective. In particular, involving community groups in the development of local policies and resources can result in more relevant local strategies with greater buy-in from communities.
- C.** **Creation of regional networks and forums on FGM interventions**, such as those in London and West Midlands, has worked well for sharing learning, pooling resources and for supporting FGM prevention efforts, and maintaining political focus and will.
- D.** Using a range of data to **understand the local communities affected by FGM** has been important in designing local strategies and investing in prevention and care for FGM. This should include local FGM prevalence data, but also further work to understand attitudes towards FGM, high-risk groups, and how attitudes to FGM may be shifting.
- E.** At local level, projects that **invest in women’s leadership** and in building their confidence and capacity to speak out against FGM have formed a very effective model, as this galvanises key decision-makers to respond and take action. Women’s empowerment approaches have been beneficial for not only the individual women but also for their families and their wider community. There is increasing traction and support for projects that use women’s empowerment models and gender-based frameworks to tackle FGM.



F. Projects that **situated prevention of FGM within child protection** and worked with affected communities to understand child protection intentions and procedures have had more widespread support and buy-in from community members as they appeal to common values around protecting children.

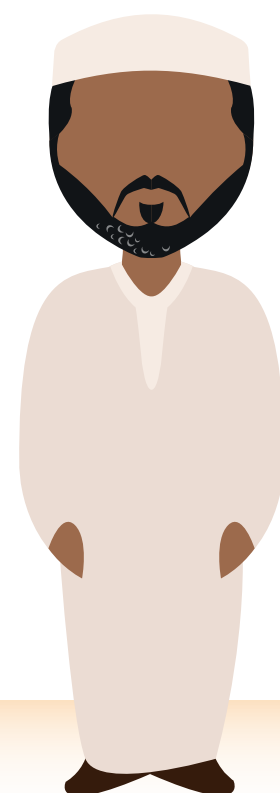
G. The **creation of 'safe spaces' and engaging in discussions** in informal community settings which enable individuals to have open and frank conversations with their social networks is crucial to challenging supporters of FGM, particularly those women who have gone through FGM and yet support the continuation of the practice. Women with personal experiences of FGM can be very effective in addressing and challenging support for FGM.



H. **Provision of emotional and mental health support** is essential: to enable women to access care; to understand and discuss the intimate and complex ways FGM has affected them; and to enable them to build the confidence to speak out against the practice. There is a strong link between individual women accessing mental health support and feeling enabled to reject the practice.

I. An increased understanding of the complex mental health and support needs that women who have experienced FGM has led to an **increase in demand for and provision of culturally appropriate FGM mental health services**. These services will complement the support that women receive in specialist FGM services.

J. Working with and **engaging various different groups within the community** (e.g. men, religious leaders, young people) using tailored approaches has been essential in widening the understanding of FGM so that it is no longer exclusively seen as only 'women's business' – this builds a wide support-base for women at risk of or affected by FGM.



RECOMMENDATIONS

1. It is essential to **invest in community engagement** for FGM prevention work at a local level in order to tackle the issue. The most effective prevention strategies are when community organisations and statutory professionals strategically work together in effective and equitable partnerships where they build on each other's strengths. The contributions of CBOs should be resourced, valued and acknowledged.
2. **Replication of effective partnerships.** There are good examples of joint working between professionals and community groups where there is good evidence that the right audience is being reached. These need to be replicated across the UK. This includes mainstreaming FGM prevention through early years services (such as Children's Centres, health visiting teams and general practice) and emotional support and advice offered through FGM clinical services.
3. **Expansion of quality standards.** While some quality standards (such as IMKAAN's Accredited Quality Standards for specialist Black and Minority Ethnic women's services) have been developed, we need investment to: roll these out and develop other appropriate standards; ensure that community organisations' skills and expertise are validated; and ensure that commissioners have confidence in them. In addition, there is the need for the development of a national standard on 'do no harm' for interventions on FGM and specific guidance about how organisations should integrate these principles into their work.
4. **Development of quality standards** of training for frontline professionals and others are also urgently needed. It is imperative that robust and comprehensive training is developed that builds the skills and confidence of professionals to appropriately and effectively respond to FGM. This will ensure that FGM cases and engagement are carried out sensitively, thus building communities' trust in statutory professionals and increasing the likelihood that they will seek support when needed.
5. Community champions and survivors should be **supported, trained and resourced**, as they play an important and difficult role in

challenging communities to end FGM. This will ensure sustainability and encourage more women to speak out.

6. **Resourcing and engaging with community groups** who may still continue to support FGM or who are not exposed to FGM interventions. These groups could include new arrivals, communities based in areas with low FGM prevalence or in areas where there is minimal engagement with smaller or isolated BME communities.
7. **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.
8. **Schools should comprehensively respond** to the prevention of FGM, utilising a 'whole schools approach'. This involves: training teachers and others with safeguarding responsibilities on how to respond to FGM and better identify risk; reaching parents through parent associations; and empowering younger women and girls to know about FGM as a form of VAWG.

The Tackling FGM Initiative (TFGMI) was established in 2010 to strengthen community-based prevention work to protect the rights of children, with a particular aim of reducing the risk of girls and young women of undergoing FGM. The Initiative was a collaboration of five independent charitable funding bodies and was evaluated by Options UK.

The TFGMI invested £2.8 million over six years to strengthen community-based prevention of FGM, support communities affected by FGM, and document learning to influence policy. The TFGMI ran both a Large Grants (investing in 12 projects) and a Small Grants Programme (funding 39 projects), supported by training, networking and wider advocacy. Organisations funded through the TFGMI work with survivors of FGM, men, women and young people from affected communities, as well as religious leaders, FGM activists, statutory leads, and safeguarding and public health teams to develop a better response to FGM.

More information about the TFGMI, including the full evaluation and the *Communities Tackling FGM in the UK: Best Practice Guide*, is available on: www.preventingfgm.org