Hackney

FINAL REPORT OF THE CHILDREN AND YOUNG PEOPLES SCRUTINY COMMISSION		
Investigation of Female Genital Mutilation Children and Young Peoples Scrutiny Commission 8th June 2015 Cabinet – 23rd November 2015 Council – 27th January 2016	**Classification** **Public**	**Enclosures** **Appendices** A-D Haggerston School Presentation Christopher Winter Project Presentation

1. Background

1.1. The definition of Female Genital Mutilation (FGM) used by the World Health Organisation is *'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'.*

1.2. FGM is practiced in 28 African countries, as well as parts of the Middle East and Asia. There is no cultural or religious justification for FGM, and the reasons why it is performed varies between different communities. For example, it can be seen as a rite of passage for women, part of their cultural identity, or a way of promoting chastity and fidelity in marriage.

1.3. FGM is a serious form of child abuse and has been illegal in the UK since 1985. There are estimated to be over 125,000 women and girls in the UK living with the consequences of FGM, and as many as 60,000 who could be at risk.

1.4. There are significant short and long term health issues as a result of FGM which range from severe pain, emotional and psychological shock to chronic infection, damage to the reproductive system and complications in sex, pregnancy and childbirth.

1.5. In recent years, the reasons why FGM is carried out, the importance of preventing FGM, and supporting survivors has been talked about nationally and at community level far more than ever before. The UK Government has committed to working towards eradicating FGM within a generation, and high profile initiatives such as the Girl Summit, the work of Forward, and the Guardian's End FGM campaign have helped to keep the issue on the national agenda.

1.6. In terms of legislation, it is an offence:

- For any person to perform FGM in England, Wales or Northern Ireland;
- To assist a non-UK person to carry out FGM outside the UK on a UK citizen or permanent residents;
- To take a UK national or permanent resident out of the country in order to have FGM carried out abroad.

1.7. The maximum penalty is 14 years in prison, or a fine, or both. The Government is also strengthening current legislation to include the prosecution of parents if they fail to prevent their child from being subjected to FGM.

1.8. Legislation alone will not eliminate FGM and there has been a focus nationally on supporting frontline professionals – including setting up a national FGM Prevention Programme, working in partnership with NHS England and developing improved multi-agency practice guidelines.

1.9. On 6th February 2015, during the International Day of Zero Tolerance for FGM, the Government announced new mandatory recording of FGM for GPs and mental health trusts (acute trusts already have to) and changes to allow clinicians to note on child health records where girls might be at risk of FGM. A national programme with Barnardos and the LGA to train skilled specialist social workers and run community workshops was also part of the announcement.

2. The Commission's Investigation

2.1. The Children and Young People's Scrutiny Commission decided to hold a one day investigation into FGM in Hackney. Local authorities have a statutory duty to safeguard and promote the welfare of children and protect women and girls from violence. The role of councils in helping to achieve the ambition to eliminate FGM is critical.

2.2. The overall aim of the investigation was to raise awareness and understanding of FGM in Hackney amongst members, in the context of a number of changes having been made locally over the last year to improve multi agency working. The focus was on:

- understanding what work is currently taking place in Hackney between different partners – at strategic and frontline levels;
- gaining an insight into what can be done to protect girls at risk;
- exploring what support is in place for women who have been cut.

2.3. The investigation drew on the key questions in the LGA's Guide for councillors on FGM:

- What information is available about the numbers of girls who have undergone FGM?
- How we are identifying those children who are at risk?

- What work is taking place with schools?
- What partnership structures are in place to identify, refer, and support children at risk?
- How can members of the public raise concerns about FGM?
- What specialist support is available in the borough?
- What are the training needs for staff, schools other public sector organisations?
- What is the community engagement strategy around the prevention of FGM?
- How many cases are referred to the police for investigation?

2.4. The investigation took place at Hackney Council for Voluntary Service (Hackney CVS) on Tuesday 11th February 2015 from 9.30am - 5.30pm.

2.5. The Commission invited the Head of Safeguarding and Families, Hackney Council for Voluntary Service (Hackney CVS) and the Director of Public Heath, London Borough of Hackney (LBH) to provide some background context and information about FGM in Hackney.

2.6. We then heard from a range of professionals including clinicians and nurses from Homerton Hospital NHS Trust, the Head Teacher from Haggerston School, representatives from the Metropolitan Police and Children's Social Care, as well as the Community Adviser from City and Hackney Safeguarding Board. The Commission also met campaigners and women living with FGM, and heard from the Christopher Winter Project about their whole school pilot around FGM that has been running in two Hackney primary schools.

2.7. A full list of participants is available in Appendix D.

3. Summary of the investigation

3.1. Hackney Context

3.1.1. The first stage of the investigation was to understand the context, the role of the Council and the voluntary and community sector.

3.1.2. There are challenges in establishing the prevalence of FGM in Hackney and the number of girls who might be at risk. Data on country of origin can be mapped against school census data to see where those most at risk of FGM might be located in the borough. Hackney Learning Trust (HLT) data from an enrolment survey in 2014 has estimated that there are just over 3100 girls in primary and secondary schools in Hackney who might be at risk.

3.1.3. The Homerton also plays a role in collecting and monitoring cases of FGM. The number of women who have disclosed FGM to maternity services from January 2008 until December 2013 was 245. There are around 71 cases that have been identified since May 2014.

3.2. The Role of Hackney Council

3.2.1. The work around FGM in Hackney is led in the Council by the Public Health Team and the Health and Wellbeing Board – reporting to City and Hackney Safeguarding Children Board. The role of public health is to work with other services to coordinate responses to FGM, and engage with communities and leaders locally. Children's Social Care also have a pivotal leadership role, as social workers are involved most closely with families at risk.

3.2.2. The Director of Public Health explained how there had been no systematic approach to tackling FGM in Hackney. In July 2013, Hackney was successful in obtaining a grant from the Local Vision systems leadership programme. The aim of this work was to consider what changes needed to be made at a systems level to reduce the risk of FGM for women and girls, and what services survivors needed.

3.2.3. The work as part of the programme identified that information was not being captured and recorded consistently, and was not always passed on to other agencies where appropriate. A survey was also carried out inviting responses on support services – this identified a need for psychosocial support, and more coordination between the different voluntary organisations working with survivors.

3.2.4. A draft protocol was then produced – *'a clear vision of what statutory agencies, working in partnership, could achieve in Hackney'.* It is the intention that this will help to ensure that women are offered consistent support and guidance, contact is made with Children's Social Care, and an assessment of risk is carried out with all female children in the family who are under 18. Children's Social Care, health professionals in Hackney and the Metropolitan police now have clear protocols and guidelines which sit under the overall shared protocol.

3.2.5. An action plan has been produced (though this was not shared with the Commission), and the Director of Public Health outlined that progress had been made in:

- IT systems being designed to record all cases of FGM;
- Community engagement through the City and Hackney Safeguarding Children Board;
- Investment in a consortium of local organisations in the VCS;
- FGM being included in PHSE lessons in some schools.

3.2.6. The Director of Public Health also informed the Commission about the work that Hackney Council want to undertake to understand who is making referrals and also whether there are any patterns in seasonality.

3.3. The Role of the Voluntary Sector

3.3.1. The Head of Safeguarding Families and Children at Hackney Community Voluntary Services (HCVS) provided the Commission with an overview of the work being done in the voluntary sector around FGM.

3.3.2. The importance of recognising deep-rooted cultural and traditional sensitivities around FGM, and secrecy even within family circles was emphasised. There is a need to continue to talk about FGM and challenge it, and there has been a big shift in this locally over recent years with men increasingly being part of those conversations. The Head of Safeguarding at HCVS also highlighted the significant mental health impact of FGM, and the wider impact on family relationships.

3.3.3. In Hackney, there are eight micro Voluntary and Community Sector (VCS) organisations involved in campaigning against FGM and supporting girls and women. There is not a strong infrastructure around these organisations at present, and many are reliant on short term grant funding. The focus of a lot of their work is on prevention and engagement, responding to where this is needed most. Hackney CVS plays a role in linking these organisations to free resources – such as Young Hackney hubs, community spaces, and coffee mornings so that conversations around FGM in safe settings can be facilitated.

3.3.4. The Director of Public Health outlined how the Council has been working with Hackney CVS to try and develop a consortium of different organisations, and using Health in Hackney grants to invest in capacity building for the VCS.

3.3.5 Hackney CVS would like to build on the initial investment (by Public Health) in the FGM consortia in order to work more with frontline organisations and local community groups to engage the girls who are at risk of FGM in Hackney, as well as engaging survivors, and working with boys and men to change attitudes. The consortia could also play a role in tracking the benefits of the different intervention programmes to help continue to inform local strategies,, as well as ensuring that current priorities identified by those working with communities and survivors are captured and reflected in local policy.

4. <u>The Role of Different Partners</u>

As part of the investigation, a panel discussion was held with representatives from health, schools, the police and Children's Social Care. Members explored the different roles of professionals, the challenges they faced, and any specific improvements they would like to see.

4.1. Health

4.1.1. Health workers such as midwives, GPs, nurses and health visitors have regular contact with families, and are therefore in a good position to identify and support those who have undergone FGM and those who might be at risk.

4.1.2. From the evidence the Commission heard from health services, it was clear that systems were increasingly being put in place to ensure that healthcare professionals can identify risk and refer appropriately. For example, Homerton Sexual Health discussed how at their open access service, they increasingly ask women about FGM. In maternity services, at the booking in

appointment, midwives also ask about FGM. There is work currently underway to ensure that questions are asked in a more rigorous way, and the pathways for referrals to other services are being clarified so all midwifes are clear about this.

4.1.3. Community nurses are also receiving support to ensure they know how to have meaningful conversations with women around FGM, and are trained in how to be aware of the risk factors.

4.1.4. In terms of next steps, there was a reflection that with the introduction of new mandatory reporting for GPs, there was now a need to ensure that GPs in Hackney were responding in similar ways to FGM as maternity services already are.

4.2. Children's Social Care

4.2.1. Children's Social Care receive notifications if there is a fear that a girl is at risk of FGM. Social workers then visit the family to carry out an assessment. This is done very sensitively, and girls are interviewed separately.

4.2.2. Children's Social Care receive most referrals from health. There are 58 families that they have been working with (between June 1st 2014 and February 11th 2015) – mostly in cases where the mother has been subjected to FGM. No one has been taken into care following a CSC assessment. The highest number of referrals are from the Somali community.

4.3. Police

4.3.1. The role of the police is to investigate suspected cases of FGM, but also engage in preventative activities with other local partners. The representative from the Met Police told the Commission about the role of Project Azure across London, and the work that is undertaken to target flights leaving the country.

4.3.2. All local police officers in Hackney have had FGM training and they are involved in joint visits to families with Children's Social Care. The main challenges they face are around the length of time it can take to investigate and collect the evidence required to take forward a prosecution.

4.4. Schools

4.4.1. The Head of Haggerston School outlined the important role schools can play in making sure that pupils know about FGM – particularly through PHSE (see Haggerston School Briefing). However, parents have the right to withdraw their children from PHSE lessons which means there is little schools can do these cases.

4.4.2. She highlighted the need to ensure staff are trained to recognise risk, and raise this with the safeguarding lead in the school. There are particular issues that can indicate higher risk – for example, if a girl has been taken out of the

country for a long time, and is withdrawn upon returning. This is a new area of knowledge and understanding for teachers, but she felt confident that they were clear about the process and what to do, and were not fearful of the consequences of reporting.

5. Challenges

During the discussions as part of the investigation, members asked those present to reflect on any challenges and barriers around assessing risk, safeguarding girls and supporting survivors.

5.1. Prevention

5.1.1. Those present emphasised that education around FGM should not be solely left to schools. Education has to reach communities – parents, men, religious leaders, and also empower young women to be able to speak out about FGM. HCVS pointed to the need to develop this community development work and outreach further.

5.1.2. One example given was the Speak Easy Programme delivered through children's centres as an opportunity to educate more widely about FGM in the community.

5.2. Assessing risk

5.2.1. Health practitioners mentioned that some of the conversations they have around assessing risk can be quite informal, and there was recognition that risk assessment processes still did need to be strengthened.

5.2.2. Knowing how to pitch the conversations in a way to ensure that the right information is obtained is a key part of healthcare professionals' roles, as well as specific training in the new draft protocol and referral process. There were some concerns expressed about the need to have refreshed joint training in place for statutory services. During the panel discussion the importance of ensuring training involves those who have experienced FGM was highlighted, to explore hard issues such as the difficulties mothers can face in protecting their children.

5.2.3. There were also comments that in some of the encounters health professionals have with women, for example, in sexual health services, the contact can be short so there is limited time to talk properly about FGM. One model that was mentioned was in Newham where social workers come to sexual health clinics at designated times and can spend more time with women.

5.3. Safeguarding

5.3.1. The Director of Public Health outlined how progress has been made towards a formal referral policy, but that there is still a way to go with this being adopted in the appropriate agencies.

5.3.2. The Director of Public Health pointed to the need for senior level endorsement and commitment to ensure that the referral policy is implemented across the board. Her view was that some of the main challenges can be around frontline professionals in health being worried that they are breaking confidence if they report FGM, and fears about what actions would be taken with regards to other family members at risk. The Commission understood from the panel discussion that there are currently different thresholds for referring for different services and that this needed to be resolved.

5.3.3. The Head of Safeguarding at Hackney CVS also spoke about barriers in reporting that she had seen in her role – particularly around the fear that children would be removed by social services, but also a sense that there was no point as there are no prosecutions for FGM.

5.3.4. The Director of Public Health stressed that this is a time of change for health professionals who are being required to respond differently, and report information centrally to the Department of Health (DH). She identified the main priorities locally being around developing the confidence of professionals to refer to Children's Social Care, and to ensure there is a shared understanding of whose responsibility it is for making referrals.

5.3.5. It was also apparent that there needed to be more work around the pathway for when a woman at risk leaves maternity services, and no longer has regular contact with a midwife.

5.4. Support for survivors

5.4.1. The role of psychosocial support was discussed with the Commission – this is available through the East London NHS Foundation Trust (ELFT) and Homerton, but practitioners have not always been aware of its existence and the importance of this for FGM survivors. There is the need to work with the Clinical Commissioning Group (CCG) who commission the service to ensure that it forms part of the borough's overall response to FGM.

5.4.2. Statutory services recognised the role that the VCS plays in reinforcing the message that FGM is illegal and unacceptable, and there was a general sense that the connections between the public sector and VCS could be improved. In the panel discussion, there was a desire expressed for more information on what else was out there for professionals to signpost women to – particular peer support given how effective this could be. The Dahlia Project in Islington was mentioned, and the need to have something similar in Hackney where volunteers from different communities are involved.

6. <u>Campaigners and Women Living with FGM</u>

6.1. The Commission heard from campaigners from Family Action and the Hawa Trust together with women from the community living with FGM.

6.2. They explained the impact FGM has had on their health and wellbeing, as well as sexual relationships and family cohesiveness. The campaigners outlined the secrecy within communities surrounding FGM and how they are often ostracised for speaking out.

6.3. The work that campaigners and organisations do is often at a very grassroots level – going into different estates and communities and doing lots of outreach work, responding when women need support. The Hawa Trust also works with the police at airports raising awareness and providing leaflets that indicate that FGM is illegal. Family Action have been focussing on developing community events and workshops – building the confidence of women who speak out about FGM so they can become ambassadors locally. They can help to encourage others in their communities to see FGM as an old tradition, and openly condemn any form of violence against women – this is often more effective in changing attitudes than engaging with professionals. They stressed an urgent need to be able to expand this work as often it takes time to build up and have an impact.

6.4. Hackney CVS is already playing a vital role in supporting small organisations campaigning and working on FGM in Hackney, and that the consortium approach has been welcomed. However, we heard about the challenges that small organisations face in submitting grant applications, and that the organisations struggle in terms of their sustainability and reach.

6.5. Campaigners highlighted that the main things they would like to address are:

- providing more safe spaces where women can access help and advice;
- Therapeutic support services to develop self esteem and help address the emotional trauma that has been experienced;
- Peer work to spread the message to new arrivals in the country that FGM is illegal;
- More support for community workshops and events – involving men as well as empowering young women to help lead at a local level;
- A clinic in Hackney where women could go.

6.6. City and Hackney Safeguarding Board (CHSCB) showed highlights from a DVD which is used to raise awareness of FGM, The DVD was produced as part of the engagement work with survivors which is being undertaken by the Chair of CHSCB. It is anticipated that the DVD will be used by the charity Children and Families across Borders in an app for professionals and communities.

7. <u>Christopher Winter Project – Whole School Approach</u>

7.1. The Commission heard from the Christopher Winter Project (CWP) who have been running a pilot in two primary schools in Hackney where there are significant numbers of girls from at risk communities. The pilot focussed on a whole school approach to raising awareness about FGM. This has involved senior leadership support, staff training, and including FGM within a PHSE scheme of work in Year 6. Teachers were trained by the CWP to deliver this

lesson, to ensure that it can be offered in future years. (See CWP presentation)

7.2. As part of the pilot, there was also work undertaken with parents – although engagement was low in the meetings held to discuss including FGM in the PSHE lessons. A community event was also held which attracted more interest.

7.3. Members of the Commission were interested in how the model might be rolled out to other Hackney schools, and what challenges there might be in schools which did not already have an established Sex and Relationships Education focus in the curriculum, school policy and amongst parents. The importance of involving parents so that the messages around FGM are reinforced outside of school was also emphasised.

8. Recommendations

8.1. The one day investigation was, by its nature, a snapshot of the wide range of work that is underway, and continuing to develop in Hackney around FGM. It provided an opportunity for members to better understand the wider context, the scale of the challenge in Hackney, and the complexities of improving multi agency responses to FGM. Members were incredibly moved to hear directly from survivors and were humbled by the bravery of those who are campaigning and working in this area.

8.2. One of the main messages that we took away was that FGM is not just specific to one particular community and there are many different reasons why it is carried out. There needs to be appreciation that there is not a homogenous group of women and girls who need support, and that appropriate responses may differ accordingly. We also heard about the importance of actively engaging men and young men, and faith leaders to break the cycle of FGM.

8.3. Members also discussed the role of councillors in raising awareness around FGM. All councillors should be empowered to know how to refer if someone might be at risk, but also to know how to talk to community leaders in their wards about FGM.

8.4. Whilst considerable progress has been made in Hackney over the last year, the one day investigation gave us an insight into a number of key areas where further work or consideration is required. The Commission did have concerns that the draft protocol is still being embedded and whilst partners talked about the numbers of girls potentially at risk in Hackney, referrals to Children's Social Care had not been increasing. We want to feel reassured that every local partner is engaged and signed up to the protocol; that there are clear referral pathways for every agency; and that frontline professionals have been trained to confidently play their role in these – particularly those working in different health settings. The Commission wants assurance that once the action plan is in place, there is a regular audit and review to ensure that all the relevant partners are implementing it, and that there is a clear picture of how

effective the work being undertaken is. This is an area that the Commission will continue to take a close interest in over the coming years, we would like to see more involvement of local survivors and community champions in the strategy and action plan going forward – as the need for regular communication between the local public sector and frontline diaspora organisations was identified.

Whilst receiving feedback on this report we also heard that there is a need to ensure that FGM is incorporated into the LBH Domestic and Gender Violence Strategy and Action plan which has not been reviewed recently.

8.5. The main recommendations that the Commission would like to make are presented below:

Recommendation 1 – Leadership

8.6. The Commission fully endorses the work being carried out to develop a shared action plan and joint protocol between partners, and recognises that Hackney is helping to lead the way in terms of how councils respond to FGM.

a) The Commission recommends Cabinet ensures that there is more visible senior leadership around the different strands of FGM – prevention, safeguarding and supporting survivors, to help achieve the goal of embedding the protocol amongst the different partners. This needs to include a clear statement of what a successful multi-agency system looks like, with the action plan indicating clear accountability for the directors of relevant services to report on the actions in their areas.
b) The Commission recommends more information is provided by Public Health to outline how the action plan will be monitored and measured, particularly around the effectiveness of the referral policy, and how survivors, men and faith leaders can be more visibly involved at strategic level.
c) The Commission requests an update in December 2015on the progress against the action plan and an assessment of its effectiveness.

Recommendation 2 - Partnership

8.7. The Commission heard that there can be a disconnect between the statutory sector and VCS, particularly around professionals knowing which services and groups are working to support women and can be referred to.

The Commission recommends that Public Health and HCVS produce a joint directory of all known statutory support, specialist services and VCS organisations/individuals working in Hackney and across London to either prevent FGM or support women and girls, and ensures that this is disseminated to all relevant professionals working in Hackney.

Recommendation 3 - Training

8.8. The Commission appreciates that joint training is currently organised by the City and Hackney Safeguarding Children Board (CHCSB), but reflected that professionals expressed a desire for more of this to be provided.

The Commission recommends further opportunities for joint training should be developed by City and Hackney Safeguarding Children Board (CHCSB) – particularly for health professionals who need to be certain of their role in identification and referral, and their statutory duties. This should involve survivors and campaigners, and seek to engage a wider range of stakeholders - to help improve the links and knowledge about what is taking place at operational level.

Recommendation 4 - Specialist Therapeutic Support

8.9. The Commission heard from a number of partners about the need for specialist FGM services that focus on psychosocial support. This does exist within some services, but awareness is low, and not specific enough in terms of helping to address the sensitive and complex needs that survivors may have.

The Commission recommends that City and Hackney Clinical Commissioning Group (CCG) reviews whether existing specialist psychosocial support is fit for purpose (for example, whether therapists having received specific training relevant to FGM, and how many women have used the service), and then consider commissioning specialist psychosocial support that other professionals can refer women and girls under 18 to. The Commission recommends the CCG should also consider support for peer led approaches, given the need for community specific and very locally based responses.

Recommendation 5 - Building the Capacity of the Voluntary Sector

8.10. It has already been recognised that more can be done to build the capacity of local VCS organisations and help to expand their vital community based work. Organisations face a fragmented funding system which is often short term, and hard for them to apply for. FGM also needs to be seen as a mainstream issue in the VCS with existing community organisations who work in settings where families are already present.

During the investigation and feedback after, the Commission heard that there is an urgent need for:

- safe spaces where community groups and campaigners can meet to talk about FGM
- projects that engage with young people
- training local residents groups and community organisations in awareness around FGM and knowing how to spot the signs
- working more with diaspora survivors, and skilling up parents to safety address FGM through delivering awareness programmes –

empowering women to talk openly and make a real difference in changing mindsets
- working with men and boys to change attitudes.

a) The Commission recommends that the Cabinet Member for Health, Social Care and Culture consider reviewing existing Council third sector funding such as the VCS grants programme, to understand what work around FGM is currently being funded and how. The Commission would like to see assurances that FGM projects are able to apply for the grants that are available and are supported to do so.
b) The Commission recommends that funds should be directed towards building the capacity of existing projects, and funding any known gaps in provision (particularly focussing on the areas listed above in 8.10)
c) The Commission recommends consideration be given by the Council as to how a FGM consortia can be better supported to develop its role, including being able to bid on behalf of smaller organisations in order to make available funds more accessible to those working at grassroots level.
d) The Commission recommends that the Council considers how it might help to provide safe spaces for grassroots organisations to meet, for example, by maximising the use of existing council buildings and community spaces.

Recommendation 6 - Health

8.11. The Commission appreciated the difficulties in capturing data around prevalence, and support the ongoing focus on using existing data to assess risk. It is clear that the majority of FGM incidences are going to be picked up through engagement with health services, and the Commission recognises the need to ensure health staff can assess risk, and confidently refer to other services.

a) The Commission would like to receive an update from Public Health in December 2015 on how the new protocol is embedding in Hackney and what issues have arisen. Furthermore we request that the update includes an analysis of whether the number of referrals to Children's Social Care have increased which would give an indication of whether conversations about FGM, and alerts about possible risk are being translated into referrals. We would also like to see the results of the analysis of referral routes and seasonal patterns of FGM.
b) The Commission requests that the Local Medical Committee discuss how the new mandatory recording for GPs and mental health trusts of incidences of FGM, and reporting to the police for girls under 18 is being addressed locally, and whether any further training is required for health professionals.
c) The Commission recommends the Local Medical Committee considers the role that local GPs can play in ensuring that when they meet new arrivals from at risk countries that they know what questions to ask to assess risk of FGM. The Commission requests the Chair of the

Local Medical Committee and/or the CEO of the City and Hackney GP Confederation report to the Commission on progress being made here.
d) The Commission recommend that Public Health consider and explore the impact of good practice models, such as the model used in Newham (at 5.2.3.) to ensure health professionals (in particular those in sexual health) have enough time for assessment and support of girls and women.

Recommendation 7 Schools

8.12. The PSHE offer is not yet universal in all schools in Hackney. The Commission understands that it is at primary level where raising awareness of FGM can have most impact. The model used by the Christopher Winter Project is successful as it ensures teachers have the skills to then deliver the lessons themselves. It has also been pointed out that VCS supplementary schools and cultural groups would also benefit from such training.

a) The Commission recommends that Hackney Learning Trust (HLT) encourages schools to bring in support to develop FGM teaching in Year 5 and 6, using their staff development budget.
b) The Commission recommends Hackney Learning Trust disseminate and actively promote learning from the evaluation of the CWP pilot, as well as ensuring that all schools in Hackney have clear guidance in place for teachers around assessing risk of FGM.
c) Given the importance of schools also working with parents and the local community around prevention, the Commission recommends Hackney Learning Trust consider delivering a training event for primary schools, with input from HCVS and survivors on what approaches schools might take to support this agenda.
d) The Commission recommends HLT consider opportunities to raise awareness of FGM for parents and staff in early years settings.

9. Comments from Hackney Community and Voluntary Services

The key message to echo is the importance of including the diaspora communities living in Hackney in the fight to end FGM, Health intervention must be complimented by community intervention. HCVS value the initial investment from Public Health and welcome opportunities to support education and training to tackle FGM.

10. Conclusion

10.1. Finally, the Commission wants to see FGM being talked about more in Hackney in terms of what the Council, statutory partners and the VCS are doing. We support the need to have regular summits and meetings to ensure that all those working in the area can network, learn about each other's work and make sure this vital issue is kept firmly on the local agenda. Initiatives such as the video produced by CHCSB should be celebrated and similar opportunities should be created to engage with FGM survivors in Hackney. The Council should

consider what further role it can play in raising awareness within the different communities in Hackney around FGM.

10.2. The Commission would like to thank all those who gave their time on 11th February to talk to Members, and looks forward to taking forward further scrutiny work in this area.

11. Background Papers

11.1. The following documents have been relied on in the presentation of this report and were either presented to the Investigation or referred to during the day's activities.

11.2. Briefing Papers outlined below:

Programme for the Day - Appendix A
Notes from the day – Appendix B
Notes from Public Health – Appendix C
Haggerston School Briefing Paper
Christopher Winter Project Presentation

Forward link: http://www.forwarduk.org.uk/

LGA Female Genital Mutilation (FGM) Councillors Guide: http://www.local.gov.uk/documents/10180/5854661/L14-567+FGM+guidance+for+councillors_09.pdf/7196465e-4b63-4b58-b527-a462f5b5cc9d

New measures to end FGM on International Day of Zero Tolerance: https://www.gov.uk/government/news/new-measures-to-end-fgm-on-international-day-of-zero-tolerance

Link to Hackney youtube: https://www.youtube.com/watch?v=Ol8pr8BcidE

10.1. Attendees listed at Appendix D

10.4 Members of the Commission

Councillor Louisa Thomson (Chair)
Councillor Tom Rahilly (Vice Chair)
Councillor Soraya Adejare
Councillor Mete Coban
Councillor Tom Ebbutt
Councillor Abraham Jacobson
Councillor Christopher Kennedy

Councillor M Can Ozsen

Councillor Ian Rathbone

Councillor Anna-Joy Rickard

Councillor Caroline Selman

Stella Ashaju* Parent Governor Co-optee

Rabbi Judah Baumgarten Orthodox Jewish Co-optee

Richard Brown Church of England Co-optee

Hackney Youth Parliament Co-optees

Kyla Kirkpatrick Parent Governor Co-optee

Lisa Neidich Hackney School Governors Association Co-optee

Shuja Shaikh Muslim faith Co-optee

* who died during the year