

BRISTOL COMMUNITY PROJECT ON **FEMALE GENITAL MUTILATION**

Sharing insights, achievements and lessons



February 2017

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About the Organisations

FORWARD

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

FORWARD is the leading African women-led organisation working on female genital mutilation (FGM), child marriage and other forms of violence against women and girls in the UK and Africa. For over 30 years we have been committed to safeguarding the rights and dignity of African girls and women. We do this through community engagement, women's empowerment, training of professionals, research, and international advocacy.

Our vision is a day when African girls and women will live in dignity, are healthy, have choices and enjoy equal rights free from fear of gender violence.

FORWARD

Suite 2.1, Chandelier Building
8 Scrubs Lane
London, NW10 6RB

Telephone: +44 (0)20 8960 4000
E-mail: forward@forwarduk.org.uk
www.forwarduk.org.uk



Refugee Women of Bristol

Refugee Women of Bristol was established in February 2003 by a group of women from refugee backgrounds, with the support of the community development workers at Refugee Action. Their goal is to offer a safe, informal space where women can meet for support and information. They are participative, supportive and accessible, open to all women who are refugees or asylum-seekers, regardless of country of origin.

Refugee Women of Bristol

Unit 42, Easton Business Centre
Felix Road
Bristol, BS5 0HE

Telephone: +44 (0)117 941 5867
E-mail: info@refugeewomenofbristol.org.uk
www.refugeewomenofbristol.org.uk

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Foreword

Ending female genital mutilation (FGM) in a generation is an aspiration that we all want to become a reality. A complex global problem that affects many communities living in the UK, FGM has in recent years received tremendous policy attention. However, there has been minimal effort at a policy level to understand the dynamics of community engagement. Most community-based interventions have focused on models used in villages in Africa, which are not applicable within the European context. There are also no agreed standards for effectively engaging FGM-affected communities in Europe. Yet affected communities ought to play a central role in any effort to tackle the root causes that fuel the practice of FGM.

The partnership between FORWARD and Refugee Women of Bristol began at a chance meeting on exploring FGM approaches being used in Bristol, this is where I met Layla Ismail, the calm, dynamic woman who has become the cornerstone of the FGM community development work in Bristol.

Today, FORWARD and Refugee Women of Bristol have used their unique partnership to develop a transformative intervention, the Community Development and Awareness Programme which has become a central part of the Bristol Model on FGM. Working on FGM requires committed, passionate leaders who are prepared to stand up when others are silent, breaking the taboos surrounding this entrenched traditional practice.

This booklet celebrates the community leaders and champions of Bristol who are the bedrock of our work to reach FGM-affected communities in the city. The lessons learnt from this intervention shared in this booklet include stories, reflections and strategies adopted and adapted along the way.

We hope that you find the journey as exciting and energising as we have.

Naana Otoo-Oyortey MBE

Executive Director, FORWARD





The fight to end FGM is a fight against a harmful practice that has a physical and mental impact on girls and women. FGM has existed for centuries out of religious ignorance and deeply held traditions. This community development and awareness project seeks to protect the dignity, health and the wellbeing of girls, women and men. In Bristol, we are proud to join the hundreds of brave and committed women and community leaders who still champion and lead the fight in their communities in Africa and globally.

Since 2007 Bristol has been determined to end the practice and joined the fight to safeguard girls from the practice of FGM and to provide support to those affected. A group of brave and inspiring women from Bristol FGM-affected communities have joined forces to tackle this human rights violation and lead social actions to bring an end to FGM. The Bristol women have launched a visionary and dedicated social movement of empowered women to raise awareness of the harm of FGM. The Bristol FGM Community Development and Awareness Project recognises that this is a battle of hearts and minds and a campaign to challenge a deeply rooted social tradition.

The Bristol FGM Community Development and Awareness Programme is a unique and pioneering partnership model where FORWARD, as the leading national organisation to end FGM, brought decades of expertise and knowledge to the city and embarked on nearly a decade long programme to train, nurture and mentor local women to lead change. In this partnership model, Refugee Women of Bristol, a local organisation, has provided the space and the conducive atmosphere for local women to build their campaign and develop critical leadership skills to challenge cultural and social norms.

They have succeeded in educating not only their communities, but the entire city about the harm caused by FGM. Bristol Public Health understood the value of the local community and knew that the solution existed within the community to stop such a deeply rooted social practice. Almost a decade later, this inspiring journey, which started out in one of Bristol's most deprived wards in 2007, has now reached out to the world and became a beacon of good practice looked to and acknowledged by national and international decision making bodies and leaders.

Mohammed Elsharif

Health Improvement Manager - Inner city, Bristol Public Health

I Had No Voice and No Rights

A poem by Amie, Community Health Advocate, Bristol

On your backbone, I enjoyed a slumber sleep.

On your lap I received my delicious food, natural food dropping from the tips of your nipples without any artificial mixture.

An African woman you are the courageous and the loving mother.
I promised I will love you, die to see you suffer so honourable you are.

Despite all these, the African women turn to be my greatest enemies, who care neither for my rights nor my consents.

She never listens or supports me in my decisions. I have no voice and no rights. This led me to be genitally mutilated.

They cut me. Mutilated me and held me down by force. I screamed in agony on a cold unforgiving floor.

I begged them to stop till my voice became hoarse, my cries felt silent as the knife or the blade did its work by the circumciser and her assistants.

They cut me at the age of ten when I was taken from my home to the bush where I was accompanied with beautiful songs.

I was scared, lonely and helpless when I felt the pain and my clitoris was cut, blood flows like water from the river.

I screamed and screamed but still could not escape.

A permanent scar was created on me which affects my bodily integrations, abuses my sexuality above all a victim of FGM.

I will never forget the horror of that day.

Although I am still alive, but the scar will always remain on me.

I will not be silent, my voice will scream out until someone hears these words from my mouth. STOP! STOP! STOP IT NOW.



Introduction

“There are very few people who are aware about the rules and regulations related to FGM in the UK and most of our community do not understand completely and do not have the full information about the rules of the law and its consequences if FGM is done to their child.” (Bristol PEER Study, 2010)

The Bristol Model began in 2006 when concerned local statutory staff took an interest in what the Bristol Safeguarding Children’s Board were doing to address FGM in the city. The action snowballed from here, developing into a ‘model’ now recognised as best practice for tackling FGM. The Bristol Model focuses on safeguarding girls at risk of FGM through coordinated multi-agency working. A central part of the model was the empowerment of FGM affected communities, who they rightly recognised had to assume an active role at the forefront of work towards ending this entrenched practice.

FORWARD was brought into this initiative to oversee and facilitate the engagement of FGM affected communities in Bristol, this is how our Community Development and Awareness Programme began in 2009. FORWARD worked in partnership with Refugee Women of Bristol on this programme which has lasted eight years and become a central part of the Bristol response to tackling FGM.

This booklet shares lessons and experiences from the Bristol FGM Community Development and Awareness Programme, with the aim of providing insights into the approaches adopted and reflections on the programme as a whole. The booklet draws on a range of sources, including project evaluation reports and the views of the varied people involved.



Background on FGM

FGM involves the total or partial removal of healthy female genitalia and is classified as a form of child abuse and violence against women and girls in the UK. The UK government has committed to end this human rights violation within a generation. Over recent years there has also been a growing call for Councils and Local Authorities to play a stronger role in tackling the problem. Bristol was one of the first cities in the UK to adopt a multi-agency approach to tackling FGM, based on prevention, protection of those at risk, and provision of care to affected women and girls.

“Current estimates indicate that over 137,000 girls and women are affected by FGM in England and Wales.”
(MacFarlane and Dorkenoo, 2014)

FGM consists of four types, ranging from pricking the clitoris or hood of the clitoris to extensive removal of flesh and narrowing of the vaginal opening through stitching. FGM is illegal in the UK and it is illegal to carry out this practice abroad on a British girl or habitual British citizen. Anyone caught doing or arranging FGM will be sentenced to up to 14 years imprisonment or a fine. In 2015 the UK law was amended to give more protection to girls. These amendments include: requiring parents or guardians to have a legal duty to protect their daughters from FGM; mandatory reporting by regulated professionals (health, education and safeguarding) of all cases of FGM found in girls under 18 years as well as the introduction of FGM protection orders which includes courts being able to seize the child’s passport if she is found to be at immediate risk.

FGM which is sometimes known as female circumcision or ‘sunna’ by many communities, has adverse health impacts on women and girls. However, the practice remains a deeply rooted tradition that is upheld by social norms around chastity, control and gender norms, despite the fact that FGM is not required by any religion. Tackling FGM therefore requires policies designed to decrease the social expectations that fuel the practice. This means that FGM prevention strategies should equally focus on the community level as well as the individual level.



The Bristol Model

Bristol is one of the cities, outside of London, with the highest prevalence rates of FGM in the UK, ranging from 12 to 16 women per 1,000 affected by FGM (MacFarlane and Dorkenoo, 2015). Between July and September 2016 there were 1,971 attendances reported at NHS trusts and GP practices in Bristol where FGM was identified or a service related to FGM was undertaken (NHS Digital, 2016). FGM-affected communities living in Bristol come mainly from Somalia, Sudan, Eritrea, Ethiopia, Egypt, Sierra Leone, Gambia and Iraq (Williams, 2013). The majority of these communities are newly arrived migrants, refugees or asylum seekers.

The Bristol Model was developed in response to requests by statutory professionals and the Bristol Safeguarding Children Board for better guidance and policies to tackle the emerging problem of FGM. The aim of the model is to safeguard girls at risk of FGM; multi-agency working and community engagement are core components of the approach. In order to ensure girls are effectively safeguarded the model established an FGM Delivery and Safeguarding Partnership which links key statutory agencies from health, education, the police and social care, as well as the voluntary sector, young people and other organisations. The model is also founded on the recognition that communities are part of the solution to ending FGM and therefore seeks to engage and empower FGM affected communities to lead the campaign against the practice.

The Bristol Model has become nationally recognised as a model of good practice in responding to FGM.



Overview of the Bristol Community Development and Awareness Programme

In 2009, FORWARD initiated the Community Development and Awareness Programme in partnership with Refugee Women of Bristol. This programme was part of the city-wide partnership response to FGM - The Bristol Model. A fundamental component of the model was the engagement of FGM affected communities as leaders to end the practice. This programme was initiated to effectively and sensitively engage with communities affected by FGM, share their insights into services to inform the model's approach, provide a platform for their feedback to be heard and empower them to make change within their communities.

Programme Aims

The project had three aims: to safeguard girls at risk of FGM by empowering communities to abandon the practice; to improve the sexual and reproductive health and mental wellbeing of women and girls affected; and to enable affected communities to fully participate in society.

Programme Approach

The programme adopted a transformative leadership approach which was based on investing in women to become agents of change. This would be achieved through training to provide access to information, developing their critical skills, and increase self-confidence to speak out. The components of this transformative leadership approach focus on action at the individual level, to engage women affected by FGM, the collective level, to address social norms that drive FGM, and at relationship levels, to empower members of the community to share information and support and to lead the campaign to end the practice. The approach also provides a link between the community and statutory services, so that community perspectives may be heard, and services informed by their needs and feedback.

Standards of community engagement

The project adopted 8 core standards to guide the community engagement actions. These standards were developed to ensure that communities played a central role in actions to safeguard girls from FGM, and to improve the health and wellbeing of affected women and girls. The 8 standards were as follows:

- Communities must be at the centre of initiatives designed to work with them. Meaning that assessment of context, monitoring or evaluations must be participatory and enable the community be part of these processes
- Methods of engagement must be culturally appropriate, inclusive and interactive and take into account potential access issues such as language, child care and timing of events that suit the specific situation of women and mothers
- Participation and representation of a range of community actors
- Communication, language and messaging must be appropriate for communities, non-derogatory and uphold dignity
- Empowerment of communities to take action themselves through leadership training, skills development and provision of financial incentives
- A Do No Harm approach must inform all engagement work in order to protect and safeguard those who speak out and address the emotional needs of those affected
- Accountability and transparency to the community about their involvement and the goals and outcomes of the programme in which they are participating
- Build partnerships and collaboration with community organisations and statutory professionals

Project Activities

Participatory Research

Participatory Evaluative Ethnographic Research (PEER) studies were conducted at the beginning and conclusion of the programme. PEER is a qualitative participatory research methodology that is particularly effective when working with marginalised groups and on sensitive issues. In the PEER approach, participants are trained to carry out in-depth, conversational interviews with friends they select from their social networks. Using the PEER method allows researchers to gain insights into sensitive topics that are typically difficult to research such as sexual behaviour, gender relations and power dynamics within households and communities.

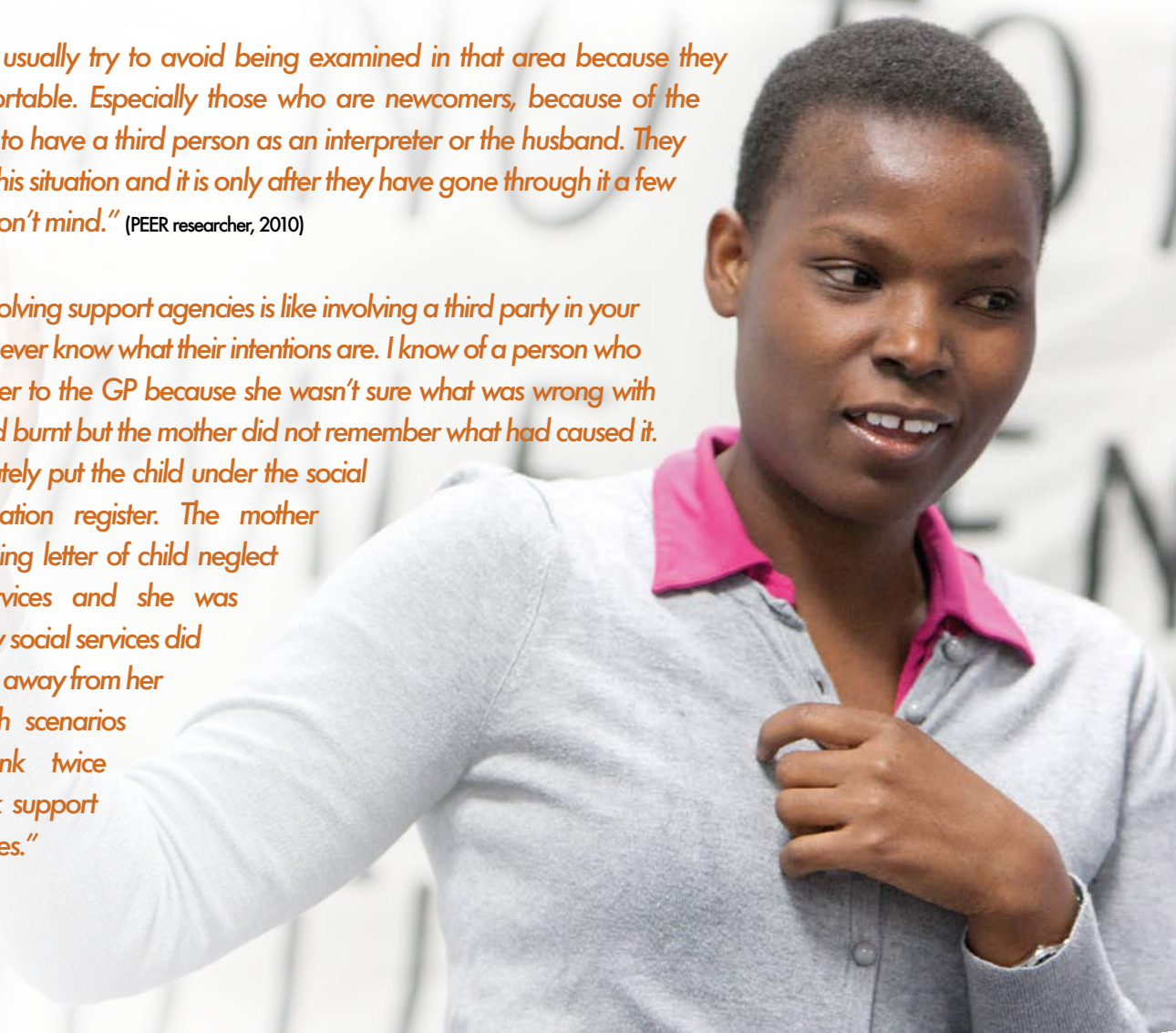
Two PEER studies were conducted in 2008 at the start of the programme to explore the experiences, attitudes and perceptions of young people and women from FGM-affected communities in Bristol. Another PEER study was carried out at the end of programme in 2016 to reflect on changes in community attitudes on FGM, challenges in integration and perceptions on emerging issues. The PEER studies enabled women to describe the impact of FGM on their lives, highlighting its isolating effect, and the lack of access to health and related services.

A further study was also carried out, supported by Coventry University, using a participatory action research (PAR). PAR is a public health collaborative research method involving research, education and action aimed at change on social issues. It involves the people who are concerned about or affected by a certain issue taking a leading role in producing and using knowledge about it. At its heart is collective, self-reflective inquiry that researchers and participants undertake, so they can understand and improve upon the practices in which they participate and the situations in which they find themselves. 50 men and women from Bristol's Somali and Sudanese communities, were interviewed to assess barriers to behavioural change. The study recommended the adoption of appropriate terminology to better target the religious beliefs that underpin the practice of FGM, as well as communication strategies to encourage dialogue.

"All the women usually try to avoid being examined in that area because they don't feel comfortable. Especially those who are newcomers, because of the language, have to have a third person as an interpreter or the husband. They are not used to this situation and it is only after they have gone through it a few times that they don't mind." (PEER researcher, 2010)

"People think involving support agencies is like involving a third party in your affairs and you never know what their intentions are. I know of a person who took her daughter to the GP because she wasn't sure what was wrong with her skin. It looked burnt but the mother did not remember what had caused it. The GP immediately put the child under the social services investigation register. The mother received a warning letter of child neglect from social services and she was panicking. Luckily social services did not take the child away from her mother. But such scenarios make you think twice before you seek support from other services."

(PEER researcher, 2010)



The following insights emerged from the research and helped to shape the community development approach of the programme:

- A previous lack of engagement with the community on the subject of FGM
- FGM affected communities had difficulty integrating with the wider society
- Living with FGM was an ongoing problem for affected women, who required appropriate use of language and communication strategies
- Numerous obstacles prevented women affected by FGM from accessing health services and relevant support
- Women affected by FGM had bad experiences when accessing services related to FGM and challenges engaging with statutory professionals in health and social services to respond to these experiences
- Communities lacked awareness of the law against FGM and related child protection policies
- A safe space was required for dialogue and discussion on FGM to take place with communities
- FGM was still an issue among some young women.

Community Health Advocates

The project trained a total of 48 Community Health Advocates (CHA). Women from FGM-affected communities were recruited and trained to be health advocates to undertake outreach activities within their social networks. This included raising awareness to help change behaviours and attitudes and providing outreach support to those affected.

As advocates the women became change agents who community members could easily connect with. They were able to communicate key messages on safeguarding, the FGM law and support services through informal interaction with other women at their children's schools, places of worship, mothers' groups and family functions.

"The progress made regarding changes in the confidence, knowledge, awareness and self-determination of the women who were trained to be volunteer Community Health Advocates represents some of the most remarkable outcomes of the project." (Project Evaluation Report, 2012)

"I used to think, who am I to say anything? Then FORWARD helped me to get more confident and I would say to myself, 'Here I am talking about it with all these people, and they are listening to me.' I feel my heart beating so fast and I am so proud of myself." (CHA, Project Evaluation Report, 2015)

"People in the community think that RWOB are very helpful and hard working. RWOB (community advocates) have given a lot of workshops and worked with schools which has given women a lot of help. Their work (community advocates) with refugees has given us the opportunity to understand the laws around FGM in the UK. More help needs to be given to refugees/asylum seekers who have recently entered the UK." (PEER Study, 2016)

Women's Health and Leadership Training

The Women's Health and Leadership training was developed to provide further key skills to the community health advocates. The training consisted of eight modules delivered over two to three months and designed to improve essential life skills, including confidence building, assertiveness, critical thinking on values, communication and leadership. The training also covered basics on FGM, health, religion, the law and safeguarding matters. The training is based on the principles of interactive, reflective and experiential learning, as such, it also provided a participatory, non-judgemental space for women to share information, learn and support one another.

"Listening and self-care was one of the modules provided as part of the training. It focuses on the self-awareness CHAs needed to carry out the work in which they took such pride, while at the same time preventing a re-visitation of personal trauma. The one-to-one sessions and supervision meetings provided the space women needed to reflect on their experiences, as well as to care for their own mental wellbeing."

"It's OK to take care of myself, not feel guilty. It's important to first deal with your own situation to be able to support others. I realised that sometimes client's situations are having a great impact, it's because I hadn't dealt with my own." (Project Evaluation Report, 2012)

"The training is timely and we needed it. We needed someone to listen to us."
(Project Evaluation Report, 2012)

Social and Emotional Support Services

The programme provided direct support, advice and sign posting to women from FGM affected communities in Bristol, including newly arrived refugees and asylum seekers to help them understand UK laws on FGM and access social and emotional support. This included one-to-one support, coffee mornings, drop-in services and outreach parent sessions in schools.

"I really enjoy the services provided by Refugee women of Bristol, this organisation provides weekly support and educates many women on FGM. The service is so good that I recommend it to many of the women I know. Not only is FGM discussed, they also provide training course and workshops on FGM. Their work with FORWARD has led to the opening of Rose clinic which helps women who have been through the traumatic process of FGM."

(Project Evaluation, 2015)

"In my opinion, I don't think that all people in my community know about support services on FGM. Rose clinic is a good service which deals with women who had FGM." (PEER Study, 2016)

"I know that there is a clinic dealing with women affected by FGM. It is a great service but not all women know about it." (PEER Study, 2016)

"In my opinion, I don't think that all people in my community know about support services on FGM. Rose clinic is a good service which deals with women who had FGM." (PEER Study, 2016)

Multi-Agency Collaboration

A key part of the function of the FGM Community Development and Awareness Programme, was to link the community to the statutory sector, in particular the Bristol FGM Delivery and Safeguarding Partnership. The Project Coordinator represented the community programme in this partnership, bringing community perspectives and issues on policy development and actions at city level to tackle FGM.

The Community Health Advocates also supported the multi-agency work by engaging with schools, police, social services, health services and health commissioners. They provided advice, insights into community perspectives and co-facilitated training for statutory professionals. The response from the training was overwhelmingly positive and showed that input from community women at the training had a great effect.

"I felt it was really valuable to hear about somebody's own experiences, especially as they were from a community and culture where FGM is a real issue." (Training programme attendee, Project Evaluation Report, 2015)

"The session has increased my awareness, watchfulness and thoughtfulness about talking to Somali parents. So far, when I have spoken about 'holidays' the response has always been super-supportive, with praise for raising the issues and being brave about tackling the issue, as we endeavour to keep children safe."

(Primary school teacher, Project Evaluation, 2010)

Young Women Advocates

Inspired by their participation in the PEER study at the beginning of the programme, three young women expressed their wish to take action themselves. This girls became the Young Women Advocates and Campaign Group, who later named themselves Empowering FORWARD, set up in 2010. FORWARD supported their activism by organising weekly activities, such as training, team building, mentoring, coaching and campaigns. A Youth Worker was recruited to support the group, under the supervision of FORWARD's Youth Team, who provided technical support to the group and linked them to other, national-level youth programmes and activities.

"She (Saria, FORWARD Youth Programme Lead) was our mentor, more than a friend, more than a mother. Someone who really believed in us. It felt great being with her." Empowering Group member, 2015

"I believe the youth workers are absolutely brilliant. This is because they were always encouraging us to take that extra step to improve; e.g. encouraging us to try working on something we have never done before." (Empowering Group member, 2015)

Engaging Men and Religious Leaders

Findings from the first PEER study indicated that there was little communication about FGM between men and women within FGM-affected communities. Similarly, Community Health Advocates stated that while they were confident discussing FGM with women in the community, they found it challenging to discuss the issue with men, even their own husbands.

To address this, the programme targeted men with the aim of enabling them to understand issues related to FGM including safeguarding and health. A number of workshops were organised during community events, led by a male facilitator. This presented a valuable opportunity to help men develop a clear understanding of how FGM affects their wives, sisters and daughters. Religious leaders were also engaged in order to open a discourse around FGM and religion to dispel the myth of FGM as a religious obligation.

Public Events and Community Campaigns

The Bristol FGM Community Development and Awareness Programme included a significant element of activism and public engagement, with events aimed at reaching out to community members as well as statutory professionals. This included an annual event each February to mark International Day for Zero Tolerance to FGM which brought together a number of agencies to share experiences and deliver training. Summer Safeguarding campaigns were also carried out annually highlight the role of communities in safeguarding girls over the summer holidays, a high risk period for FGM to take place when children can be taken abroad.

"I found out that FGM is illegal in the UK and has been illegal for many years. I found this out at a conference held by FORWARD. Many of us for sure would be in prisons by now because we would have been practicing FGM. This project is a life line for our community and it is also the connection between us and health and education services and other services as well. I know other cities in the UK don't have this kind of project." (PEER Study, 2016)



Project Impact

Shifting Community Attitudes to FGM

"The strength of the work accomplished by FORWARD in Bristol over the last 5 years is, on the whole, outstanding and has contributed to changes in knowledge, attitudes and behaviour change amongst FGM-affected communities and the professionals and organisations who work with those communities. Furthermore, it has been successful in working at many levels: strategic, influencing, delivery of health services as well as building the capacity of communities."

(Project Evaluation Report, 2012)

"In Bristol, the Somali community know more about FGM and the harm it can cause. They also know that it is not a religious obligation. There is information about where you can get help and people who can support you like our Community Health Advocate. As a result, the community has started to work together and make sure the practice stops here in the UK."

(PEER Study, 2016)

"The Somali community's attitudes towards FGM has changed significantly over the past 5 years. They are taking it more seriously and are concerned about FGM. Our community is acknowledging that FGM is harmful, abusive and a violation of human rights. More people know that FGM is cultural and doesn't benefit anyone. Furthermore, women are having problems when they are giving birth and finding out that FGM is causing this problem." (PEER Study, 2016)

"Over the past 5 years, people became aware about the definition of FGM and its consequences. Moreover, people knew that FGM is against the law. People were involved in many workshops organised by FORWARD here in Bristol about FGM and changed their thoughts about FGM that it is an old tradition used to be done for girls and must be stopped. People are satisfied enough with the effort done to fight FGM especially by awareness campaigns and the strikes that have been broadcasted on TV." (PEER Study, 2016)

"The greatest change experienced by the women was in the ability to organise a campaign. This was closely followed by confidence in speaking in front of other people. This very brief but quantified assessment validated what has been clearly evident in the observed growth of confidence and leadership in delivering the End FGM march. FORWARD is to be highly commended for the success of its work in this area." (Project Evaluation Report, 2012)

CHA Campaign Leads to Specialist FGM Clinic

The Bristol Community Rose Clinic was set up in 2013 to provide a community-based service for women who have been affected by FGM. Commissioned by the Bristol Clinical Commissioning Group, the clinic was set up as a direct result of sustained advocacy by community women involved in the project, including CHAs, and various health professionals. Before the clinic opened, the only options for women seeking help for FGM-related health issues were through long waiting periods for hospital based care. 12 women had gone to London in order to access specialist services there. The Project Coordinator now sits on the advisory board of the clinic and Community Health Advocates provide direct support, including interpreting and sign-posting affected women and girls to the service. The Rose 'brand' is now firmly established: an Oxford Rose Clinic is already open, while Slough considers one of its own.



PRIMARY CARE AND COMMUNITY SERVICE REDESIGN AWARD WINNER

Winners: Bristol Clinical Commissioning Group

Judges described the Bristol Rose Clinic as "a standout example of innovative working addressing a taboo subject."

Bristol March Against FGM

One of the highlights of the Bristol FGM Community Development and Awareness Programme was the End FGM march led by 20 women, through the streets of Stapleton in Bristol in 2006. The idea was suggested by a group of women after their first training session. They went on to prepare placards and sashes in Arabic, English and Somali. The march marked a real turning point in the project, giving women greater confidence and a clear sense of their positive contribution to its goals. The march was reported nationally, including coverage in the Guardian and on the BBC.

"After the march, a CHA went shopping in one of the Stapleton Street Somali shops. She picked a chat with a Somali lady about the march: 'Did you see those women marching on the streets chanting 'No FGM?' That was embarrassing, why would they do that? It's our culture and most of them were Somali women,' said the lady. She then informed her that she was actually part of it. Using the skills and information gained during the training, she grabbed the opportunity to pass on FGM information to the lady, who shared her experience and indicated how she isn't going to circumcise her daughter." Community Health Advocate, 2010

Inspired by the actions of the first generation of CHAs, a decade later, in 2016, young advocates in Bristol marched again through the city, in the footsteps of their mothers to continue the ongoing campaign to end female genital mutilation.



YOUNG WOMEN MARCH TO FOLLOW THE FOOTSTEPS OF THEIR MOTHERS

The placard waving group – bearing signs and banners – chanted “No to FGM” as they made their way from Seymour Road in Easton to the Trinity Centre.

The event was organised by the young peoples’ group Empowering, an arm of the campaign group FORWARD, a national group set up to raise awareness and eradicate FGM.

One of those taking part was student Rahma Duale, 17, whose mother Layla took part in a similar campaign march in 2010.

Rahma said: “I wanted to carry on the work of those before me and to show there has been a generational change and we are following in their footsteps. The community are the leaders in stopping FGM. The work being done is really helping but there will always be a problem with girls being harmed. We are not going to stop until it stops.”

An innovative, collaborative approach now referred to nationally as the ‘Bristol Model’ has brought together NHS Bristol Clinical Commissioning Group, Avon and Somerset Police, Bristol City Council and local community groups to raise awareness and provide treatment and support.



The march marked the end of this year’s FGM summer campaign, aimed at raising awareness of at-risk young women while living in Bristol, or when they go to countries that openly practice FGM during the school holidays.

The march was also part of the Bristol Zero Tolerance initiative that works towards the city becoming free from gender-based violence, abuse, harassment and exploitation.

Jackie Mathers, Bristol Clinical Commissioning Group (CCG) Designated Nurse for Safeguarding Children, said: “It is fantastic to see the young people now flying the flag in the fight against FGM.

“We have come a long way since the original march in 2010 and people are now aware of what FGM is and why it is illegal. We will continue to work closely with community groups to ensure their objective of ending FGM is achieved.”

From volunteer to Health improvement Practitioner

“Despite my previous graduate qualification it was challenging to fit in the UK new culture considering language barriers and lack of knowledge of the new society. I fortunately was surrounded by a group of friends who learned from their earlier experience that volunteering helps to build confidence and gain understanding. I worked as a volunteer librarian for our local community Barton Hill Settlement on January 2008. Then I volunteered with Refugee women of Bristol as a community worker and Arabic interpreter. During my volunteer period I worked as an admin worker and finance officer. In 2008 I was part of Refugee women of Bristol and FORWARD partnership, I had the opportunity to undertake and attend numbers of trainings such as Leadership training, group facilitation, recognise your potential and peer educator’s training. During that time I built up and developed a strong network, learnt more skills of communication and participatory approaches. Interestingly I have asked one of the community workers who worked for NHS in partnership with FORWARD at the time for advice which I have received sincerely and now I’m in her post in a more advanced level.

My journey has not come to end yet, I have not reached my destination. This is a moment to celebrate our work together, success is not about what we achieved it’s about determination and how we want to achieve.”

Tamadour Salim, Health Improvement Practitioner, MSc: Public Health / Community Specialist. Bristol City

Meet the Community Health Advocates

Amina Jama

"When I was first invited to train as a Community Health Advocate [CHA] on FGM, I wondered whether I was doing the right thing. I have to say I thought, "What the hell are we really going to talk about?"

However, the training was so well done. It gave me confidence to speak about FGM and a wish to share with others what is wrong with FGM. We learnt a lot of new things and many things that we had misunderstood—like it was not part of our religion.

Within the first few weeks we were sharing very emotional and personal issues about our experience of FGM but it was helping us to understand each other better and build trust. Knowing that we could trust and keep confidence in the group was very important. Five years later, we are still close. After the training we were really motivated. We decided to do a Stop FGM march and we went out on the streets one day. Everyone was looking at us. During the march I felt very happy and good. I didn't care who was seeing us and felt good to be part of that.

When I came home my four daughters celebrated with me saying, "You have done it, Mum, we are so proud of you." It motivated my daughter to want to be in a group for young women and she was part of the idea for setting up the first FGM youth group. FORWARD supported that group. It helped having the support of my family.

My mum said, "I know you didn't like [FGM] in the beginning. I'm glad you are getting support and you are supporting others. I'm proud of you."

After the march things got better and better. I was giving talks and workshops to women in my community. At first, many elders in our community were resistant to even talk about it. But over the years I've seen that that has changed. Elder women will talk about it now and many recognise that FGM is wrong, not part of the religion and harmful. I feel proud that we have changed their minds.

I also went to talk to nurses and social workers. I said to myself, "Here I am, I'm talking about it with all these people." My heart was racing. They thanked me afterwards and told me that my experience of FGM helps them to understand it and realise how wrong it is.

It was our idea that there should be a clinic to help women with FGM and its effects. I'm very proud of being involved with the health professionals in [the development of] the Rose Clinic here in Bristol. This is a big success for us.

Our group was the first group in Bristol [to become Health Advocates], and we had to open a lot of doors. I'm proud of the work we have done. I tell my heart that we have done our work, we are reaching our goal. I'm very proud."





Hanna Ahmed

"I trained as a Community Health Advocate [CHA]. Afterwards I felt very motivated. I have also trained as a Community Evaluator¹ and loved the training as well. Together the trainings have given me the feeling that I can do something, that I can take a lead. Why not me?

I'm a busy mother of four young children but my youngest has now started pre-school. Now, I think I can do something for my community and I want to be an active CHA. The teachers at the school often ask me to help with parents who need translation.

I had an idea. Why not set up a parenting group at my children's school? I talked about this with Layla. She really agreed with my idea and encouraged me to go ahead and we discussed what to do. We arranged a meeting with the head of the school and the school were very supportive. They offered the hall, tea and coffee, one morning per week.

Everything I learnt from the Leadership training and Community Evaluator training I want to bring to the group. I'm not going to keep my knowledge in the bottom of a cupboard. I need to share it.

The group met this May for the first time—24 parents came to the group. Together we decided that the aims and objectives of the group are to provide support to parents covering a wide range of issues affecting themselves and their families: to help parents

who do not speak English and do not feel confident about how the school system works; to help the school communicate with parents. The aim is that parents would support each other, with parents who have older children or who have more experience helping other parents and helping them communicate with the school or outside agencies.

I'm also aware that FGM will come up as an issue. I know that some people are still doing type 1, as they think it is not really FGM. There needs to be more awareness for parents. Many people are not even sure it's illegal, particularly when they first arrive in the UK. If they are coming to the school with their children and they join our group we will have opportunities to discuss FGM, child protection and other things. The group continues to meet every other Wednesday and numbers of parents are increasing.

I believe I am on the forefront of the FGM campaign. I do lots of community outreach work. Our FGM summer campaign is this July in the school hall. I've really been improving myself by being involved in a number of activities—I'm involved in the maternity links group and I've also been involved in an interview panel with RWOB [Refugee Women of Bristol].

I'm a young mother. I got married and have been bringing up children since leaving school. Now is my time to do something important in my community. FORWARD has truly motivated me."

¹ Community health advocates were trained to evaluate the impact of the project at the community level.

Lessons Learnt

"I believe that we should work closely with the community and further educate and explain the health issues with FGM. This should be done instead of threatening them with prison time and harassing them before they go on holiday." (PEER Study, 2016)

The Bristol FGM Community Development and Awareness Programme has been the first of its kind in the UK, demonstrating strong collaboration between local organisations, women from communities affected by FGM and key statutory agencies. The project has demonstrated the critical role of community-led action in tackling sensitive issues such as FGM and has provided valuable lessons to inform approaches to other community development issues.

- **Getting things right requires constant reflection, evidence and insights:** The active participation of stakeholders has been central to achieving the programme objectives. At each stage of implementation, feedback has been sought from the community, health advocates and the professionals involved in the project using a variety of participatory methods.
- **Partnership with trusted community organisations:** The programme was founded on collaboration with local partners and Refugee Women of Bristol provided a valuable base for working with women. The trust and confidence developed between FORWARD and Refugee Women of Bristol was based on willingness to listen and learn but also through provision of support and capacity development of the community organisations.
- **Developing and supporting women's leadership and wellbeing:** Developing the Community Health Advocates was a pillar of the project's success. Most importantly, providing self-care support was central to enabling these women to deliver the outreach while addressing their own emotional needs and trauma.
- **Engaging young women:** Working with young women, including those from affected communities, provided continuity and inter-generational dialogue. Providing support, skills and opportunities for young people while maintaining a flexible approach, helped them develop leadership skills and bring creativity to the project.
- **Safeguarding girls from FGM is a collective action:** Protecting girls from FGM was a core message of the programme and helped build the link between community actions and the statutory sector agenda in Bristol. Training provided women in the community with knowledge of the UK law and procedures, to deter future cases of FGM.
- **Financial support is critical for sustaining community engagement:** Having the support of multiple funders over multiple years provided the financial resources necessary to support the work. Retaining community health advocates also required financial remuneration and this is an area that is often neglected in programmes.

- **Building bridges between statutory professionals and the community:** This relationship building between affected communities and key agencies was central to the programme as it provided a forum and platform for learning and sharing. It was also critical to resolving challenges and safeguarding concerns that came up over the course of the project. The community women provided access to the voices of affected communities, helping statutory agencies to be more effective and responsive.
- **Engagement of men and boys:** While the programme sought to engage some men in the community events, this was insufficient to get men fully on board. Evidence from targeted work with men shows the need to engage dedicated male figure to lead men's work on FGM. Working with religious leaders and institutions as a pathway to young men and fathers is important to providing training and on-going dialogue.

"People's beliefs on FGM are changing but we still have to continue working here and back home to end the practice. More women and men should be trained so that they can join and keep working on the campaign to stop FGM." (PEER Study, 2016)



Reflections and Concluding Remarks

From Layla Ismail, Bristol Project Coordinator, FORWARD

The Bristol FGM community Development and Awareness Raising Programme has had a very important part to play in my family life. I started this project with a limited knowledge of the FGM practice and was reluctant to acknowledge that my community was still practicing it. I have learnt so much about my own culture, community, family structure and many safeguarding issues. To begin with, I wanted to educate, support and empower my own family and to feel confident that I had their full support in my own journey. We all have to live and lead by example. As a result, my three eldest daughters became agents of change and started the Young Women Advocates and Campaign Group (Empowering). I would like to thank my husband, Ahmed Duale, and my children for their unconditional support.

FORWARD in partnership with Refugee Women of Bristol, gave our advocates the opportunity to grow and shine through many challenges as well as dealing with their lived experience about FGM. The programme offered a platform to create long lasting friendships, networks and trust. The community advocates are my role models; their strength to overcome many barriers and challenges in their lives has been my greatest lesson in this project. I couldn't have achieved what I have without their support and commitment to create a long lasting change in our community in relation to the practice of FGM. I would like to express my gratitude and friendship to all the advocates I have worked with in this project and the many women we have supported.

"My journey has not come to end yet, I have not reached my destination. This is a moment to celebrate our work together, success is not about what we achieved it's about determination and how we want to achieve." Tamadour Saliem, Health Improvement Practitioner, MSc: Public Health / Community Specialist, Bristol City.



SAY NO TO F.G.M.
(FEMALE GENITAL
MUTILATION)



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FORWARD

Suite 2.1. Chandelier Building
8 Scrubs Lane
London NW10 6RB

Tel +44 (0)20 8960 4000
www.forwarduk.org.uk

FORWARD is a UK registered charity.

Charity Registration Number: 292403 Company Number: 01921508



Refugee Women of Bristol

Unit 42, Easton Business Centre
Felix Road
Bristol, BS5 0HE

Tel: +44 (0)117 941 5867
www.refugeewomenofbristol.org.uk

Charity Registration Number: 1135727