

National FGM Centre

“*The real thing is you just have to tell people about it.*”

Young Person - London Borough of Hillingdon

A partnership approach to ending FGM in the London Borough of Hillingdon

Impact Report

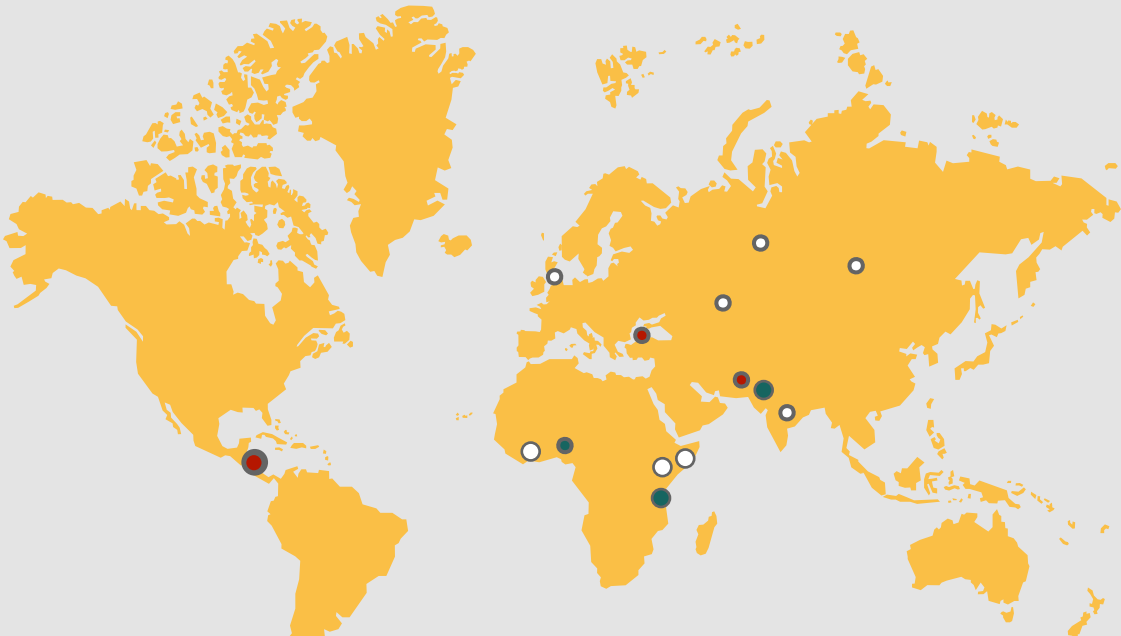


Developing excellence
in response to FGM and
other harmful practices



HILLINGDON
LONDON

SUMMARY OF WORK COMPLETED



Community Lead Initiatives

We reached women and men from over 14 countries via community lead consultations and events

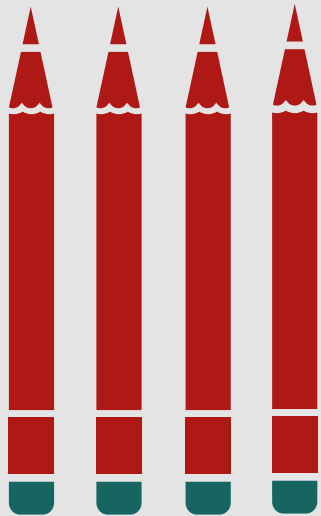
107

Sent all 107 schools in the Borough a resource pack including FGM flashcard packs



2

Produced 2 resource libraries of books, tools, guidance and leaflets which sit in children's services



We shared learning and trained over **250 professionals** from social care, education, health, police and voluntary organisations

58

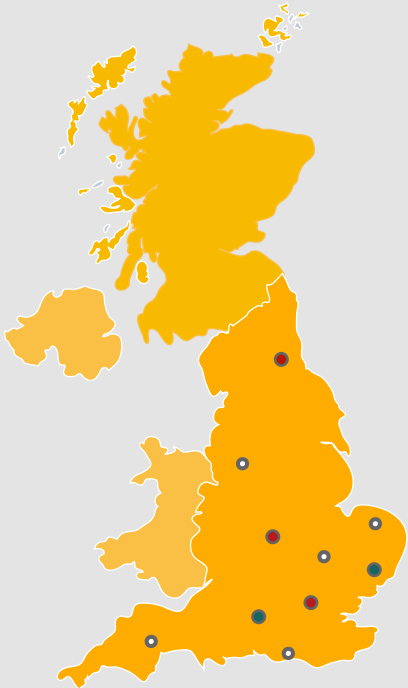
Women



We delivered a **women's health and rights event** reaching **58 women** to build trust and change attitudes and behaviours towards harmful practices



Consulted 8 young people on what they think needs to happen in the Borough to end FGM



Nationally lead learning

We lead a **national conference** reaching over **145 professionals**



Bespoke FGM eLearning

We developed an interactive **bespoke** FGM eLearning using **local case studies** and good practice



Identified and trained **20 multi-agency** professionals as lead trainers on FGM in the Borough



Conducted a needs analysis with **60+ schools** to capture needs around FGM



Developed a bespoke **pathway** and **audit tool** for Stronger Families to learn from and improve consistency in FGM cases



Developed **four new** resources for professionals, disseminated **nationally**

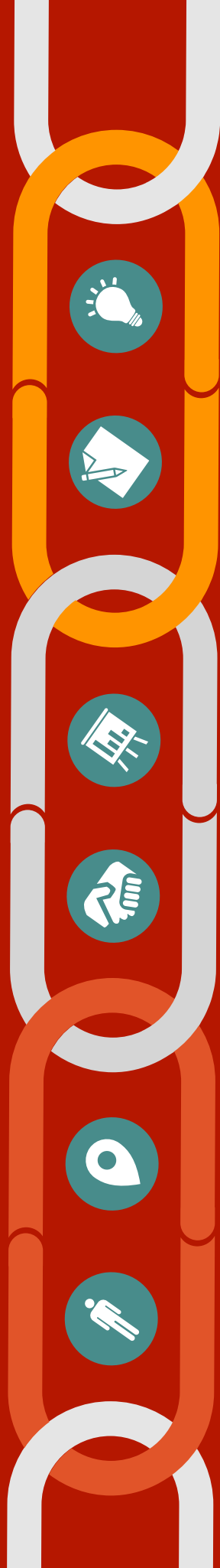
Introduction

The National FGM Centre (NFGMC) was established in 2015 as a Department for Education's Children's Social Care Innovation Programme project. It was initially set up to develop a systems change in the social work response to female genital mutilation (FGM). In 2017 its remit was extended to include other harmful practices (HP's) including child abuse linked to faith or belief (CALFB) and breast flattening. It has developed a unique independently-evaluated model of service delivery which is suited to addressing harmful practices. This combines social work, community engagement, professional development and a digital response. The NFGMC is working to deliver a system change in the way that services are provided to children, young people and families affected by harmful practices.

The NFGMC's mission to end new cases of FGM in England by 2030 remains in our sights and although ambitious, we believe we should aim high. We hold hope as well as confidence in our abilities to accomplish this together with our key partners. To achieve this vision we will continue to deliver and expand our services and our influencing abilities which are underpinned by our values.

The NFGMC's mission is to ensure that children and their families receive a strong and consistent service...

...and shares it's learning across local authorities to further develop the skills of practitioners nationally



Our Mission

The National FGM Centre is working to deliver a system change in the way that services are provided to children, young people and families affected by harmful practices aiming to:



Prevent

new cases by building effective strategies for the identification and support of at risk children and by creating changes in community attitudes and behaviour.



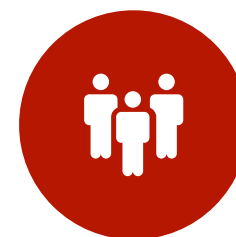
Protect

children through proactive safeguarding and effective prosecutions.



Support

those who have been affected by FGM, child abuse linked to faith or belief and breast flattening by providing holistic support for survivors.



Partner

with stakeholders to deliver solutions, bring together experience and learning on what works for tackling FGM, child abuse linked to faith or belief and breast flattening.

The National FGM Centre

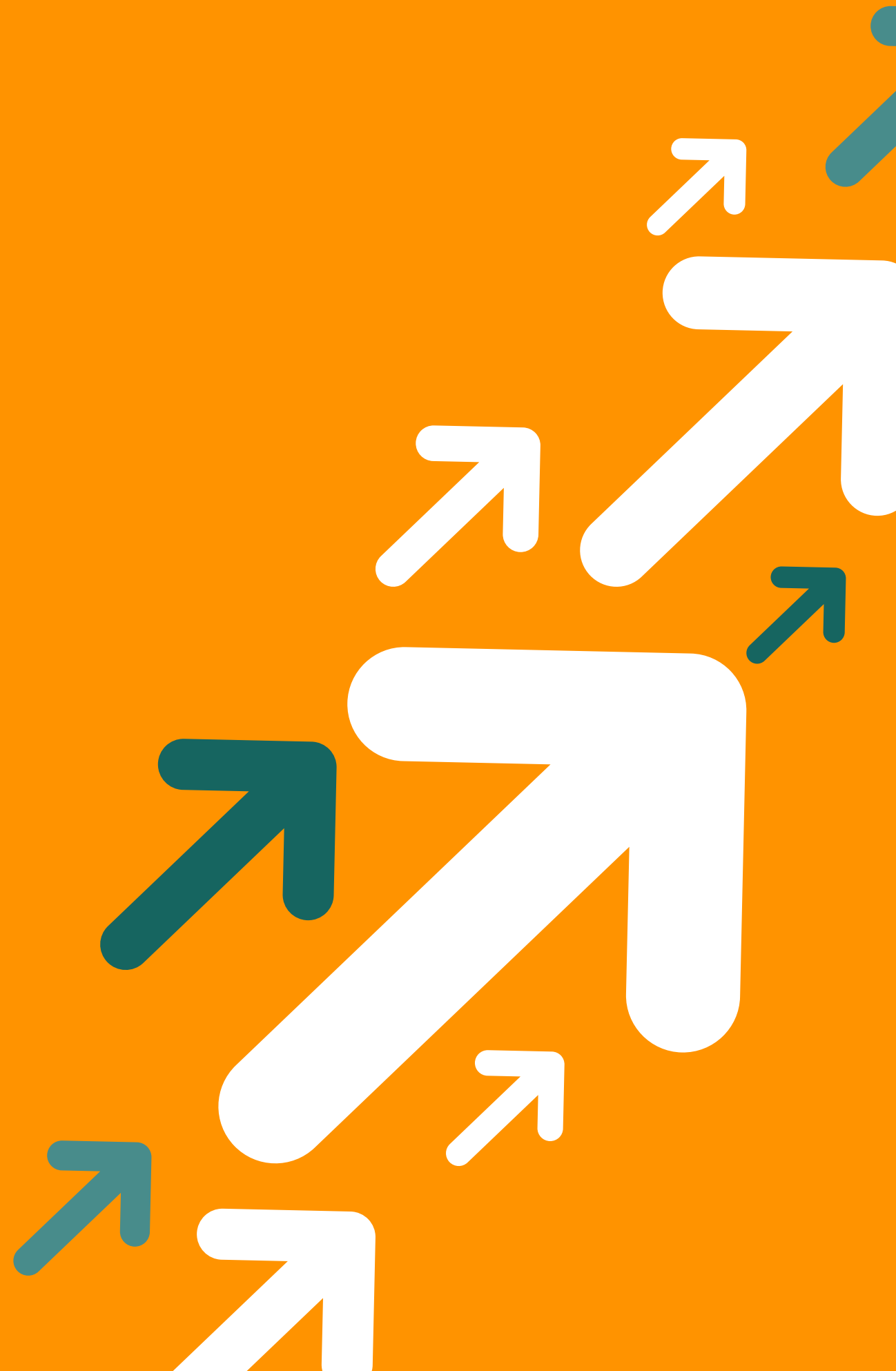
It is the NFGMC's contention that **the traditional social work model**, derived from twentieth century practice, **is not designed to respond to some of the challenges of the twenty-first century** such as globalisation and international migration, gender equality, keeping pace with technological developments, poverty and austerity, global health and international human rights. The NFGMC model provides a flexible means of responding to the needs of families affected by harmful practices and their extended families overseas or in other parts of the UK, and enables skilled workers to extend their competences beyond those of the traditional social work or social care role.



The NFGMC's service delivery offer is based on a **unique model which combines social work and community engagement**, sharing this learning nationally through a **knowledge hub, professional development and training, conferences and workshops**. Its authority is based on its direct experience of working with affected children and families: the links between the different activities combined within one team gives the Centre its transformative power.

The Centre knows of no other model, nationally or internationally, which replicates the model of design it is using.

BETTER OUTCOMES FOR MORE CHILDREN



Background to the project

FGM is a form of child abuse and a hidden crime. The practice results in physical, mental and emotional consequences to victims/survivors and is associated with negative immediate and long-term health consequences.

The NFGMC was commissioned by the London Borough of Hillingdon (LBH) to provide a bespoke range of targeted interventions to create a system change in its response to FGM activities across the Borough.

The aims of the project were to develop and share promising local practice to better identify and support women and girls at risk of or who have experienced FGM, including effective work with voluntary and community sector (VCS) organisations, schools, and other partners.

The project took a multi-agency approach by delivering targeted work via a partnership approach to ensure all relevant services were engaged.

A task and finish group comprising of key local authority leads was established and met bi-weekly for the first 3 months, moving then to once a month thereafter to strategise the strands of work, identify gaps, and push learning through to the workforce. The group comprised of the local authority, health, education, police and community.

Activities the task and finish group led on as part of the work included:

- Development of resources
- Community-led consultations to address the Local Authority's strategy
- Focussed FGM awareness training for school staff
- Specialist training for social workers and other regulated professionals
- Identification of Local Authority staff as 'in house' Subject Matter Leads to deliver training across the Borough
- Leading a Harmful Practices conference to increase the skills of the workforce



"Doing this work has shown me a different side of social work. It's made me realise in particular just how important community engagement is, and the impact that can have on statutory services"

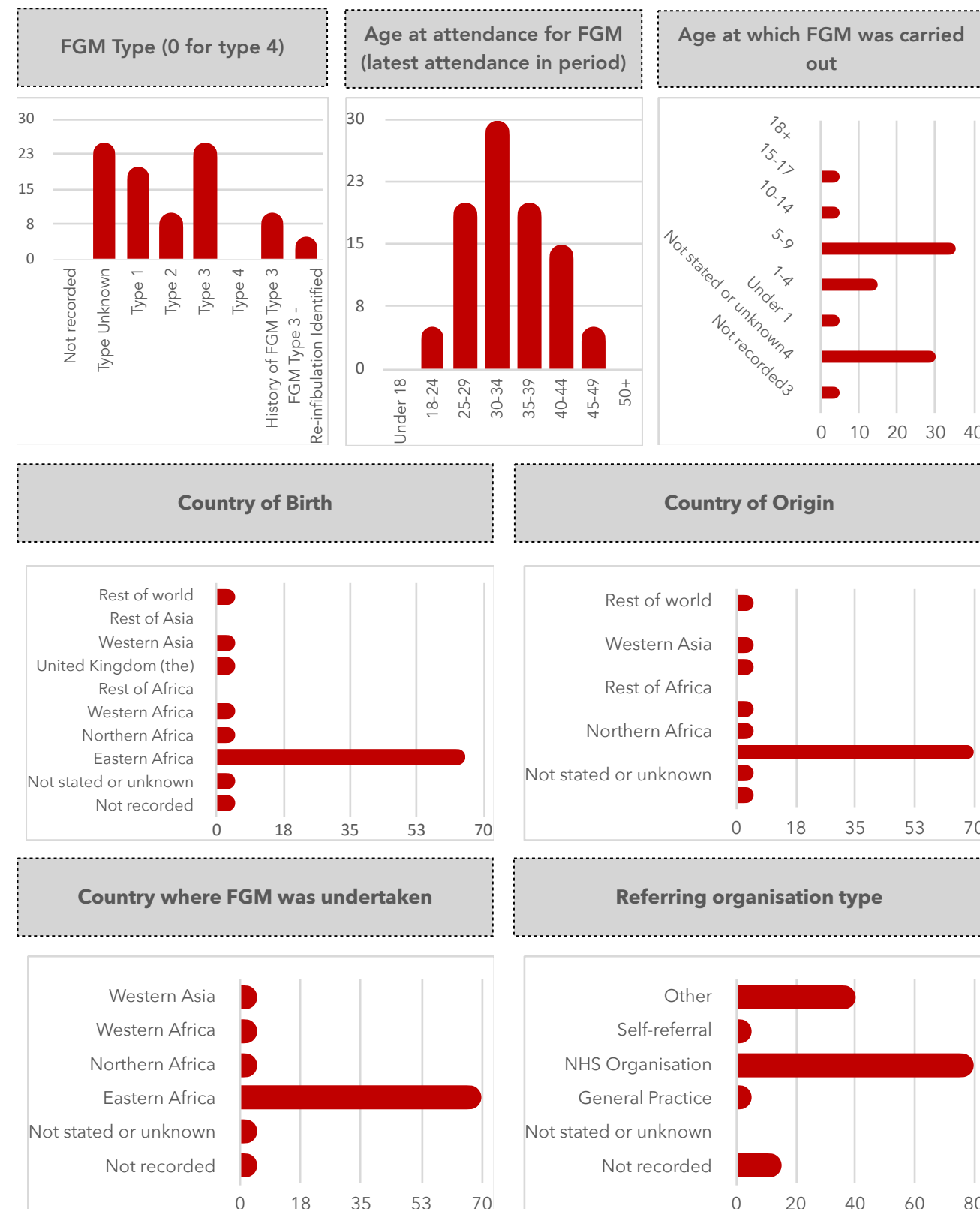
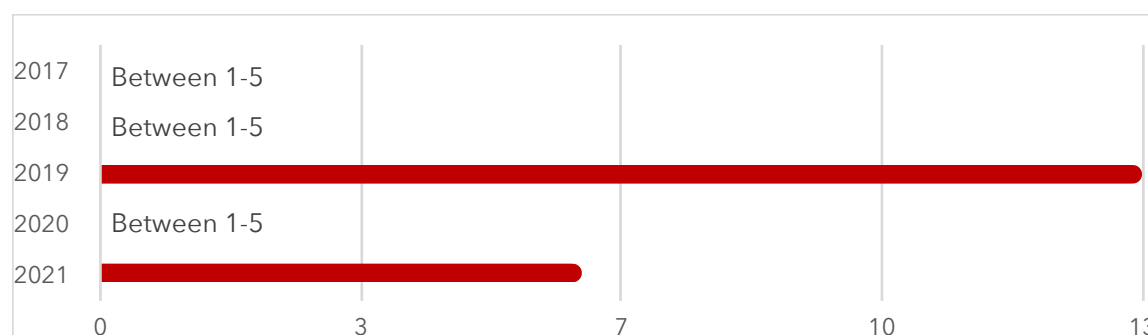
Social worker, Stronger Families Hub

State of play in Hillingdon

The population of Hillingdon is estimated to be 304,824, one of the largest of all the London boroughs, and it is increasingly diverse. 49.5% of all residents in the borough are from Black, Asian and Minority Ethnic groups. The Black, Asian and Minority Ethnic population is projected to increase from 49.5% to 51.6% of the total Hillingdon population, between 2018 and 2023.

Data from DoH and NHS indicates that Hillingdon is an area of relatively high prevalence for the occurrence of FGM. FGM and other harmful practices are hidden forms of mainly intra-familial child abuse, and as such, difficult to identify and record accurately. However such data for Hillingdon that does exist includes the following:

- The study by City University in 2015 (Prevalence of Female Genital Mutilation in England and Wales, Macfarlane and Dorkenoo) estimates 137,000 women and girls are affected by FGM across the country, with the highest rates found across London boroughs. The figures in this report are estimates, based on numbers of women living in each area, who were born in countries where FGM is practised, and the prevalence of FGM in those countries. It suggests that women who have undergone FGM are living in every part of London (and wider, England and Wales). The report estimates Hillingdon's prevalence per 1,000 population is 18.6.
- The (FGM) Enhanced Dataset April 2020-March 2021 shows there were 145 total attendances in Hillingdon via health services, primarily recorded through maternity services. The data is summarised as the following:



An abstract graphic on an orange background. It features a large white circle in the center-left, connected by a teal line to a smaller white circle on the right. A vertical teal line extends upwards from the top of the large circle. To the right of the smaller circle is a white square, and below it is another white circle. A white horizontal line is positioned below the text.

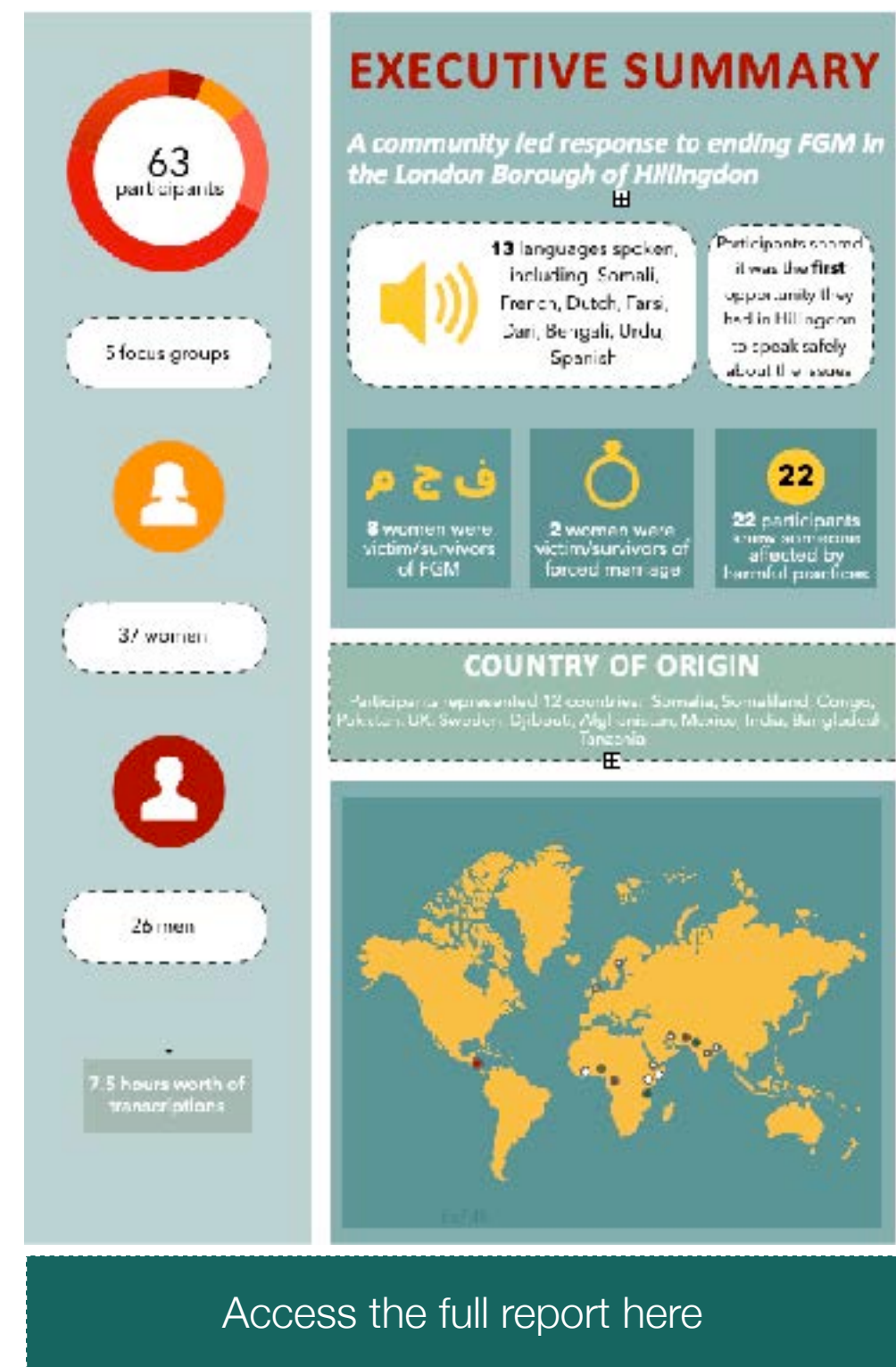
STRONGER FAMILIES

Co-production of VAWG strategy with the voices of communities

The composition of communities affected by harmful practices, and the history of harmful practices in those communities varies. Reaching the **UN Sustainable Development Goal 5**: Achieve gender equality and empower all women and girls, including target **5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation** requires work with communities to change attitudes and beliefs. Often parents describe the pressure they face to conform to social expectations which support harmful practices, even if they both are opposed to such practices.

As part of the project, the local authority was keen to co-develop its efforts to tackle FGM with communities. Working closely with the task and finish group, the NFGMC undertook a community research project focused on developing insight into communities views and attitudes about harmful practices to inform the LBH's broader violence against women and girls' (VAWG) strategy. The study involved recruiting participants via a snowball sample using local organisations working with communities across the Borough to make contact.

The study represented the views of 63 men and women in the Borough comprising of 37 women and 26 men. 8 women were survivors of FGM, and 2 survivors of early forced and forced marriage. 22 participants knew of someone who was affected by a harmful practice. Participants approved of the LBH's approach to seek communities' views and welcomed such an opportunity to shape the future of the local authority's strategy to tackle harmful practices.





Male participants believed FGM did not happen in the UK, and that the prevalence in overseas FGM affected countries was reducing – only occurring in rural areas. Women generally believed that FGM, forced marriage and CALFB are issues affecting their communities. However, some believed virginity testing to be a current issue and others historical.



Most female participants concurred that harmful practices, such as FGM, so-called 'honour' related abuse and others exist in Hillingdon's communities, whilst male participants largely held an opposite view.



Men noted the research provided the first opportunity to discuss harmful practices, but felt that talking about it directed unnecessary attention to their communities where HPs are not an issue. Female participants expressed that they have never had the opportunity to discuss these issues, and wanted safe spaces to continue the conversations.



Both female and male participants felt communities in Hillingdon should be given more opportunities to consult with the local authority on issues that are embedded in strategy.



Most focus group participants of both female and male groups agreed that beliefs in witchcraft, spirit possession, djinns etc. are common in communities – especially against girls.



Nearly all participants of both female and male groups did not know what an FGM Protection Order or Forced Marriage Protection Order was and details of how it could be used.



“

Thank you for running the event. It's so important that as communities we have places to go where we can talk about these important things, and come together to decide what we will do about them. You gave us a voice.

Woman who attended women's health and rights event

Women's Health & Rights Community Event

[Access the full report here](#)

A key finding from the harmful practices' community research with women across Hillingdon identified the need communities had for safe spaces to discuss women's rights and health related issues. Members of the local authority Stronger Communities Team are part of the membership of the task and finish group are aware of the need to make continued efforts to ensure residents have safe spaces to engage further with services. In direct response to this, the NFGMC in collaboration with LBH leads delivered a women-only event, seeking to provide such a safe space, break down the stigma of speaking openly about issues such as harmful practices, domestic abuse and more, and provide a legacy of delivering such events at the grassroots in the local authority. This was the first event of its kind in Hillingdon. The event encompassed talks on a range of topics including:

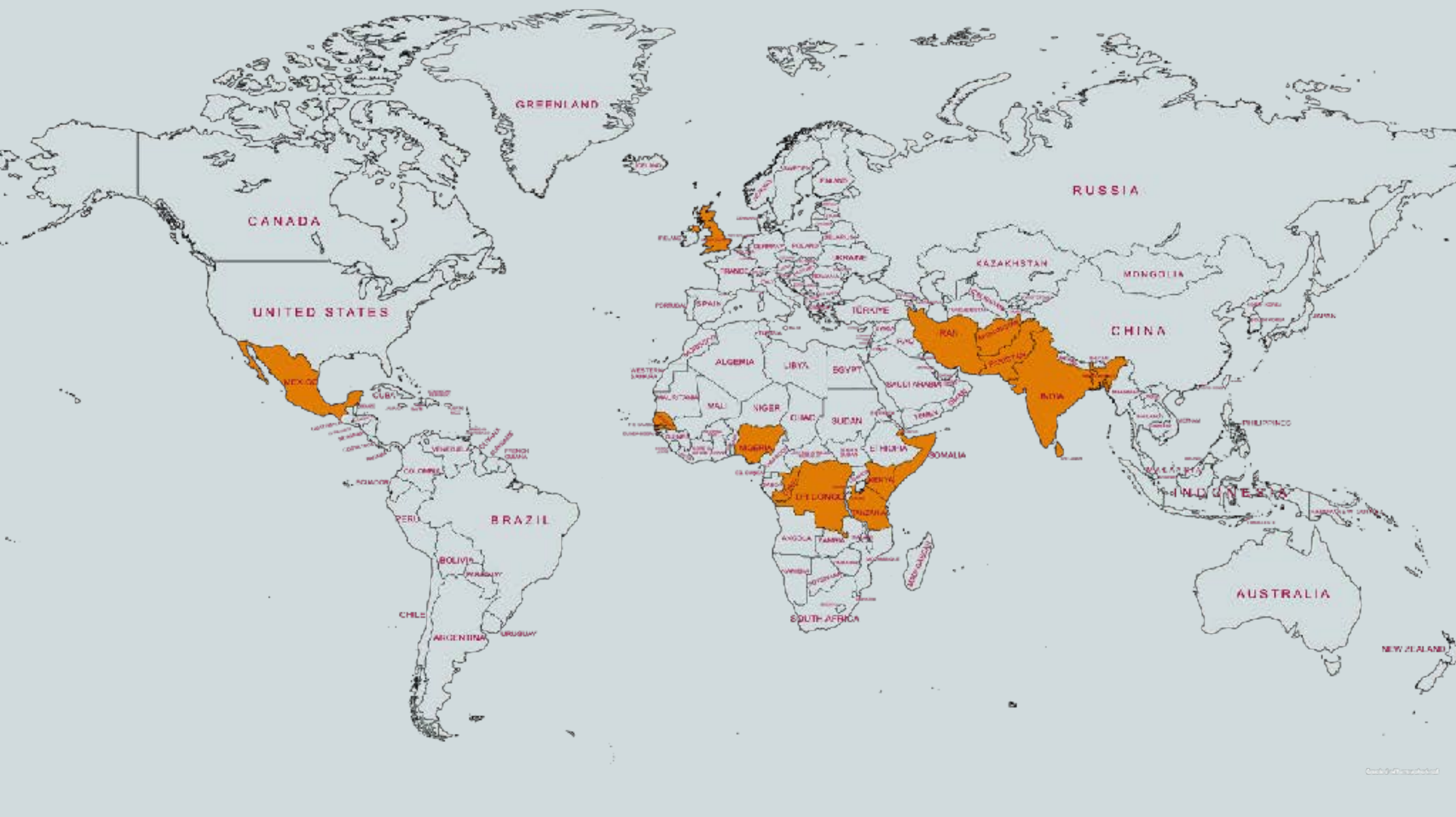
- Cervical screening, the menopause and how to conduct self breast examinations
- Domestic abuse and women's rights
- Harmful practices
- The role of statutory partners in empowering and protecting communities

Information and signposting stalls were represented by staff from Hillingdon Mind, My Health Hillingdon, EACH Counselling, Hestia Cove Café, Austin Women's Sewing Group, Hillingdon Women's Centre, and Afghan Women's Support Group as well as information about Dawn Charitable Trust.

Throughout the event there were interactive activities and quizzes with prizes to aid and develop learning on the topics discussed.

OUTCOMES

- Increased women's' knowledge about their general health, including how to conduct self-breast screens at home.
- Educated women on harmful practices by breaking down mistaken beliefs surrounding dowry, virginity testing, and FGM, and discussing the facts around the legal age of marriage in the UK and the differences between forced and arranged marriages.
- Empowered women about their rights through dialogue of the impact of trauma, including domestic abuse and signposting them to where they can access support.
- Promoted community cohesion and curbed social isolation by bringing varying groups of women, otherwise not in contact, together in an empowering environment
- Dispelled myths and anxieties about social care and other statutory agencies by having a social worker from Hillingdon present throughout the event to provide a 'human' face to the service and raise awareness about the role of social care, particularly in supporting and empowering children and families.
- Every woman received a pack containing further information, including leaflets and information sheets on specific harmful practices including FGM, as well as signposting to specialist services



COMMUNITIES ENGAGED WITH

via community research and women's event

SAFER CHILDHOODS



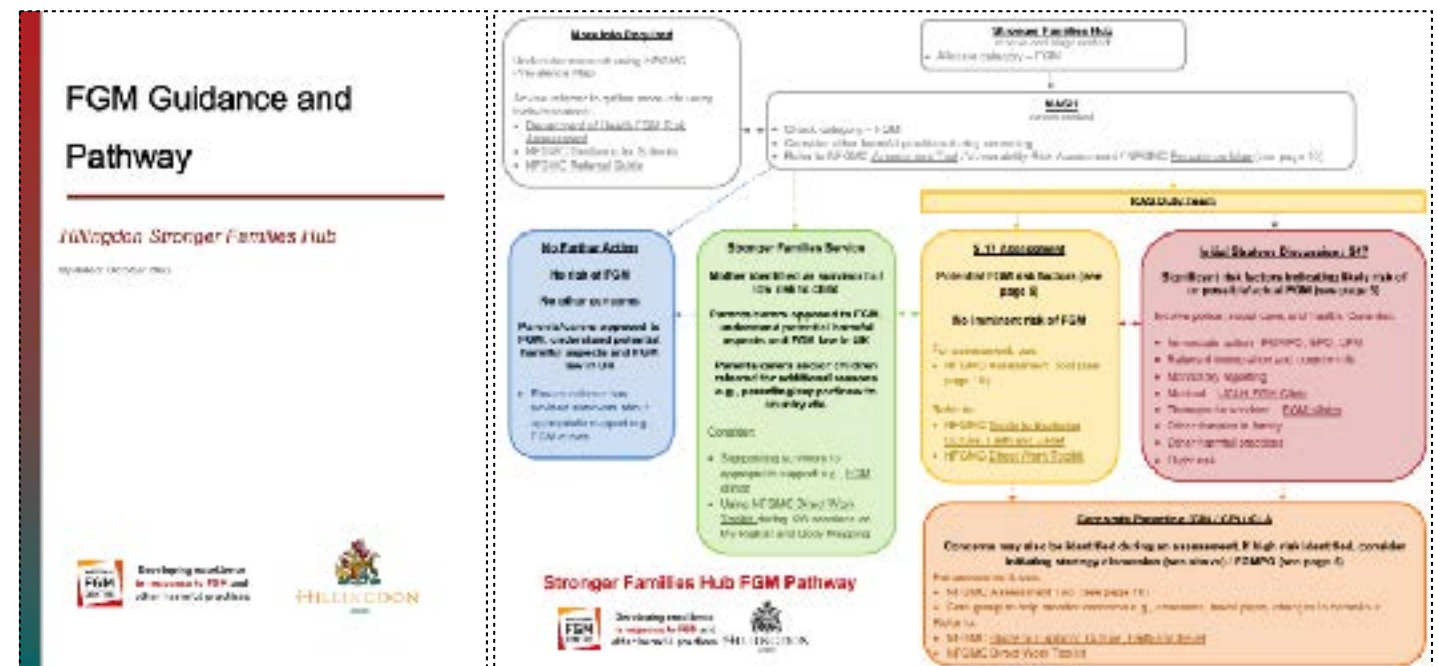
FGM Pathway

The NFGMC collaborated with Hillingdon leads to create and implement the **first ever referral pathway for FGM cases in Hillingdon Stronger Families Hub**. Local authority practitioners had access to guidance on the Safeguarding Partnership website and online procedures however this required updating. In addition, although the MASH acted as the established referral route the need for a clearer and more robust pathway was agreed. The pathway is based on Hillingdon Stronger Families Hub's current processes and procedures, and tailored specifically for FGM cases **in consultation with ten social workers and social work managers** from MASH, Referral & Assessment and Corporate Parenting teams. The pathway provides a clear process and threshold descriptions for FGM cases, as well as recommended actions, key considerations and links to specialist tools and resources, including the NFGMC Assessment Tool.

Social workers can use to the pathway to:

- Identify risk and need in FGM cases early and efficiently
- Decide how best to support children and families affected by FGM and to safeguard or protect those at risk
- Produce robust and culturally literate assessments, which consider other harmful practices

The pathway will help to prepare and empower social workers to respond to FGM cases and promote consistency and best practice across children's services.



Access the pathway document [here](#)

Embedding FGM Pathway in practice

The NFGMC in collaboration with key agencies on the task and finish group has developed **three case studies** based on real cases in Hillingdon that can be used as best practice frameworks when applying the FGM pathway in practice.

Professionals from MASH, Referral & Assessment and Corporate Parenting teams were invited to **two 60-minute ‘Lunch & Learn’** sessions, raising awareness about and providing direction on the pathway. Over 30 professionals attended, following which they were signposted to the pathway and relevant tools/resources.



“Thank you. I have looked at the pathway following a referral for FGM being made. This has clear guidance on what we in the Stronger Families MASH team should be doing. The links take you where further information can be found along with risk assessment tools.”

Social Worker

Feedback on FGM Pathway

Feedback was obtained from ten social workers and social work managers on the FGM pathway. All agreed that the pathway was helpful and easy to use, including that it *‘is handy to have all the links available’*, *‘provides quick and easy access for all and ensures all information is compacted together’* and *‘gives clear case pathway’*.

To support the Stronger Families Hub with continuous improvement in the quality and consistency of practice in response to FGM cases, the NFGMC has created a **bespoke FGM audit tool**. The audit tool has been based on the Stronger Families Hub existing quality assurance framework and tailored to include specific considerations on FGM in a systemic way.

The FGM audit tool can be used to ensure that the FGM pathway is being followed, and gather evidence to help facilitate improvements and ensure the quality of outcomes in FGM cases. It can also be used to gather ongoing information about the state of play regarding FGM in Hillingdon to further inform service delivery and improve outcomes for children and their families.

FGM Audit Tool

The NFGMC and the Local Authority have created a bespoke internal audit tool for cases involving FGM. The tool can be used to audit electronic case files across teams within the Stronger Families Hub. It is designed to be used collaboratively with the allocated social worker and manager, as part of a whole systems approach to quality assurance of such cases. Despite efforts made by children's social care to facilitate this, no audit has previously been undertaken that specifically scrutinises the responses to FGM. The Safeguarding Partnership regularly undertakes an extensive range of audits and this will be considered as part of the yearly agenda of themed audits

The audit tool is based on the guiding principles set out by the Hillingdon social care quality assurance framework, framework for assessment and signs of safety but has been tailored to FGM cases by asking questions that specifically scrutinise responses in FGM cases, such as:

- Has information been gathered about flight/travel history, particularly trips out of the country for extended periods of time to a country where FGM is prevalent?
- Has consideration been given to the support needs of victims/survivors of FGM within the family?

The audit tool can be applied thematically to referrals, so that information can be gathered about: the source of referrals, the reasons for referrals (i.e., which risk indicators for FGM are being identified) and the overall quality and appropriateness of referrals (i.e. whether they met threshold, with agencies recognising risk indicators for FGM and sharing appropriate and relevant information).

In this way, the tool can help the Stronger Families Hub to provide feedback on referrals; to identify good examples of referrals that can then be promoted during multi-agency training on FGM; and to give insight into whether the current referral form is sufficiently suited for FGM cases specifically, and other harmful practices more generally. In particular, the Stronger Families Hub can use the tool to check whether the DoH FGM Risk Assessment Tool is being used routinely by health professionals in FGM cases and if not, what further action is required to ensure the change becomes embedded in practice.


The audit tool can also be applied at the level of MASH, to help to determine if decisions on referrals regarding FGM are being consistently applied and underpinned by a good understanding of threshold in FGM cases, and if the NFGMC risk assessment tool and resources are being used to support with this. In turn, this could help to determine what further training, tools/resources are needed by MASH to ensure that this happens in a sustainable way.

The tool can be uniquely applied to strategy discussions in FGM cases, to look at whether appropriate multi-agency professionals were involved, particularly health and FGM specialist services, and whether key considerations in FGM cases have been explored.

For all other assessments, the tool can be used formally by internal auditors but also informally by social workers to support them to think holistically about FGM assessments, identify any areas that require further exploration, and promote cultural literacy.

An audit of historic and current cases involving FGM can provide more information to the Stronger Families Hub about the state of play in Hillingdon, the trends in referrals and referrers, and where learning can be obtained to shape a more robust service.

[Access the audit tool here](#)

A close-up photograph of a person's hand holding a silver pen, writing on a spiral-bound notebook. The notebook is open, showing lined pages. The background is a plain, light-colored surface.

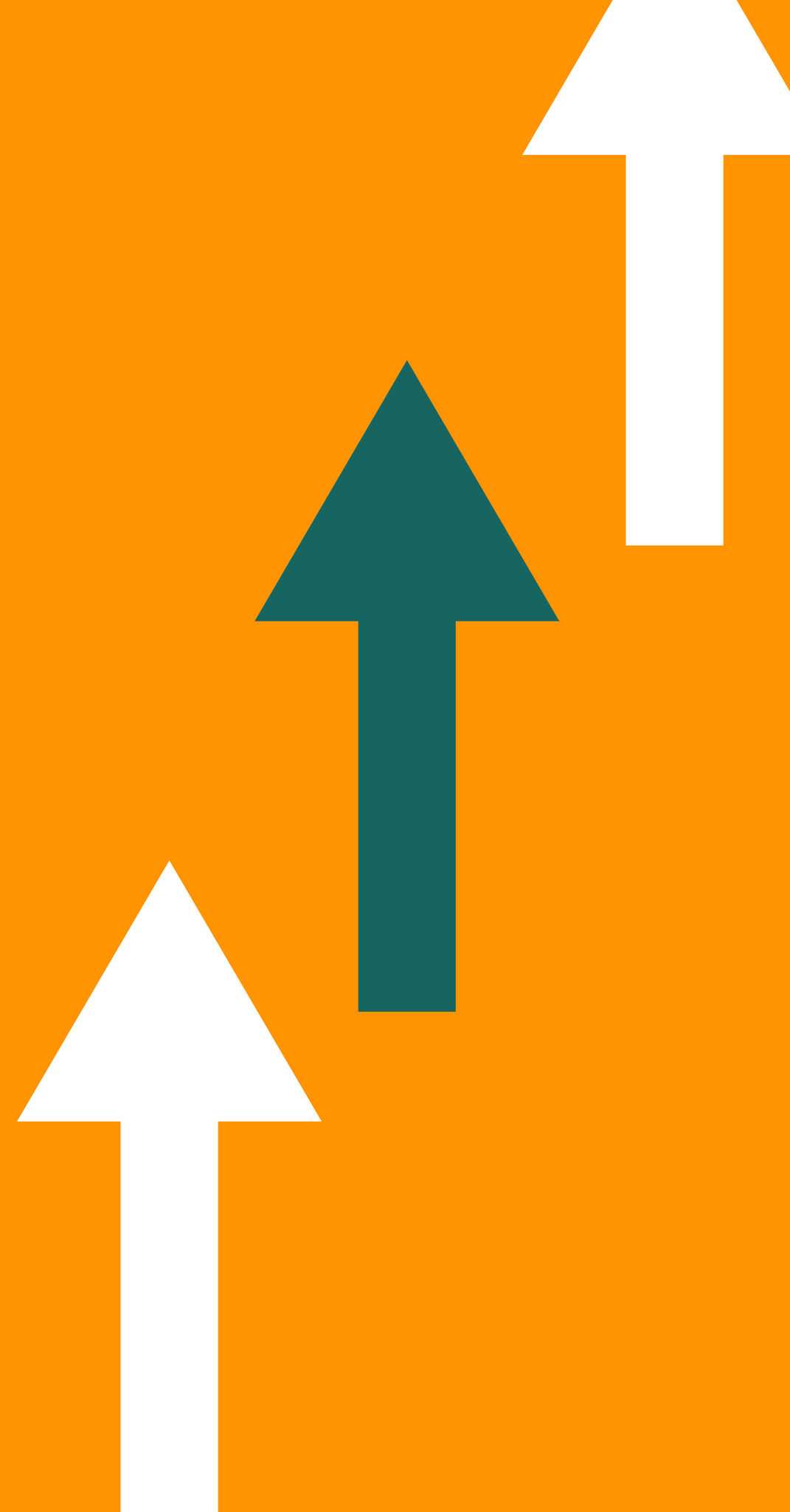
Embedding Department of Health FGM Risk Assessment Tool in practice

It was identified early in the project that the Department of Health (DoH) FGM Risk Assessment Tool was not being routinely used by health professionals prior to referrals being made to the Stronger Families Hub. This was immediately remedied by health leads on the task and finish group who have now embedded the tool into policy.

The NFGMC and local authority partners recognised that new ways of working need to be introduced in a way that is sustainable, so implemented the following measures across agencies to ensure that health staff are thoroughly prepared and well supported to embed the tool in practice:

- Advice has been given directly to the Named Nurse for Safeguarding Children and the Named Midwife in Hillingdon, who have subsequently disseminated the information to all staff.
- The new FGM pathway in the Stronger Families Hub includes direction to MASH social workers screening referrals, to check that the DoH FGM Risk Assessment Tool has been attached to the referral and if not, either follow up with the referrer or signpost them to the tool.
- The new FGM audit tool includes a question about whether the DoH risk assessment tool has been attached to referrals from health and if not, to ensure that health are signposted to the tool and advised to use it.
- An interactive case study based on a real case in Hillingdon has been developed and embedded within the FGM e-learning tool to highlight a health visitor's use of the tool in assessing risk and making a referral to HSFH.

POSITIVE FUTURES FOR YOUNG PEOPLE



Engaging Young People

Children and young people play a critical role in tackling and preventing FGM - they have a unique perspective and the potential to drive change across communities. The NFGMC provided the opportunity for young people to shape programmes and activities around FGM in the Borough by taking part in a consultation on their views, facilitated by both the Child Rights and Participation service and Ruislip Secondary School.

- **8 young people**, 5 girls and 3 boys were consulted with about their knowledge and understanding of FGM, their views on community awareness raising about FGM and their thoughts on how young people could be protected from the practice.
- **The young people were between 11-18 years old** and from multiple ethnic backgrounds.
- The NFGMC provided a thorough risk assessment to facilitators and a briefing document to the young people to ensure that they were provided with information on the consultation exercise, and how their views would be used, as well as signposting and safeguarding. The young people were also enumerated for their time and participation.

Key Insights:

To support young people to raise awareness about FGM, professionals should **talk more with young people** about FGM and **provide them with support to develop their own awareness raising initiatives.**

To raise greater awareness about FGM there should be **more education about FGM in schools**, including from a younger age, during PSHE and via assemblies/talks.

To protect young people from FGM, professionals need to **raise awareness** and be **proactive about identifying and responding to potential risk indicators early.**

To make it easier to report, professionals need to build **trusting relationships with young people and reassure them** about what safeguards can be put in place as a result of reporting.



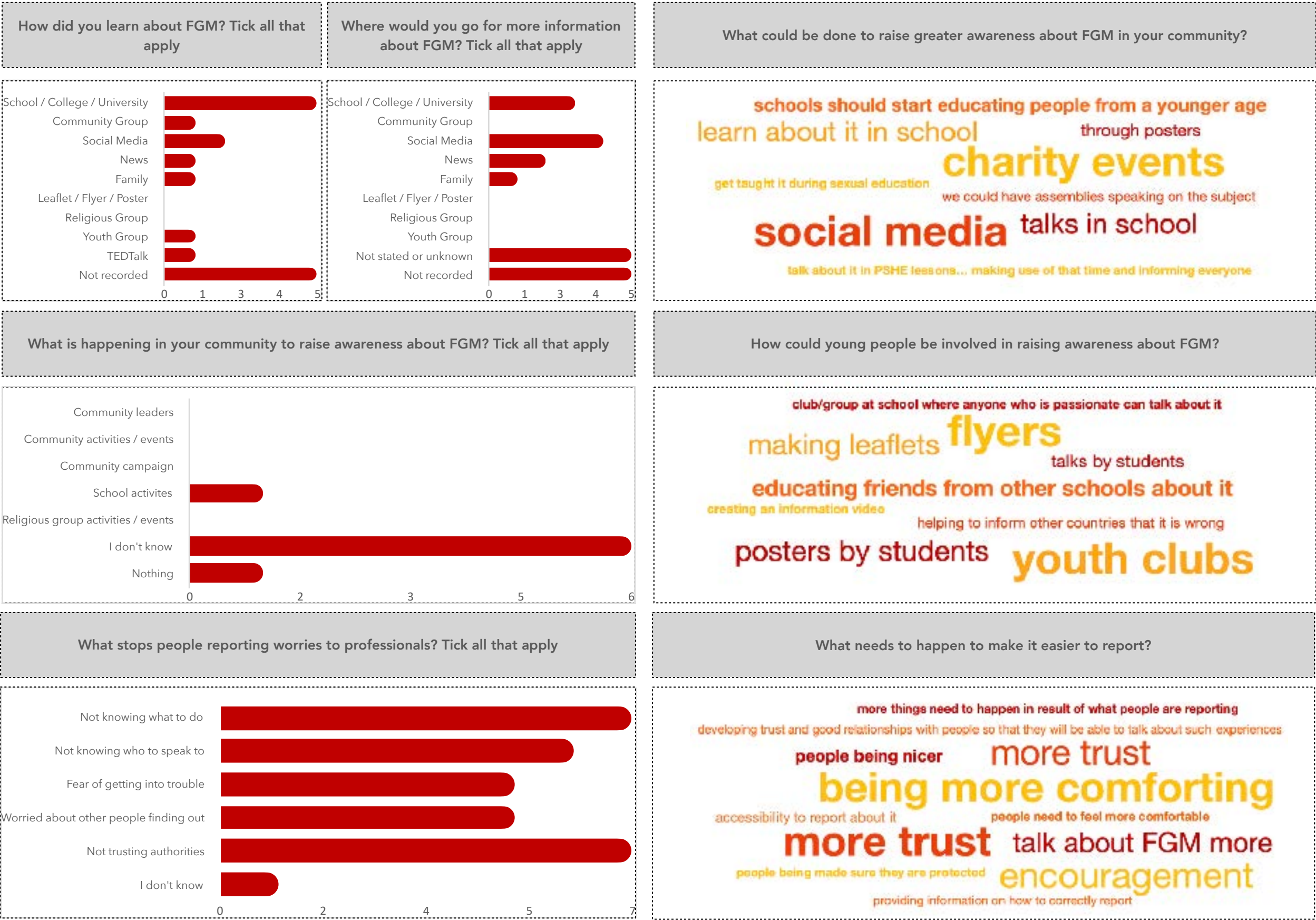
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I think schools should start educating people from a younger age. They need to make students/young people to feel comfortable and open to talk on such topics.

Young person

London Borough of Hillingdon

Young people survey - *key findings*



A LEARNING ORGANISATION



The Facts

- In the period 1st April 2022 – 20th November 2022, the NFGMC provided training to 175 multi-agency staff across Hillingdon. This included awareness raising sessions and Continuous Professional Development (CPD) accredited training.
 - In addition to the training sessions, a conference was also delivered, reaching an additional 130+ professionals.
-

The NFGMC's model includes the delivery of learning and development to professional audiences. Harmful practices, including FGM, CALFB and breast flattening are all hidden harmful practices. One important aspect of being “hidden” is that professionals may not know much about the practices, have not had training either before qualifying or subsequently, and often have similar stereotypical views about which are the affected communities, and what constitutes risk. An important aspect of the professional development and training provided is to challenge the preconceptions and replace them with accurate information and increased professional understanding of risk, and how to have challenging conversations with parents and children.



100% would recommend the training to others



100% recorded their confidence had increased in dealing with cases



100% recorded increased knowledge about harmful practices 'law'



100% recorded they felt the training would help in their role

The NFGMC therefore aims to provide professionals and communities with the resources, formation and confidence they need to safeguard children by ending FGM and other harmful practices. Training delivered in Hillingdon has included:

- FGM Assessment Tool training
- CALFB training
- FGM and breast flattening training
- 3 day train-the-trainer
- Schools train-the-trainer
- Schools bespoke FGM and breast flattening training

Feedback

Feedback was obtained from all those attending training. All agreed that the training was useful with 39 strongly agreeing. Attendees also reported that they were better able to deal with cases after attending the training, with 95% saying that they were now “confident” or “very confident” in dealing with known and suspected cases.

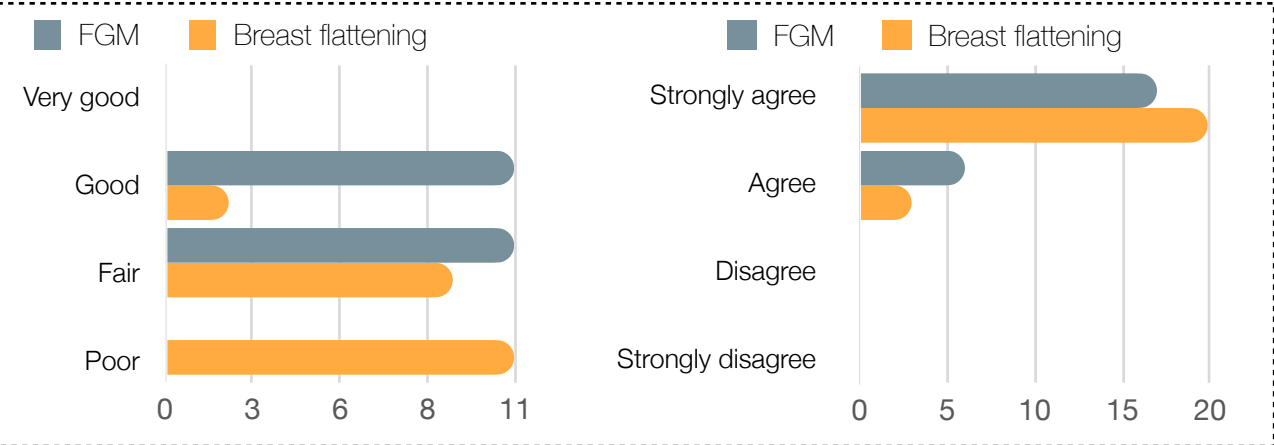


- The whole training event was pitched at an accessible level both in terms of the learning and feeling comfortable to ask questions.
- Amazing and informative training. Very interactive.
- It was great, very concise and clear, left the training feeling a lot more informed.

Feedback from delegates

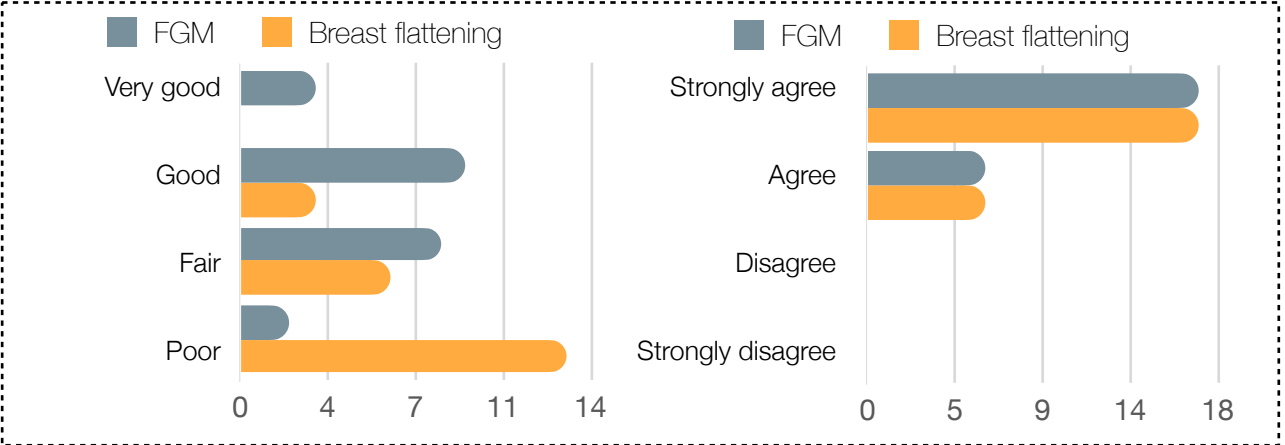
FGM and Breast Flattening (CPD) - health, social care, education

Access the full report here



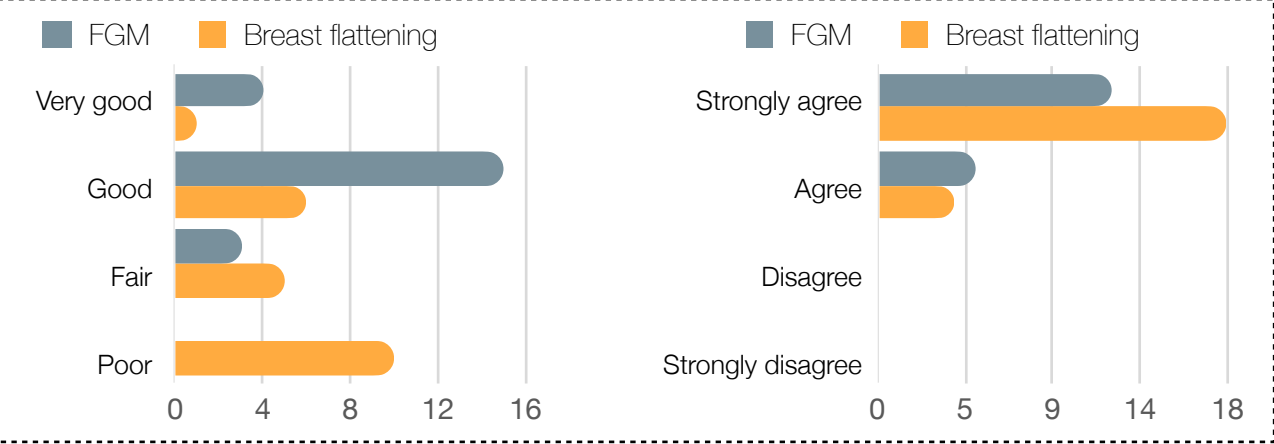
Pre – I would rate my knowledge of FGM/ breast flattening as

Post - The training has increased my knowledge on FGM/breast flattening



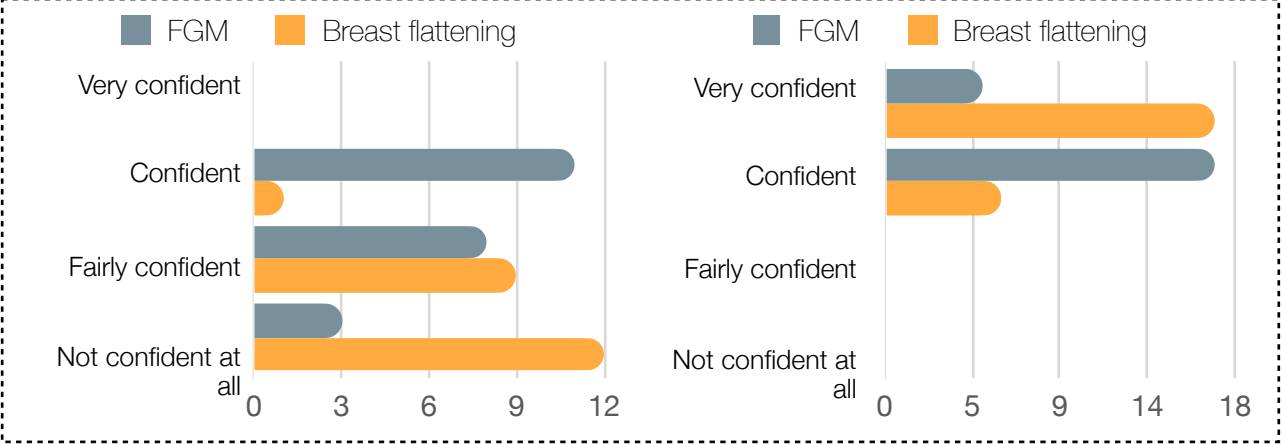
Pre - How would you rate your knowledge about the law, including mandatory reporting?

Post - The training has increased my knowledge about the law, including mandatory reporting



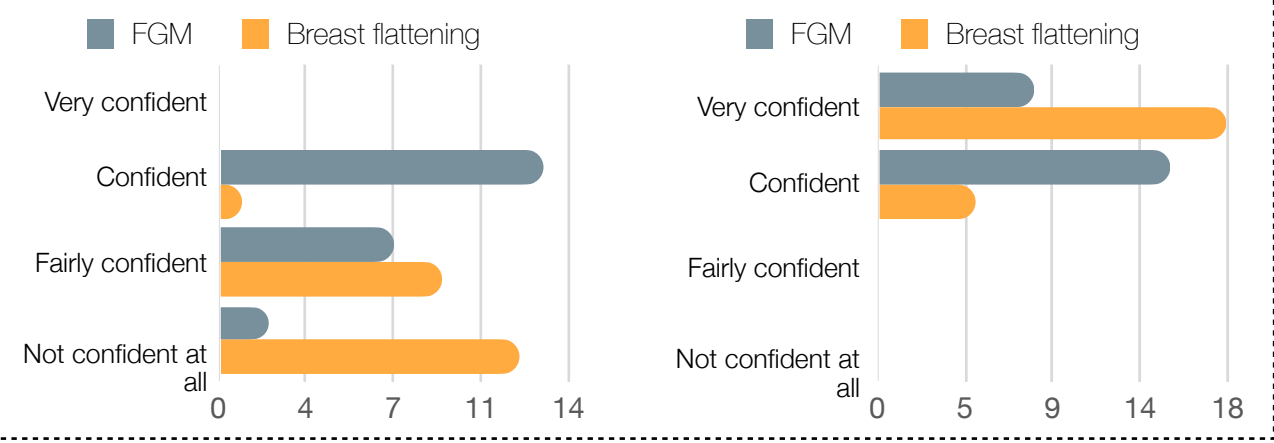
I would rate my knowledge of my safeguarding responsibility as

Post - The training has increased my knowledge of my safeguarding responsibility



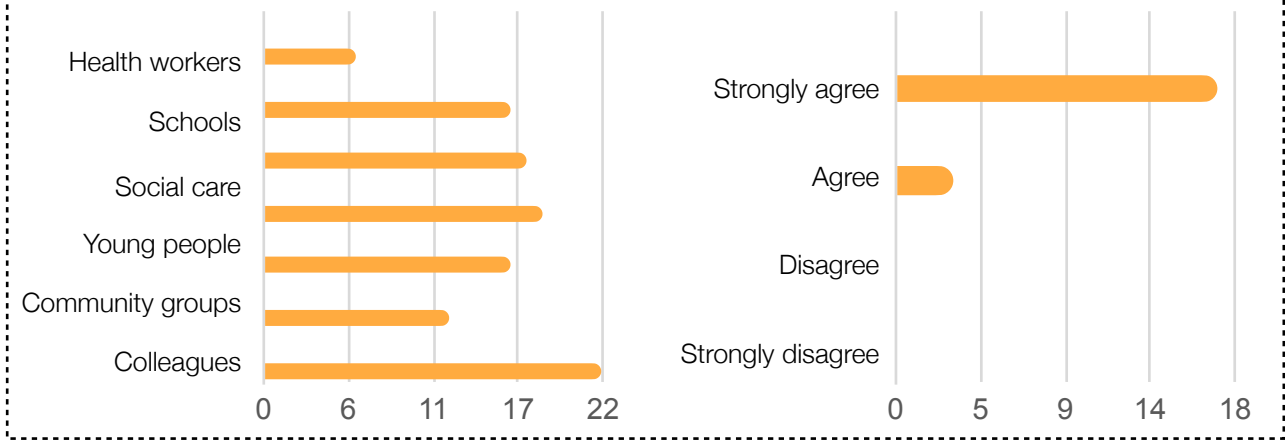
Pre - I feel regarding suspected cases

Post - I now feel ... regarding suspected cases



Pre - I feel ... to deal with a known case

Post - I now feel ... to deal with a known case

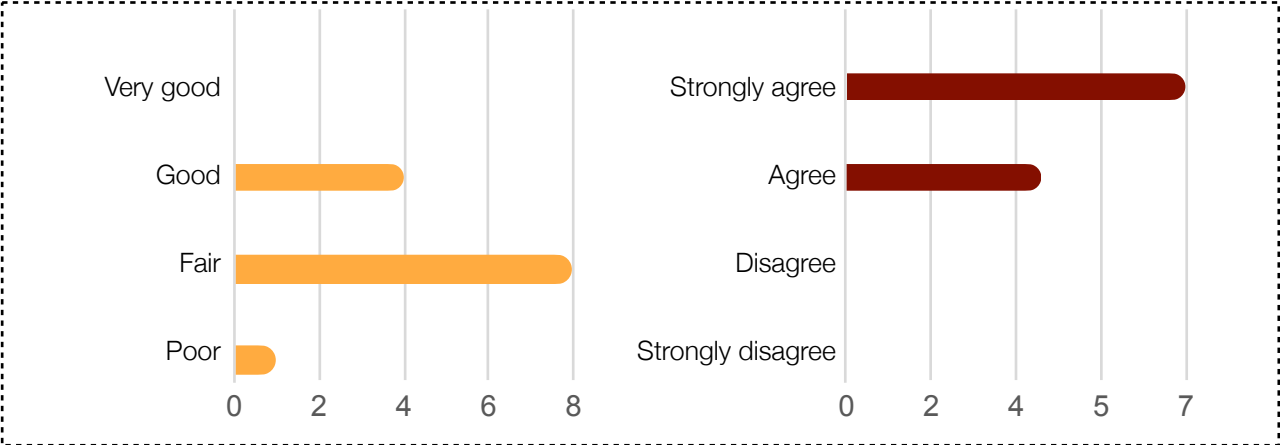
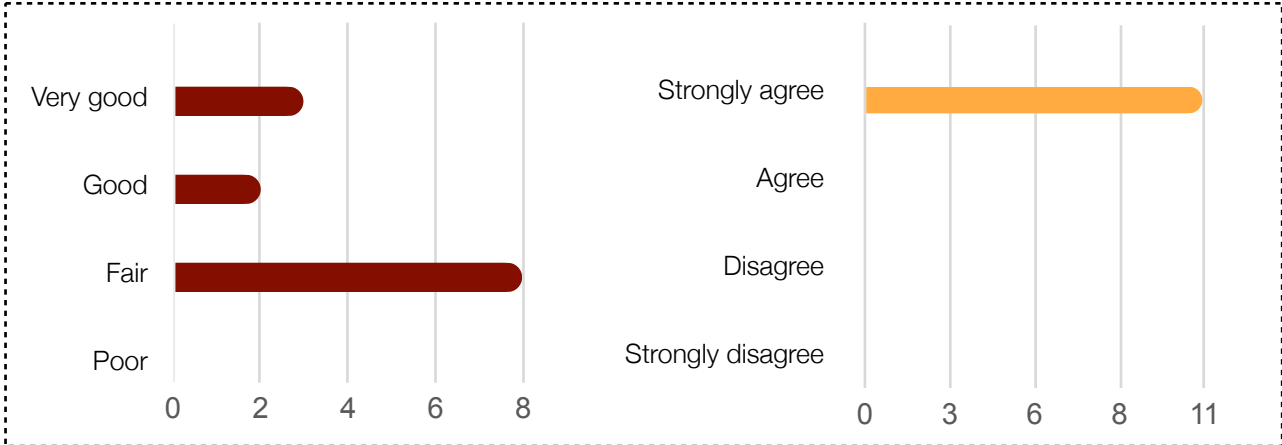


Who will you share what you have learnt with?

The training will help in my role

FGM Assessment Tool (CPD) - *social workers, senior social workers and managers*

[Access the full report here](#)

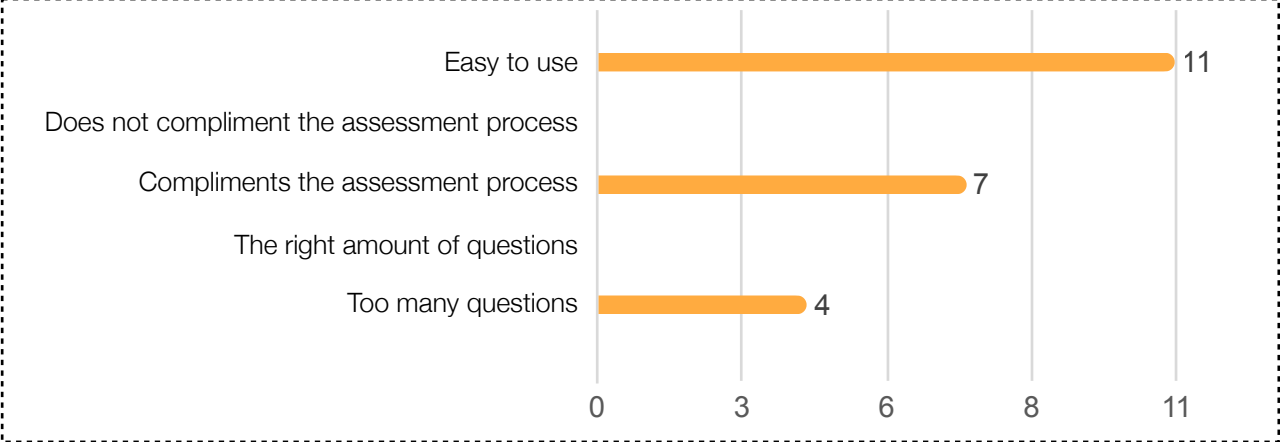
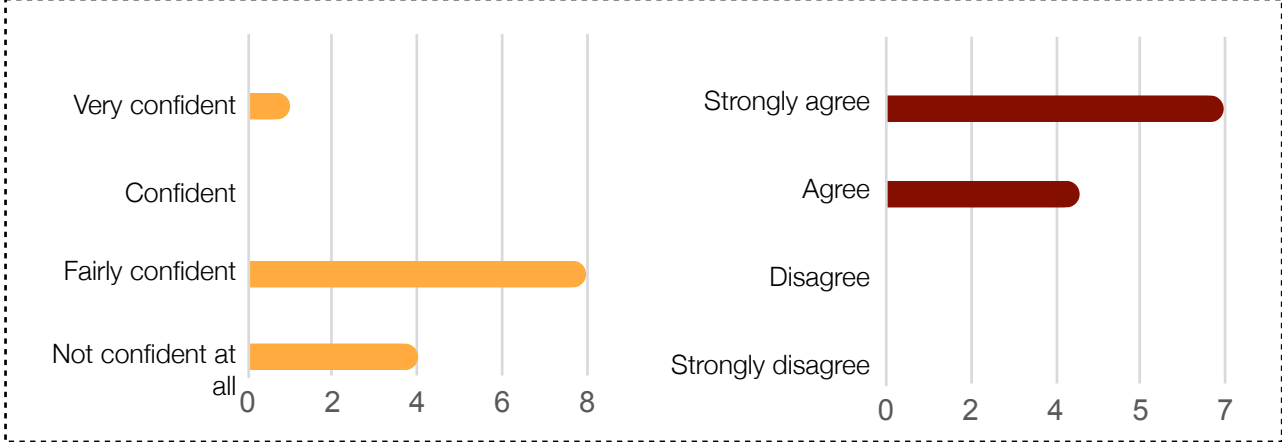


Pre - How would you rate your knowledge on FGM?

Post - The training has increased my knowledge of FGM

Pre - How would you rate your knowledge about the law, including mandatory reporting?

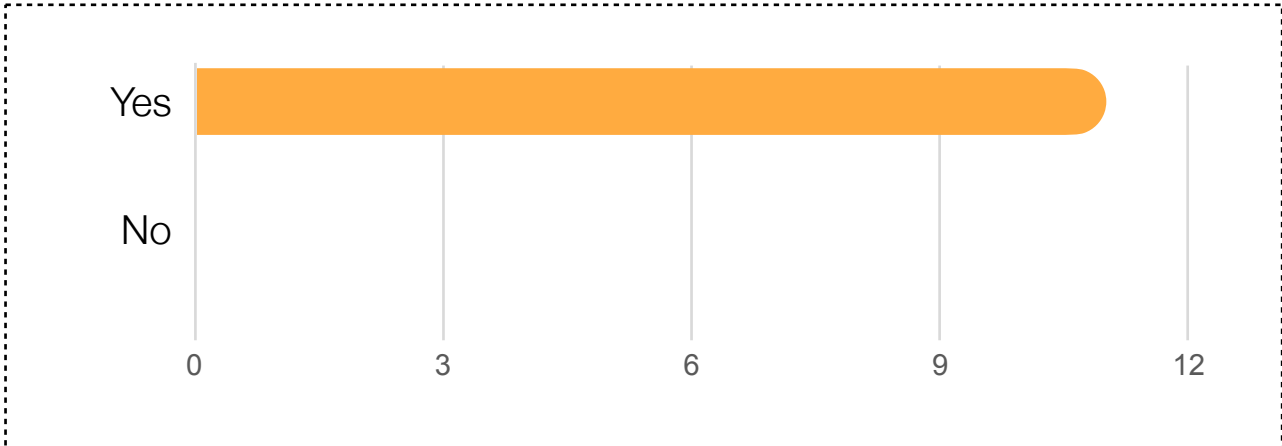
Post - The training has increased my knowledge about the law, including mandatory reporting



Pre - How confident do you think you are to assess FGM cases?

Post - The training has increased my confidence to assess FGM cases

How would you describe the online assessment tool?



- Pre - what would increase your confidence further?
- Regular training
 - More information on FGM and harmful practices and support from manager when working on FGM cases
 - More training and cases studies

- Post - what would increase your confidence further?
- Doing more research and reading about FGM and harmful practices
 - Definitely increased my confidence to support practitioners in the service with appropriate tools
 - Case studies and legal training

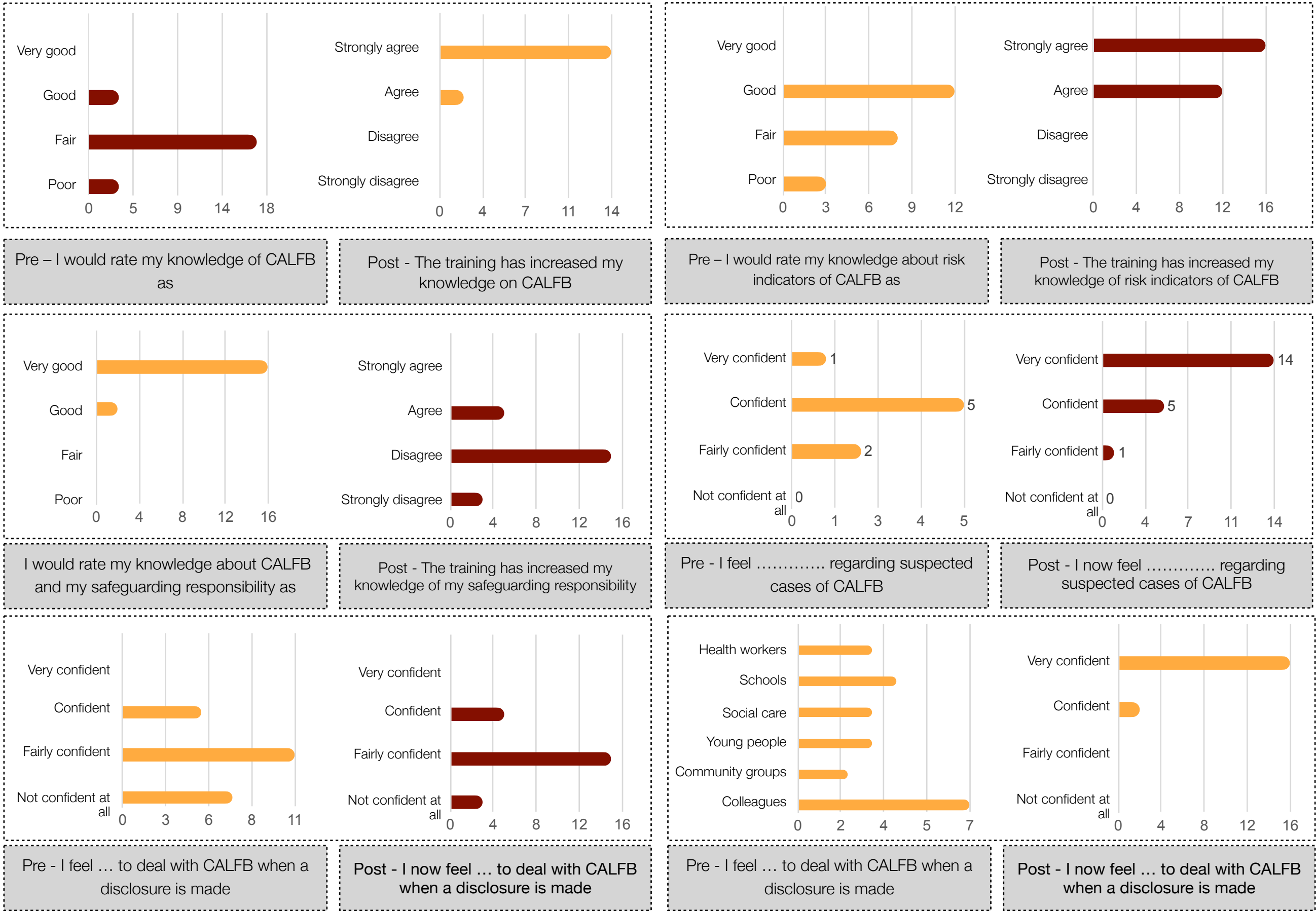
Will you use the NFGM Assessment Tool in future cases?

Pre - what would increase your confidence further?

Post - what would increase your confidence further?

Child abuse linked to faith or belief (CPD) - *health, education, social care, community*

[Access the full report here](#)





“

“I find it hard to credit that people can hold such beliefs but I guess that's the challenge - recognising and believing these things happen.”

Delegate

Child Abuse Linked to Faith or Belief Training

Identifying the needs of schools

In order to understand the learning needs schools had in Hillingdon, the NFGMC conducted an online survey to identify strengths and gaps, in order to deliver a bespoke set of training particular to education staff. **63 responses** were analysed, the findings summarised as the following:

Training for all staff was identified as a key need for **75%** of schools, some schools reported having no training

How to engage parents was identified as a key need by **32%** of schools

Training on how to deliver lessons on FGM and what terminology to use was a key need identified by **11%** of schools

44% of schools currently have staff who have not had specialist training in FGM

30 schools are not currently teaching about FGM

53% of schools highlighted the need for 'specialist independent services' to deliver lessons

The two key themes which emerged from the survey were:

- The need for specialist training for staff
- The need for support in teaching about FGM to pupils, including access to resources

In response to this, the NFGMC worked with Hillingdon leads to organise two, 2.5 hour bespoke training sessions on FGM. The first was a CPD advanced accredited training on FGM (and other harmful practices) which covered baseline information around FGM, how to identify and assess risk, how to engage parents and students, and the tools available to aid this. The second commissioned piece was a train-the-trainer for schools in delivering lessons to students. The NFGMC and the LBH recognises the need for schools to sustainably be able to deliver lesson plans which does not rely on commissioning via specialist services.



Primary Schools were less likely than secondary to be delivering lessons on FGM to pupils



Lessons to pupils were most commonly delivered to years 7 & 8



Primary Schools predominantly needed more access to resources, guidance on how to engage parents, and general training on age-appropriate delivery



Secondary Schools predominantly needed more training and resources



Special schools predominantly needed training



7 primary schools, 1 high school, 1 private school, 2 academies, 3 secondary schools felt they had no general training needs with regards to FGM

Allocation of bespoke training for schools

A total of 57 teaching staff, including heads, assistant heads, designated safeguarding leads (DSLs) and teachers attended CPD FGM training, out of 93 who were booked on.

A total of 22 school staff, including heads, assistant heads, DSLs and teachers attended the schools train-the-trainer on teaching students about FGM.

Both training days opened up space for teachers to think about a whole school approach to tackling FGM in their school setting, including making consideration to all staff who could potentially receive a disclosure - such as reception staff, who often have positive relationships with students. Teachers shared that the reflective nature of the CPD course gave them space to be able to think and reflect on some of the key issues, that they do not normally have the opportunity to think and reflect on because of the fast-paced nature of working in schools.

Many delegates shared that in particular, it made them realise the importance of teaching about the subject in school and as such their roles in preventing FGM.

2 schools have subsequently commissioned the NFGMC to deliver training sessions specifically to all their staff.

Access the full FGM training report

Access the full FGM train-the-trainer report

Impact of CPD FGM Training

74% of delegates 'strongly agreed' that the training would help in their role, with **26%** 'agreeing'

65% of delegates agreed that the training increased their confidence in raising concerns with parents

52% of delegates strongly agreed that the training increased their confidence in raising concerns with students

100% of delegates felt 'very confident' or 'confident' to deal with known or suspected cases of FGM as a result of the training

Impact of FGM train-the-trainer

80% of delegates 'strongly agreed' and **20%** 'agreed' the training had increased their confidence to deliver lessons in their school,

75% of delegates 'strongly agreed' and **25%** 'agreed' that the training increased their confidence in speaking to parents about FGM

75% of delegates 'strongly agreed' that the training increased their confidence in answering students questions on FGM, with **25%** 'agreeing'

100% would recommend the training to others



“

"I've learnt how to implement awareness to both children and parents and how we can begin to develop skills and concepts around 'my body my rules' throughout the primary setting which will then provide a schema for the children to build upon when being taught about FGM."

Feedback from teacher on train-the-trainer

International Day of the Girl Child: Ending FGM by 2030

As part of the work in Hillingdon, the NFGMC delivered a conference to share learning with practitioners across the country. The conference was attended by around 130 professionals from a range of local authorities and services, including:

- Various London Boroughs
- Norfolk
- Suffolk
- Essex
- Berkshire
- Birmingham
- Sussex
- Sheffield
- Northern Ireland
- Lincolnshire
- Leicestershire



“Has changed my attitude. I would not have realised the value/importance of involving boys/young men. I have regarded FGM as a female only issue”

“Completely changed my view as to why its so important to teach children about this issue from a young age”

Delegates

The focus of the day was to enrich participants' knowledge around FGM and other HP's, enabling reflective practice to encourage delegates to identify gaps in knowledge to address. Topics covered were: what are harmful practices, what FGM is and its impact within the context of harmful practices, a survivors journey, teaching about FGM in schools, providing specialist care, the law and FGM, tools and best practice in risk assessment and empowering communities to end FGM.

There were also four workshops for delegates to attend:

- Empowerment and abuse - Complex Dynamics in Religious and Spiritual Contexts
- Engaging young people on FGM
- Empowering and engaging communities to end FGM: Using FGM PO's as a tool for protection
- Engaging young people on FGM
- Holistic support & wellness approach to end FGM/C and other forms of Gender-Based Violence

Delegates mostly found the varying range of speakers most useful, with some sharing it was 'dynamic' and that they enjoyed speakers from a range of backgrounds. Participants felt they had been given small, digestible amounts of information from each speaker or workshop to take away to either research further into, or reflect on. One delegate said they felt 'inspired' to do more in their local authority, and would be sharing the knowledge, whilst another subsequently contacted the NFGMC for all resources delegates received in their packs to share with counsellors in their local authority.

Building a learning culture

A key priority of the project has been to disseminate learning across agencies, both within the Borough and nationally, to build a culture of learning which enhances professional development. The NFGMC and Hillingdon acknowledged that sharing knowledge aids professionals to connect, become stronger and more resilient, and ultimately enhance protections for children, young people and families.

Delegates at the conference received a resource pack on the day to aid their learning, and to share with colleagues who were not able to attend.

The delegates packs contained:

- Further reading on harmful practices - with particular emphasis on FGM, breast flattening and CALFB
- Resources to aid risk assessment
- National policy documents including statutory guidance
- Good practice guidance on engaging communities
- Leaflets
- Signposting to National FGM Clinics
- A document containing a list of useful documents which can be found online

Moreover, the Hillingdon Safeguarding Children Partnership's website has undergone a thorough review of the content on FGM to ensure practitioners have the most up to date information.

Access the full report here

Across the length of the project, various resources have also been shared and disseminated, including:

- Language specific resources via the Central and North West London NHS Foundation Trust explaining what FGM is, including in French, Farsi, Turkish, Urdu, Arabic, Amharic, Tigrinya, Somali and Swahili
- A physical resource library containing books, resources, tools, information sheets, pathways and leaflets available to any practitioner in the Local Authority which included QR stickers directing to the NFGMC website
- 650 FGM flashcard packs disseminated to children and young peoples services, adult social care, The Hillingdon Hospital (including midwifery, paediatrics, A&E), Central and North West London NHS Foundation Trust (including health visitors, nurses, school nurses, sexual health, community and mental health)
- 107 resource packs sent to all primary, secondary, special schools, community schools, colleges and Brunel University and independent schools
- Every woman who attended the health and rights event received a 'goodie bag' containing luxury items, as well as information on harmful practices, other forms of gender based violence, general health signposting to specialist services, and leaflets they could use to speak to friends/family about the issues in their communities
- The Safeguarding Children Partnership disseminated information on FGM, the law and access to resources via their newsletter, reaching hundreds of professionals.
- Every professional who attended training across the duration of the project received an information and resource pack on FGM and other harmful practices

Enhancing the workforce

A core priority for the NFGMC and Hillingdon was to ensure the sustainability of the work. One way of ensuring that FGM and other harmful practices were kept on the agenda of all professionals was via regular training delivered by identified leads who had undertaken a train-the-trainer course with the NFGMC.

20 professionals were identified and trained:

- Children's services — 2
- Health — 5
- Education — 1
- Border Force — 4
- Mental Health — 2
- Safeguarding Partnership — 2
- Children's Centres — 3
- Third sector — 1

Trainers attended a 3 day course to equip them with skills and confidence to train their colleagues and teams within their organisations and across the Borough when needed. Trainers were provided with an agreed training pack each which contained a trainers manual, a frequently asked questions and answers guide, and a bespoke training powerpoint — both of which were part designed by trainers on the course.

Multi-agency Safeguarding against Female Genital Mutilation (FGM)
London Borough of Hillingdon – Trainers' Box

Course Lead: Emma Chan, emma.chan@hillingdon.gov.uk (responsible for design and update of course)

Duration: 1.5 Hours
Note: This training is aimed at increasing delegates' knowledge and confidence around FGM.

Outcomes:

1. Greater understanding about FGM, the law and safeguarding implications for professionals across the Borough.
2. Confidence to tackle FGM.

Resources to use in training (in order of appearance in PowerPoint):

- "Survivors voices" video of women from The National FGM Centre
<https://www.youtube.com/watch?v=08000000000>
- National FGM Centre: FGM Language and Terminology Guide
<https://www.nfgmc.org.uk/wp-content/uploads/2015/05/FGM-Terminology-for-Web.pdf>
- National FGM Centre: Potential health consequences of FGM infographic
<http://www.nfgmc.org.uk/wp-content/uploads/2015/05/FGM-infographic-2.pdf>
- National FGM Centre: FGM Legal: For migrant women
<http://www.nfgmc.org.uk/wp-content/uploads/2015/05/FGM-Legal.pdf>

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What is FGM?

Female genital mutilation (FGM) involves the partial or total removal of female genital tissue for non-medical reasons — **NOT** a medical procedure.

It is a criminal offence to **excise, infibulate or otherwise mutilate** the whole or any part of a girl's vagina, labia majora or clitoris — **AGE OF CONSENT**

It is a violation of the rights of girls and women.

There are no medical health benefits.

Good practice in speaking about FGM

- Consider the use of words/phrases
- Consider who should be speaking
- Consider the legal language used in legislation

Do not use	Do use instead
Subsistence	Survival
Custom	Tradition
Way of life	2018 Act
Demography	Race
Worldwide	Female Genital Mutilation
Worldwide	The 2018 Act
Worldwide	Beliefs
Worldwide	Human Rights

FGM Protection Orders

Referral Pathway

20

32



A DIGITAL ORGANISATION



FGM eLearning Tool -

Using local best practice

In its commitment to learning and professional development, Hillingdon commissioned a bespoke FGM eLearning tool, designed to be short, multi-agency, and co-designed by leads across the Borough.

The eLearning was designed using theory and practice, embedding in interactive case studies, animations and quizzes to take users on a learning journey. Having an accessible tool, free from security firewalls and the need to create accounts was seen as a priority, hence the tool was developed on the NFGMC website - an open platform for any professional to access. Hosting on the NFGMC website has also allowed for learning to be disseminated nationally. An email outline of the tool, and link to access has been sent to all safeguarding children's boards by the NFGMC.

Modules in the eLearning include:

Introduction to Harmful Practices

Including examples of harmful practices, contextual safeguarding

What is FGM?

Including the types, prevalence and risk indicators

Identifying the Impacts of FGM

Including what trauma is and developing a trauma informed approach

The Law and FGM

Including international human rights law, UK wide legislation and how to apply for protection orders

Cultural Literacy and FGM

Including what cultural literacy is and assessing families attitudes towards FGM

Final Assessment

Includes a final multi-agency interactive case study

FGM E-Learning Course

Hello and welcome to this short e-learning on Female Genital Mutilation (FGM)

About this e-learning
This tool will enable you to think holistically about FGM, and will take you through key information about the practice, its context within harmful practices, and will also send you along the way.

1. Intro to Harmful Practices
By the end of this module, you will know what harmful practices are, and how they can be identified and prevented.

2. What is FGM?
By the end of this module, you will know what FGM is, and how it can be identified and prevented.

3. The Impacts of FGM
By the end of this module, you will know what the impacts of FGM are, and how they can be identified and prevented.

4. The Law & FGM
By the end of this module, you will know what the law is, and how it can be identified and prevented.

5. Cultural Literacy and FGM
By the end of this module, you will know what cultural literacy is, and how it can be identified and prevented.

6. Final Assessment
By the end of this module, you will know what the final assessment is, and how it can be identified and prevented.

The learning resource contains 3 bespoke animations, 5 bespoke interactive case studies, a series of quizzes to test knowledge, and provides the learner with a certificate upon completion

Module 1

Introduction to Harmful Practices

By the end of this module you will know what harmful practices are, how to identify them, and how to support victims and families.



1.1 What are harmful practices?

1.1.1 Harmful practices: a brief

1.1.2 Module goals

1.1.3 Module goals

1.2 What are harmful practices?



Definition and evidence base

The World Health Organization (WHO) defines harmful practices as any action or practice that is based on discrimination and is harmful to the health, safety, or well-being of individuals or communities.

Harmful practices can be physical, psychological, or social. They can be harmful to individuals or to communities as a whole.

There are many different types of harmful practices, and they can be harmful in different ways.

While there are many forms of harmful practices, some are more harmful than others. Some are more common than others.

- Some harmful practices are more common than others.
- Some harmful practices are more harmful than others.
- Some harmful practices are more common than others.
- Some harmful practices are more harmful than others.

Module 1

What is FGM?

By the end of this module you will have an understanding of FGM, why it is harmful, and how to support victims and families.



2.1 Background to FGM

2.1.1 Global prevalence

2.1.2 Health consequences

2.1.3 Risk factors

2.1.4 Risk factors

2.2 Background to FGM



Definition and evidence base

FGM is defined as the removal or alteration of the female genitalia for non-medical reasons.

There are four types of FGM: Type 1, Type 2, Type 3, and Type 4.

There are four types of FGM: Type 1, Type 2, Type 3, and Type 4.

According to the World Health Organization (WHO), FGM is defined as:

- Type 1: Partial or total removal of the clitoris and/or labia minora.
- Type 2: Partial or total removal of the clitoris and/or labia minora, with partial or total removal of the labia majora.
- Type 3: Removal of the clitoris and/or labia minora, with partial or total removal of the labia majora.
- Type 4: Other harmful procedures to the female genitalia for non-medical reasons.

4.0 UK Law & FGM



2.1 Background to FGM

2.1.1 Global prevalence

2.1.2 Health consequences

2.1.3 Risk factors

2.1.4 Risk factors

Female Genital Mutilation Act 2003

The maximum penalty for FGM under the 2003 Act is up to 14 years in prison and/or a fine of up to £50,000.

- It is an offence to perform FGM on a girl under the age of 18.
- It is an offence to assist in the performance of FGM.
- It is an offence to be involved in the performance of FGM.

Serious Crime Act 2015 - legislative changes to the FGM Act 2003

1. **Extended definition of FGM** - The definition of FGM was extended to include the removal or alteration of the female genitalia for non-medical reasons.
2. **Extended definition of FGM** - The definition of FGM was extended to include the removal or alteration of the female genitalia for non-medical reasons.
3. **FGM Prevention Orders** - The court can make a prevention order to prevent a person from performing FGM.
4. **FGM Prevention Orders** - The court can make a prevention order to prevent a person from performing FGM.
5. **FGM Prevention Orders** - The court can make a prevention order to prevent a person from performing FGM.
6. **FGM Prevention Orders** - The court can make a prevention order to prevent a person from performing FGM.

FGM Prevention Orders

A FGM Prevention Order is a court order that prevents a person from performing FGM.

FGM Prevention Orders

This is a court order that prevents a person from performing FGM. It is made by the court and is enforceable by the police.

FGM Prevention Orders

This is a court order that prevents a person from performing FGM. It is made by the court and is enforceable by the police.

FGM eLearning Tool -

Bespoke animations

The NFGMC built three bespoke animations for use on the eLearning. The animations will also be used in training delivered by in house subject matter leads who have been trained by the NFGMC.

Click the animations below to view:



Identifying gaps

A core priority for the NFGMC and local authority is to achieve systems change is to identify gaps in service provision and tools to assist practitioners with providing better outcomes for more children. As the project in Hillingdon progressed, a number of resources unavailable both in the Borough and nationally became known.



Key to robust assessments and decision-making in cases of FGM is reliant upon good internal and cross-agency practice that draws appropriately on the most up-to-date knowledge base. Auditing cases and developing quality assurance processes is one way of ensuring that services provided to children and young people are of quality, are consistent and are anti-discriminatory. The NFGMC has thus developed an audit tool specific to FGM which the local authority can use to audit cases of FGM on an ongoing basis to monitor the effectiveness of interventions, as well as areas for development. The audit tool currently sits in the **Stronger Families Hub**.



The London Borough of Hillingdon is host to the UK's largest and busiest airport, Heathrow, which serves thousands of passengers daily. The significance of the Borough being a port authority makes it both an ideal authority to raise awareness of FGM and other harmful practices, as well as being the first port of call in cases with an international element identified. Operation Limelight at Heathrow focuses on raising awareness of FGM, forced marriage and at the border and safeguarding potential victims/survivors at the border. It is generally led by Police and Border Force, with the support of health professionals, social workers, including from Hillingdon, NGO's, such as the NFGMC, port officials and carriers. The NFGMC facilitated social workers from Hillingdon to attend a Limelight deployment, and as part of this devised a bespoke training package consisting of training slides and a conversation form (covering what FGM and so-called 'honour' based abuse is, how to speak to passengers, good practice, case studies to put the learning into practice and further guidance) which was not otherwise available as a training tool for deployments. This training resource has been co-signed by National Border Force, the National Police Chiefs Council, The MET Police and is now a **nationally available resource** available to forces across the UK



Schools play a pivotal role in ending FGM. As part of the NFGMC and London Borough of Hillingdon's commitment to foster a culture of learning, specific resources to support schools to champion the issue were developed: 1. A poster to be used in common areas for staff to briefly explain what FGM is, and procedural information on steps to take if a girl is identified as at risk. Having such a poster available also ensures to keep FGM on the agenda amongst staff. 2. A poster for students explaining what FGM is, and what they should do if they were worried about the issue. Having such a poster in communal areas after the teaching of FGM provides ongoing access to information and 'normalises' conversations around the issue. **Every school in Hillingdon** was provided with both resources in hard and digital copy.

FEMALE GENITAL MUTILATION

"All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons"
(WHO)

Is the girl being taken to a country of high prevalence for a prolonged period?

Is the girl talking about a special procedure or ceremony she has been to?

Has the girl spoken about having a genital piercing?

Has the girl been withdrawn from PSHE/RSE?

Is the girl struggling to walk or sit down?

For advice and guidance contact: Hillingdon Stronger Families Hub on 01895 556004 or strongerfamilieshub@hillingdon.gov.uk

For more useful resources in support with responding to concerns about FGM including School Guidance, FGM Good Referral Guide FGM Question Guide and FGM Global Prevalence Map visit www.nationalfemcentre.org.uk

IF YOU ARE CONCERNED A GIRL IS AT RISK OF FGM

Follow your normal safeguarding procedures.

IF A DISCLOSURE HAS BEEN MADE BY A CHILD OR YOU HAVE SEEN VISUAL SIGNS OF FGM

Follow your normal safeguarding procedures. If you are a regulated professional alert the police on 101 as part of your mandatory reporting duty.

IF THE GIRL IS IN IMMEDIATE DANGER

Alert the police on 999 and follow your normal safeguarding procedures.



It's everyone's right to live free from harm



Female Genital Mutilation

has no health benefits &

HARMS GIRLS AND WOMEN

in different ways

If you are worried...

Never stay silent - someone is always there to support!

It's always okay to seek help and support

Any teacher or other trusted adults in school can help

Call NSPCC Childline 24/7 on 0800 1111



Operation Limelight Conversation Guide

- Introduction

- Introduce yourself and assess whether an interpreter is needed
- Reassure them that they are not in any trouble, and you will not take up much of their time
- Explain that:
 - you are conducting a safeguarding initiative;
 - which aims to raise awareness with passengers about harmful practices, such as FGM;
 - and identify anybody in need of support or protection.

- Travel Information

- Who is travelling with you? - establish ages and relationships of accompanying children
- What is/was the purpose of travel?
- Where did your travel start? Where will your destination be?
- When did you depart / When will you return / How long did you stay?

- So-Called 'Honour'-Based Abuse (HBA)

HBA - General *if required - dependent on response / use professional judgement

- What do you know about so-called 'honour'-based abuse if anything?
 - Explain that HBA is an incident or crime involving violence, threats of violence, coercion, or abuse, which has or may have been committed to protect or defend the 'honour' of an individual, family or community for alleged or perceived breaches of the family and/or community's code of behaviour.
- Have you heard of this before?
- HBA can take many forms, do you know of any?
 - Explain that HBA can include: FGM, domestic abuse, coercive control, virginity testing, harassment, forced marriage and many other behaviours and forms of abuse.

- Female Genital Mutilation (FGM)

FGM - General *if required - dependent on response / use professional judgement

- What do you know about FGM, if anything?
 - Explain definition and worldwide prevalence.
 - Explore if they have heard of just any other terminology such as 'cutting' or 'excision'.
- What are your views on this?
- What do you know about the physical/emotional consequences of FGM, if anything?
 - Explain potential short and long term physical/emotional/psychological consequences.
 - Explain support services available in UK i.e., NHS clinics, GP, schools, Children's Social Care.

Access the resource here

Access the resource here

Access the resource here



INFLUENCING POLICY AND PRACTICE

Legacy

The FGM project in the London Borough of Hillingdon serves as an example of good practice in reshaping local services and strategy around harmful practices. The dedication to ending FGM and other harmful practices across the partnership has left with it a legacy of learning and new practice, including:



A move to ensuring telephone assessments for FGM are no longer conducted by health and social care professionals



A commitment to ongoing training for multi-agency practitioners on FGM to be carried forward by staff from social care, health, education and community who attended the train-the-trainer



A task and finish group comprising of key partners across the Borough will continue to meet on a quarterly basis to consider recommendations identified and the continuation of the work based on recognised gaps



The use of the FGM Assessment Tool in all cases of FGM by social care, and the use of the DoH Risk Assessment Tool in all cases identified by Health



The funding of a specialist FGM midwife for the Borough, based in The Hillingdon Hospital, with future planning for a specialist clinic to provide a bespoke service for women identified with FGM



A commitment to auditing future cases of FGM to identify and share learning across the partnership



An updated level 1 safeguarding training for all teachers across Hillingdon containing updated information and resources on FGM and other harmful practices

RECOMMENDATIONS

1

The voluntary sector has an important role to play in engaging communities commonly mis-referred to as “hidden” and/or “hard-to-reach”.

Wider consideration should be given to how these networks could be harnessed to support communities, including what infrastructure might be required to facilitate this from the local authority. There are a number of grass-roots organisations working in the heart of communities who have not been accessed by the local authority. Regular events co-produced by grass-roots community organisations with support from statutory services could help foster stronger relationships with communities.

2

Findings from training evaluations should be used to harness programmes to address the learning needs of professionals in regards to harmful practices.

Whilst all delegates who attended training during the project indicated an increase in awareness and confidence on working on the issue, evaluations also showed disparities in confidence prior to attending. Whilst the sample is small, it provides a potential picture of the needs of practitioners across the Borough.

3

The project highlighted there had been no audit of cases of FGM cases across the partnership, despite concerted efforts by the LA to do so

Collating data pre and post pandemic on cases of FGM identified in social care and conducting an audit will provide the Borough with an opportunity to understand previous practice, and take steps to addressing gaps in good practice.

4

The project, in particular the community research and training, highlighted the need for greater engagement with the Police.

There was no representation of police across the breadth of learning and professional development opportunities on the project. Wider consideration should be given to how to engage police officers in training and professional development around harmful practices as there was a lack of visibility across activities. Consideration should also be given to the visibility of the Police in communities - participants in the community research highlighted they were only visible when an incident occurred - resulting in a lack of trust and rapport. Men in the research highlighted there was previously a police officer who would regularly meet with communities to understand their concerns which was viewed as a positive model.

RECOMMENDATIONS

5

Mapping support for communities/victim/survivors as well as professionals. Both communities and professionals need to understand the services available in the Borough.

The Stronger Families Hub and Family Information Service provides information on support services to residents. Initiatives including the Local Offer are available on line via the local authority website including the resource directory for domestic abuse services which is a guide for organisations providing support to the victims and survivors of Domestic Abuse and other forms of violence and abuse including FGM, however, no such directory exists for communities to understand the various grass roots services available to them in Hillingdon, including how and what they can support with. The creation of such a directory would be useful.

6

There was limited representation of social workers across training and professional development packages.

There was limited representation of social workers across training and professional development packages. In order to improve assessments, social workers should receive regular specialist training to ensure the identification of girls at risk are dealt with in a consistent manner. The pathway development allows for the starting point of this and further mandatory training is being arranged by the local authority.

7

Schools require regular training on FGM and other harmful practices.

Despite strong attempts, including by making consideration to the timing of training, and giving online and in person options, engaging schools on training was difficult. Only around 80 teachers were reached. The NFGMC has reviewed the level 1 safeguarding training to ensure the issues are covered thoroughly, however there should be further consideration as to how teachers are engaged and provided with information, tools and resources on an ongoing basis.

8

Wider health partners, particularly GP's, were difficult to engage.

There was no representation of GPs across the breadth of learning and professional development opportunities on the project. The community research with women in particular highlighted a lack of trust in GP's given their busy and time limited services. Some women felt as though they were not approachable around harmful practices. Further engagement with GP's on the issues would help to ensure they have up-to-date information, understand the support needs of communities and have available signposting materials. Dental professionals were also not represented despite ongoing strong attempts to seek engagement, which should be considered by the local authority moving forward.



Developing excellence
in response to FGM and
other harmful practices

