

**Equalities and Human Rights Committee**  
**Female Genital Mutilation (Protection and Guidance) (Scotland) Bill**  
**Note of Meeting with Multi-cultural Family Base**  
**3 September 2019**

**In attendance:**

- Ruth Maguire MSP
- Oliver Mundell MSP
- Anne Spiers, Deputy CEO, Multi-cultural Family Base
- Omolara Plang, FGM Project Worker, Multi-cultural Family Base

**Background**

The Multi-cultural Family Base (MCFB) in Edinburgh work with children and their families who are experiencing difficulties. Some of these are practical, such as housing or financial problems; others are more personal, such as dealing with discrimination or emotional issues.

Many of the families are from Black and Minority Ethnic communities and are often new migrants. They have dedicated FGM project workers and honour-based violence workers. These work with statutory services such as midwives, health visitors and GPs as well as Police Scotland, Border Control, the Home Office, social work, embassy contacts, third sector colleagues and others.

**Comments on FGM and the Bill**

- Their FGM work focusses around protection, which can take the form of a risk assessment and protective measures, usually for a girl or woman).
  - Will work with other services.
  - Protective measures can sometimes be risks, ie a family member can be seen to be protective but can actually be a risk factor
- They receive referrals from health visitors, midwives, GPs, and education services. Families can refuse to participate – the organisation has no statutory powers
  - They receive mixed responses from families, but have a good word of mouth reputation
- They currently use child protection legislation when they encounter FGM. It's unusual for them to work with adults who are not parents or carers, but there is a small group of young women who are technically adults and are not parents.

- They look for voluntary engagement with families: being non-statutory can help (ie by not having the powers to remove children from the family). They are seen as a friendly and supportive face.

### **How would an FGM protection order help the families they work with?**

- A protection order often needs to protect the whole family – it's rarely the case that just one person is in need of protection. A child at risk usually means others in the family are also at risk.
- Would like to know how a protection order would work alongside Home Office and the asylum process
- A protection order that allows someone space and time to think and decide on options would be helpful. Would like to know "what teeth" these protection orders have. Do they hold off other actions (ie from the Home Office) or give someone time and space?
- In terms of asylum, FGM is illegal in many countries but not enforced. Therefore, women can be told they are not being sent back to a country where FGM is legal – but it happens anyway.
- A decision for someone to undergo FGM is often out of the hands of the immediate family. Having legislation explicitly against FGM can be helpful. A protection order can be helpful to the family who can say that it wasn't their choice but someone else making these requirements.
- Education is a key aspect – they want to work more closely with communities.
- Social workers have knowledge of FGM but more needs to be done on identifying risk factors.
- Currently work with 14 families where FGM is a known issue.
- Breast ironing and labial elongation: these are evidence of shifting traditional practices. They have always been there but are on the increase. They have not received official referrals regarding breast ironing but have heard of it happening anecdotally. Elongation is something women do to themselves, but for the same reason as FGM: to be accepted. It can also have long-term health consequences. Both breast ironing and elongation are gender-based issues with women as commodities at the heart.
  - They are evidence of a patriarchal system which women often perpetuate