City of Westminster

# Westminster Health & Wellbeing Board

**Date:** 26 May 2016

**Classification:** General Release

**Title:** Shared Services Female Genital Mutilation Prevention Project

**Report of:** Andrew Christie
Executive Director of Children's Services

**Wards Involved:** All

**Policy Context:**


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## 1. Executive Summary

1.1 Female Genital Mutilation (FGM) refers to "procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons"[1].

1.2 The Shared Services Female Genital Mutilation Prevention Project ("FGM project) aims to prevent FGM and to ensure effective, specialist and sensitive services for those women who have suffered it offered in way that they can access. The project was initially based on a model devised by Westminster City council in 2014 which has been subsequently rolled out across the Tri-Borough.

1.3 The Shared Services FGM Project has been running across the Tri-Borough from May 2015 to May 2016. Evidence from 2014 in Westminster suggested that there were 770 girls and young women in the Borough at potential risk of FGM, however no referrals had been received to Children's Services in that or

[1] Female Genital Mutilation, NHS Choices

previous years. The pilot FGM project to address this in 2014 in Westminster chose to work closely with local ante-natal clinics because pregnancy provides an opportunity for women to seek specialist advice regarding FGM.

1.4 In March 2016, the Mayor of London called the project a “ground-breaking initiative”. The project was also recognised within the “outstanding” award given to Westminster City Council Children’s Services by Ofsted in 2016 which stated that the project is “outstanding, sensitive and culturally creative”[2].

## 2. Key Matters for the Board’s Consideration

2.1 The Board is invited to:

- Consider the report outlining the project, its identified outcomes and performance;
- Discuss the project as a successful model of joint and collaborative working between local authority (Children’s Services) health (midwifery services) and the voluntary and community sector, and consider how learning from this project may be applied by the Board in future projects; and
- Consider how the Board, particularly health and voluntary sector partners, can support the work and the sustainability of the project in the future.

## 3. Background

3.1 The Shared Serviced FGM project is currently operational across the tri-borough including Westminster. The pilot project was successful in attracting funding from the Department of Education’s Innovation Fund, and it is now part of Mayor’s Office for Policing and Crime (MOPAC) and London Local Authority’s prototype for an Early Intervention Model to prevent FGM. It is part of the Harmful Cultural Practices Pilot in partnership with MOPAC - a capacity building project that provides enhanced training for practitioners and onsite “educator advocates” from the voluntary sector.

3.2 The project is currently funded by a Department of Education innovation grant which was awarded after the successful pilot phase. The Department of Education made an initial award, and have since granted a further £90,000 transitional fund to enable the project to run until December 2016. The transitional grant was made on the basis that the local authorities will use the additional time to work with local CCGs to establish a sustainable future for the project beyond that point.

## 4. Project Aims and Outcomes

[2] Westminster City Council Ofsted Report February 2016

4.1 The aim of the FGM project is early identification of girls, who might be at risk of FGM in order to work with their families to assess risk and undertake preventative work, and to improve the quality of services provided to adult survivors in order to promote their long term health and wellbeing. The premise is that children at greatest risk of FGM are the female children of FGM victims; therefore, the FGM maternity clinic is an effective way of identifying women who have had FGM and are expecting or already have female children.

4.2 Data from Imperial College Healthcare Trust shows that across St Marys and Westminster Hospital sites, these providers are in contact with 900 women per year who have suffered FGM.

4.3 The team consists of a specialist midwife, specialist social worker, trauma therapist (currently provided by CNWL forced migration service), a health advocate and specialist male social worker.

4.4 Part of the project aims include community engagement and awareness raising with families and communities, with the aim of supporting families to choose not to have their daughters subject to FGM.

4.5 The key outcomes identified for the project are as follows:

**a.** There should be fewer instances of FGM in children, alongside promoting the physical and mental health of the mother so that she has better long term health outcomes.

**b.** Statutory agencies will work together to identify and safeguard girls at risk of FGM through early help, providing the foundation for long-term safeguarding approaches to be developed.

**c.** Models of assessment and intervention co-constructed with community groups will have been developed, codified and implemented. Resulting high quality social work practice and multi-agency holistic responses will improve outcomes for both women and children.

**d.** Measurable behavioural change in communities, which will result in decrease of the prevalence of FGM and other Harmful Cultural practices over time.

## 5. Project Approach

5.1 The FGM Project aims to introduce an innovative approach in identifying and working with potential and current FGM victims. The critical aspect is the multi-agency work, and a specialist social worker co-located and embedded within existing health provision. Moreover, the approach has been co-constructed with

the community organisation Midaye Somali Development Network from the outset. This grass-roots approach has been the main driver of success.

5.2 The project has adopted a holistic approach for its delivery. It emphasizes support and empowerment of the FGM victims. When women attend the FGM clinic, they are provided with therapeutic trauma support by trauma therapists, and emotional support (and translation where necessary) by health advocates. The project has also recruited a male social worker who works directly male family members including husbands and fathers.

5.3 When pregnant women book in for antenatal care at the hospital, all are asked whether they have been victims of FGM. Those who have had FGM are then referred to the FGM clinic and receive a joint assessment from the specialist team. The project identifies adult FGM victims through a joint approach between midwifery and social care services in order to offer timely and proactive intervention and future FGM prevention for the expected or existing children. This sits alongside an offer to the mother of specialist physical and mental health care, as well as practical support and advice from health advocates.

5.4 FGM maternity clinics already exist in many hospitals, however the pilot provides an additional service such that women are jointly assessed by a midwife and social worker to provide both health and social care services. The clinics are run by midwives and the pilot introduces a multi-disciplinary team within the clinic. The project is currently being implemented in two clinics in the tri-borough, St Mary’s Hospital and Queen Charlotte’s Hospital, with the potential to expand to Westminster and Chelsea Hospitals in the next few months. The FGM Team Around is a “virtual “team which meets on a monthly basis to discuss the cases and discuss the multiagency assessments.

## 6. Key Achievements

6.1 The project has produced a substantial increase in the number of families where FGM has been identified to be an issue, enabling a proportionate response at an early help stage or through Child in Need or Child Protection services. Since May 2014 to March 2016, 77 women from RBKC, WCC and LBHF have been referred and seen in both clinics, who are receiving support/offers of early help. 26 families have been referred to Children’s Services for further risk assessment by the project and 39 families are still under assessment/being tracked within the pilot process (pre-referral). All women who have daughters or are going to give birth to girls have agreed to social work visits.

6.2 At St Mary’s FGM clinic, which operates weekly, the team see approximately 10-12 women per clinic. 3-7 cases are from the Westminster and wider Tri-Borough area and the rest being from outside the area (mainly Brent). At the Queen Charlotte’s Hospital where an FGM clinic operates fortnightly, the team sees

approximately 5-10 women per clinic, with 4-5 women being from Westminster and the wider Tri-Borough area.

6.3 In comparison to 2013, when Children's services were not receiving any FGM referrals, 77 cases have now been referred and tracked. In addition, the project has generated a number of "milestone" cases such as: self-referrals by pregnant mothers where an older child has been cut; child protection investigations (including cases that have led to a child Protection plans). One case has also been referred to the Crown Prosecution Service for potential criminal action. The experience of working with these cases is enabling front-line practitioners, with the guidance of the lead worker, to enhance their skills and build experience in assessing risk in a way that enables them to act to prevent FGM in addition to providing services to women who have been subject to FGM.

6.4 Where girls have been identified as already being subject to FGM, existing Child Protection procedures are followed. Additionally, a pilot "Clinic for Children and Adolescents affected by FGM" has been developed to offer specialised services to support these girls and young women. This team consists of a consultant paediatrician, consultant gynaecologist, health advocate, therapist and specialist social worker, and has been planned in conjunction with the Police to ensure the clinic meets medico-legal standards. So far two medical assessments have taken place in the clinic.

| Figures from pilot (October 2014-2015) | |
|---|---|
| **Number of women seen at the FGM clinics (all cases receive early help offers)** | 68 |
| **Number of families referred to Children's Services for risk assessment by the pilot** | 21 |
| **Number of families still under assessment within the pilot process** | 34 |
| **Deliverables to date (April 2016)** | |
| Number of women seen by both clinics | 77 |
| Girls referred to Child and Adolescent FGM clinic | 3 |
| Community Engagements by Midaye | 20 |
| Number of community members (women ) engaged | 450 |
| Community Engagement by male community worker | 21 |
| Number of male engaged | 210 |
| Planned community Engagements( incl. with male) | 3 |
| Number of young people engaged | 200 |
| Multi-agency and Specialist Training | 99 |
| **Figures from Children Services (referrals not from the hospital pilot, but overseen by the lead worker)** | |

| Borough | Children in Need | Child Protection |
|---|---|---|

| WCC | 14 | 2 | |
|---|---|---|---|
| RBKC | 10 | 2 | |
| LBHF | 3 | 8 | |

## 7. Assessment of Impact

7.1 There is currently an independent evaluation taking place by OPCIT Research, University of Lancashire which will highlight the key learning points. Some of the preliminary findings have identified good practice in creating clear pathways for FGM referrals, successful information sharing between midwifery. Opcit Research have also conducted qualitative interviews with the project practitioners, allied professionals such as midwives and clinicians working in maternity/ante natal care as well as women who have been supported. Further information on the emerging findings of the Opcit research is included in Appendix A.

## 8. Future Work Programme and Project Funding

8.1 The project has been awarded a transition fund by the Department of Education, to extend the project for six additional months, until sustainable funding is secured. There is a future proposal that this project could in future be jointly funded by Children Services, the CCGs, with the Acute Trusts meeting the cost of midwifery care and the physical clinical environment, but this is an initial proposal at this stage.

8.2 On 5th May 2016, Midaye delivered FGM Champion Volunteer training. Further to that the FGM Community Forum event will take place on the 10 May 2016 at Wood Lane Community centre and Debbie Raymond (Head of Safeguarding) will be delivering a FGM Mandatory Reporting awareness workshop/event on 13 May 2016.

8.3 The Harmful Practices Steering Group has engaged safeguarding and social work stakeholders from neighbouring boroughs to address cross-boundary cooperation beyond the Tri-Borough. One of the identified issues was the large number of clients seen by the clinics from neighbouring boroughs as clinics are based on the territory of Tri-borough. The referral pathways to Social Services in Brent and Ealing are currently being reviewed and the project is working towards sharing good practice with our neighbouring boroughs' partners. The community organisation Midaye is currently engaging with the group leaders of two informal groups operating in Brent.

## 9. Legal Implications

Not applicable

## 10. Financial Implications

Not applicable

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact:**
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**BACKGROUND PAPERS:**
Appendix A – Preliminary findings from Opcit Research
Appendix B – Current Project Cost