

Report of: the Secretary of the West Midlands Police and Crime Panel

Date: 21 November 2016

Tackling Female Genital Mutilation (FGM) in the West Midlands – Six Month Progress Report

1. Introduction

This report sets out progress made towards implementing the recommendations of the Panel's scrutiny inquiry report Tackling Female Genital Mutilation (FGM) in the West Midlands in the six months since its publication.

2. Recommendation

The Panel is recommended to:

- i. Note the progress made towards the recommendations;**
- ii. Consider the identified gaps; and**
- iii. Consider whether a further progress report be timetabled for twelve months' time.**

3. Background

3.1 In June 2015 the Police and Crime Panel launched its scrutiny inquiry report Tackling Female Genital Mutilation (FGM) in the West Midlands.

3.2 The aim of this inquiry was to consider:

What can the Police and Crime Commissioner do to facilitate integrated working between agencies to prevent and respond to Female Genital Mutilation (FGM) in the West Midlands?

3.3 The Inquiry was driven by the late Cllr Cooper, former Chair of the Panel, at the request of the late Bob Jones, former Police and Crime Commissioner. They both agreed that the Panel was well placed to examine a topic that required partners and the Police to work collaboratively to safeguard and prevent violence against vulnerable people and to move this on.

3.4 Three quotes below from the Panel's report illustrate some of the themes covered in the report.

"The pain of FGM is unbearable and unimaginable, it's the worst pain I have endured in life, and the pain was all over my body. It took me months to recover. Being a survivor of FGM, you live with it for the rest of your life, because of the psychological impact it leaves you with. For 24 years now since I was cut, it's as if it happened to me yesterday, because I can still remember the pain I went through."

Sarata Jabbi, Chief Executive Officer, Care for Women and Girls

“FGM is largely concentrated in a swathe of African countries, plus some Asian and Middle Eastern countries. Many people from these countries have settled in the West Midlands. We want to celebrate the best of their traditions and cultures, but ensure this criminal act is firmly left behind. ... We need to reach the hearts and minds of FGM practising communities so they work with us to condemn this practice in order to protect all girls in the region.”

Cllr Darren Cooper

“FGM is a horrible, nasty practice that has no place in modern Britain.”

David Jamieson, West Midlands Police and Crime Commissioner

3.5 The Panel found much that is going on to tackle FGM that is positive across the region. Different areas and organisations were at different places in the journey – some just setting out, with others having long established multi-agency working.

3.6 As the Inquiry progressed it became clear that to move forward, five steps had to be taken:

Educating and empowering communities

Across the West Midlands, and across the country, campaigners are working tirelessly to stop the cycle of FGM. Changing the mind set of communities requires listening, educating and supporting. Schools and other educational establishments are in a prime position to both work with parents and to educate girls. Even younger children can be told that it is important that “the area between your legs doesn’t get changed.” The Panel noted the need to support the community members who are already speaking out about FGM.

Educating and empowering practitioners

There is a lot of guidance available about FGM and data sharing, but practitioners from a wide range of organisations across the region need access to good quality training to understand who is at risk and the roles they each need to play in protecting girls.

As the Serious Crime Act 2015 introduces mandatory reporting of FGM by healthcare professionals and teachers, it is vital all practitioners in the West Midlands have the right information to identify those at risk of FGM, spot the signs and understand reporting obligations and referral pathways.

It would seem that FGM risk is greater in some parts of the region than others. However, movement around the region and inward migration means that no local authority area can afford to be complacent about the risks.

Working together with consistency across the region

Some authorities in the West Midlands have already taken steps to prioritise FGM and to form inter-agency working groups to ensure that there are clear procedures and good quality training available. The Panel commended this approach.

The inquiry report suggested that developing consistent approaches across the region, learning from each other, and developing regional best practice and an understanding about the numbers of girls at risk needs to be driven forward. This will support the work of the Police and Crime Commissioner and West Midlands Police which has responsibility for the whole region. The Strategic Lead of the Preventing Violence Against Vulnerable People Board has agreed to establish a task and finish group on FGM to move this forward.

Prosecuting

Prosecution sends out the clearest message that FGM is illegal and not tolerated. It is felt that this would be important in changing how FGM is seen in practising communities. However, there has never been a successful prosecution to date. There is, therefore, a need to pool intelligence to bear down, particularly, on anyone who is cutting in the region or the wider UK. There is a responsibility for all partners to highlight potential crimes and victims; the police cannot work in isolation.

Due to the apparent difficulties in bringing a prosecution other legal measures to protect girls also need to be actively explored.

Providing support and therapy

The survivors of FGM can be left with life-long problems, physical as well psychological. There was little evidence presented of therapeutic support for survivors in the region and this is something that needs to be addressed, for girls as well as women.

- 3.7 The Panel set out its position on FGM and priorities for further work.

The West Midlands Police and Crime Panel condemns the practise of Female Genital Mutilation (FGM) and supports the national campaigns to ensure its eradication. FGM is child abuse and illegal and should be treated as such; cultural sensitivities should not cloud judgements. All organisations in the West Midlands dealing with children need to understand that girls from FGM practising communities may be at risk and practitioners need to be empowered to ask parents questions and to work together in children's best interests on a case by case basis.

We call upon all relevant authorities, including those involved in law enforcement, the justice system and public health, to do everything in their power to protect young girls from this life endangering, health threatening crime. We also call for appropriate support for women and girls who are victims of FGM.

The Police and Crime Commissioner needs to hold West Midlands Police (WMP) to account for its contribution to prevention and securing prosecutions and to fund victims' services for survivors of FGM in the region.

4. Progress made Towards the Panel's Recommendations

- 4.1 The Tackling FGM in the West Midlands report can be downloaded from <http://westmidlandspcp.co.uk/publications/>

- 4.2 It contained nine recommendations to the PCC and other agencies, including a Panel commitment to track the progress made towards implementing its recommendations.
- 4.3 The Panel's launch received both local and national media coverage. We shared the report widely with West Midlands Police, local NHS Trusts, Clinical Commissioning Groups, Safeguarding Children Boards, Directors of Children's Services, Directors of Public Health and relevant Cabinet Members.
- 4.4 The Panel received the first progress report in January 2016. In September we asked those that received the report to provide an update on progress made since that date. The responses received are set out in Appendix 1.

5 Progress on FGM Nationally

- 5.1 Since the Panel's report was published in June 2015 progress has been made nationally. The Serious Crime Act 2015 received royal assent in March of that year. It further protected victims or potential victim of FGM. Some elements of the Act came into force after the Panel's report was published.
- 5.2 In October 2015 the requirements of mandatory reporting came into force. This duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. Details can be found here:
<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>
- 5.3 An FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison. FGM Protection Orders came into force on 17 July 2015 under the Serious Crime Act 2015.
- 5.4 In April 2016 the Government published Multi-agency statutory guidelines on female genital mutilation. The guidance, which includes links to many other resources, can be found here:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf
- 5.5 In May 2016 the Department of Health published its guidance for healthcare staff "Female Genital Mutilation Risk and Safeguarding Guidance for professionals" which can be found here:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf
- 5.6 In the summer of 2016 the Home Office updated the e-learning package to include all recent changes. This is free to use and can be accessed by Members and practitioners and can be found at: www.fgmelearning.co.uk

Contact Officers:

Emma Williamson – Head of Scrutiny Services, Birmingham City Council

Baseema Begum – Research and Policy Officer, Birmingham City Council

wmpcp@birmingham.gov.uk Tel: 0121 303 1668

Appendix 1: Responses received: six month progress towards recommendations in the Tackling FGM in the West Midlands report

Appendix 1

Responses received: six month progress towards recommendations in the Tackling FGM in the West Midlands report

Recommendation 1	
<p>To ensure consistency in dealing with female genital mutilation (FGM) the Preventing Violence Against Vulnerable People Board should consider establishing a time limited West Midlands Taskforce on FGM to:</p> <ul style="list-style-type: none"> • develop procedures such as a clear and consistent common FGM risk assessment; • build understanding and data on prevalence of FGM; • develop clarity about information sharing; • develop guidelines to ensure that when a girl is born to a mother who has undergone FGM that appropriate steps are taken to ensure the family are made aware that it is both illegal to perform FGM and causes unnecessary pain and suffering; • explore potential for civil remedies (such as FGM protection orders); and • develop any other key issues identified within this report, which require collective drive and consistency across the West Midlands. 	
Evidence of Progress	
Organisation	Comments
West Midlands FGM Taskforce	<p>Introduction</p> <p>The West Midlands FGM Taskforce was established by Stephen Rimmer, the former Preventing Violence Against Vulnerable People strategic lead as a short term working group in response to the Panel’s recommendations. Having been meeting monthly between June 2015 and October 2016, the Taskforce has agreed to meet quarterly until July 2017 to ensure that the changes it has recommended are being embedded in structures across the region.</p> <p>The Taskforce has representatives from all seven districts and includes children’s social care, community safety, health (CCGs, hospitals and NHS England), Home Office and importantly third sector and community organisations. Members have been asked to be leads for their sector and to disseminate information and feed in progress.</p> <p>The Taskforce has concentrated its efforts in addressing recommendation 1 of the Panel’s report. In addition, Taskforce members have identified the importance of communities being aware and empowered so that change is driven by them. This has been an additional area where work has commenced.</p>

In April 2016 the Government published Multi-agency statutory guidelines on female genital mutilation. This says:

“Heads of relevant organisations should ensure that their organisation has a lead person whose role includes responsibility for FGM (this will often be the designated safeguarding lead). This person should have relevant experience, expertise and knowledge. Their role should include ensuring that cases of FGM are handled, monitored and recorded properly.”

The Taskforce recommends that this single point of contact (SPOC) should ensure cases are recorded properly, that staff in the organisation understand their role and have additional training so they can direct cases where necessary. Furthermore, the Taskforce recommendation is that the SPOC for each local authority has responsibility for compiling data for the district including prevalence, activity (such as numbers of professionals trained by statutory and third sector organisations, community engagement activity and work in schools) and legal action taken - numbers of FGM protection orders taken out.

Some authorities have created a partnership group to lead on FGM. For example in Birmingham and Sandwell there are multi-agency groups established to share data, good practice, ensure procedures are understood and are working and to liaise with each other on this matter.

It is suggested that Police and Crime Panel Members share this update with their lead members for safeguarding children, education, community safety and adult safeguarding.

Recommendations

a) Develop procedures, such as a clear and consistent common FGM risk assessment

Following examination of all seven district procedures, plus others, an FGM LSCB Regional Procedure has been drafted and is being finalised following feedback from the Taskforce, BAFGM (Birmingham Against FGM) and LSCB Regional Managers. The LSCB Regional Managers are responsible for developing regional procedures and the final version will be forwarded to them. It is a matter for this group in discussion with LSCB Chairs/DCS and wider partnerships as to how this is tracked forward.* (For information: additional regional procedures are being completed within Preventing Violence Against Vulnerable People (PVVP) which include DV, Trafficking, CSE, Missing etc.).

FGM screening and Risk Assessment Tools have being piloted within Birmingham and discussed by Taskforce members. There has been positive feedback from schools. It will be attached (subject to any further amendments) to the above policy.

The tool can be found here:

Screening tool - <http://bafgm.org/education/guidance/>

b) Build understanding and data on prevalence

Build understanding and data on the prevalence of FGM. This remains an outstanding gap for many organisations. Some partnerships have chosen to take this forward in a structured approach, but this is not necessarily consistent across the region. In accordance with statutory guidance issued earlier this year, that every organisation will have an identified person who leads on FGM, the Taskforce would propose that this is undertaken by the SPOC within each organisation, and co-ordinated by the local authority SPOC within each area.*

The Taskforce intends to share the methodology being used by one authority to help others strengthen their data compilation.

c) Develop clarity in information sharing

Information sharing relating to safeguarding young people was considered by the Taskforce in some detail. However, it was considered that there is already sufficient guidance about this as information sharing is within our current frameworks. The Taskforce would recommend that this is raised as part of all safeguarding training* to reinforce that safeguarding children and young people against FGM is every one's responsibility and that information sharing is vital in protecting vulnerable children and young people.

d) Develop guidelines to ensure that when a girl is born to a mother who has undergone FGM that appropriate steps are taken to ensure the family are made aware that it is both illegal to perform FGM and causes unnecessary pain and suffering

The Taskforce has considered this recommendation and the background to it and has concluded that this is covered within the proposed procedures and statutory guidelines. However, it has identified the importance of health practitioners who have contact with women who are pregnant, during birth and after childbirth in understanding FGM, asking the right questions and making these points.

Since the Panel's report was published the Department of Health has published guidance for healthcare staff. This has been complemented locally by a number of hospitals. Dudley Group NHS Foundation Group, for example, has developed the "Maternity Care of The Woman subjected to Female Genital Mutilation (FGM) and the Safeguarding of her baby Guidelines" which has been shared across the region via the Taskforce.

e) explore potential for civil remedies (such as FGM protection orders)

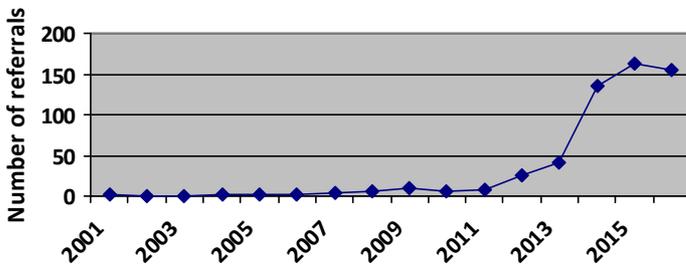
Civil Remedies. FGM protection orders have been in force since July 2015 under the Serious Crime Act 2015. Birmingham Legal Services have examined civil remedies and taken their findings to key regional groups the taskforce/PVVP have promoted this through various means and methods. Again there is a recommendation that this is included as a part of all relevant training.* This needs to be monitored by the SPOC.

	<p>West Midlands Police held a conference on 14th July 2016 in relation to best practice re FGM Protection Orders. Legal services from all Local Authorities were invited and other multi-agency parties.</p> <p>f) develop any other key issues identified within this report, which require collective drive and consistency across the West Midlands</p> <p>Co-ordination of Regional Training:- The Taskforce (inclusive of the information identified within the Statutory Guidance Framework), has developed a number of key principles that should be included within awareness raising training. An offer was made from Birmingham LSCB to observe and consider the tiered approach they had adopted, and whether or not this could be progressed across the region. A number of authorities took advantage of this, and this action needs to be progressed through regional forums, which we will continue to support and advocate for*.</p> <p>Community Engagement:- Safeguarding prevention through raising awareness and changing minds and behaviour</p> <p>The Taskforce has identified working with communities and community champions as a key to ending FGM within the region. The Taskforce distributed an on line survey to various partners to identify services and provision. This linked into the work of the OPCC who developed a directory of provision. In addition there were a number of community led FGM events funded by the Victims Commission/OPCC. Feedback from these events has informed the work of the Taskforce, and a small working group has been established to scope out how this can be taken forward utilising the Coventry University Replace Programme. Community engagement needs to be embedded into early help / prevention initiatives across the region. (http://www.replacefgm2.eu/)</p> <p>Taskforce members are trialling a tool to assess community readiness for change. Utilising this approach could provide an evidence base for a more targeted approach to intervention. This could be considered further with additional support.</p> <p>(*Identifies further working that continues, and needs to be undertaken across the region through various Lead Forums, by this Board and PVVP Staff. Clear links to other recommendations.)</p>
West Midlands Office of the PCC	<p>DI Wendy Bird and Jo Barber represent WMP and OPCC at the West Midlands Taskforce on FGM. DI Wendy Bird also represents WMP on BAFGM. DI Bird sits on the Home Office National FGM Group and regularly feeds back to the Taskforce on this meeting, cascading information and good practice.</p> <p>Gill Squires is WMP's Subject Matter Expert on FGM.</p> <p>The MPCC Staff Officer has awarded DI Bird and Gill Squires a commendation for their on-going commitment to FGM at both national and regional level.</p>

Recommendation 2

The Police and Crime Plan seeks to increase public reporting of hidden crime such as FGM; improve awareness within the police force and continue to do more with partners to prevent and detect hidden crimes. We expect the PCC to demonstrate leadership to progress these issues for FGM.

Evidence of Progress

Organisation	Comments																																
Data from West Midlands Police	<p>FGM referrals to West Midlands Police have increased substantially over the past 15 years. In 2001 there was just one; in 2015 there were 162 and in the first ten months of 2016 there have been 154. This indicates higher awareness of FGM by practitioners and the public.</p> <p style="text-align: center;">FGM Referrals to West Midlands Police</p>  <table border="1" style="display: none;"> <caption>FGM Referrals to West Midlands Police (2001-2015)</caption> <thead> <tr> <th>Year</th> <th>Number of referrals</th> </tr> </thead> <tbody> <tr><td>2001</td><td>1</td></tr> <tr><td>2002</td><td>1</td></tr> <tr><td>2003</td><td>1</td></tr> <tr><td>2004</td><td>1</td></tr> <tr><td>2005</td><td>1</td></tr> <tr><td>2006</td><td>1</td></tr> <tr><td>2007</td><td>1</td></tr> <tr><td>2008</td><td>1</td></tr> <tr><td>2009</td><td>1</td></tr> <tr><td>2010</td><td>1</td></tr> <tr><td>2011</td><td>1</td></tr> <tr><td>2012</td><td>2</td></tr> <tr><td>2013</td><td>5</td></tr> <tr><td>2014</td><td>140</td></tr> <tr><td>2015</td><td>162</td></tr> </tbody> </table>	Year	Number of referrals	2001	1	2002	1	2003	1	2004	1	2005	1	2006	1	2007	1	2008	1	2009	1	2010	1	2011	1	2012	2	2013	5	2014	140	2015	162
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Dudley MBC and Safeguarding Children Board	<p>Dudley’s 2016/17 Police and Crime Plan Action Plan has an action in respect of awareness raising of hidden crimes, the CSP will work in collaboration with DSAB/DSCB and the PCC’s Victims commission around hidden crimes.</p> <p>http://petals.coventry.ac.uk/professionals/#content http://petals.coventry.ac.uk/professionals/#content</p>																																
West Midlands Office of the PCC	<p>The PCC demonstrates his leadership and commitment to increasing public reporting of FGM and working with partners to prevent and detect hidden crimes through his soon to be published Police & Crime Plan 2016-2020 which determines the direction of policing in the West Midlands. As Mr Jamieson says “Protecting people from harm is at the core of policing and the forefront of my Police & Crime Plan”.</p> <p>The PCC continues his proactive response towards challenging FGM. The PCC includes the following headline measures and aims in his plan; increased reporting of hidden crime and increased confidence in WMP by 2020. Mr Jamieson states “I want to see increased confidence in the police to deal with ‘hidden crime’ reflected by increased reporting”.</p> <p>The PCC’s key themes appropriate to tackling FGM include; protecting from harm, supporting victims of crime, building trust and confidence, strengthening communities and standing up for young people.</p>																																

In terms of resources, the PCC has invested significantly in the PPU increasing the number of officers from 300 to 800 which will impact on WMP Force's capacity to prevent and detect hidden crimes including FGM.

WMP has a robust approach towards FGM led by DI Wendy Bird which includes raising awareness of FGM within WMP. DI Bird runs the ICIDP course, trains new recruits about FGM and HBV/FM. On July 14 2016, Sentinel ran an event to raise awareness of hidden crimes at the Tally Ho! specifically targeting local authorities and front facing agencies. DI Bird included a training session at this event about making/obtaining FGMPOs. Mr Jamieson opened the event which reflects the close working relationship and co-ordination between WMP and the PCC, epitomising his commitment to protect people from harm through policing.

DI Bird has trained Chaplains about FGM and Gill Squires has raised awareness of FGM in courts and with the judiciary. Gill Squires undertook a sponsored climb of Mount Kilimanjaro to raise money for victims of FGM. Gill Squires met victims and also met cutters who were being educated away from cutting to other work. Although Gill undertook this work in her personal capacity, the knowledge that she has gained is invaluable in her role as SME.

DI Bird managed Operation Limelight at Birmingham Airport (joint initiative with Border Force and regional police force areas; Warwickshire, Staffordshire and West Mercia and other statutory sectors) during the summer. This was successful on a number of levels including collaborative networking across police force borders, building up knowledge jointly with other sectors about FGM. During this initiative WMP spoke directly to families returning from FGM practising countries. As a result of Operation Limelight DI Bird was able to raise awareness with airport staff about FGM and was allowed to put awareness raising stickers in toilets (inbound and outbound). This is a huge step forward in raising awareness as airport staff may be the first or last people able to help victims of hidden crimes. DI Bird also ran a FGM safeguarding train the trainer session at Birmingham Airport. The trainer has delivered further sessions to airport staff as a result.

DI Bird promotes the Community Intelligence Form at all events attended. DI Bird explains to communities the important role that they can play in stopping this practice by sharing information/passing information on to the police, no matter how insignificant they think it might be.

WMP led by DI Bird is undertaking a joint operation with Border Force which checks parcels arriving into the UK from FGM affected countries. Further details about this operation cannot be shared.

WMP is engaged in work targeted at preventing and detecting FGM. However, as this is a public facing document it is not appropriate to include details, but to offer an assurance to the Panel that significant work is being carried out.

DI Bird has explained that it is possible to measure levels of FGM in the West Midlands

	through markers on the Crimes System.
Dudley MBC and Safeguarding Children Board	<p>We have local population figures from JNSA of residents from practicing communities.</p> <p>In 12 months 27 referrals from maternity services and there has been two recent enquiries from GP's</p> <p>No reported children confirmed as at 31/10/2016</p> <p>There is a need to need to revamp the FGM action plan with an emphasis on problem profile data collection</p> <p>MASH have made enquiries into the circumstances of children of women who it is known have been subject to FGM, however there have been no confirmed children cases.</p> <p>The local authority is developing categorisation drop down bars to make data capture easier in the future.</p> <p>The Regional Screening Tool, once ratified, should be used by practitioners when referring into the MASH.</p>
Sandwell & West Birmingham Hospitals NHS Trust	<p>FGM data submitted to NHS England (FGM enhanced data set) Information sharing protocols in place.</p> <p>FGM Protocol for the management of FGM in draft which includes direction with regard to submission of MARF and Mandatory Reporting Flow chart.</p> <p>SWBH have a Consultant led service for women where FGM has been identified by the community midwife. The community midwife identifies those women who have experienced FGM through the initial booking contact where the standardised proforma is completed.</p> <p>Safeguarding Children policy in place.</p>

Recommendation 3	
The PCC should encourage West Midlands Police to take all steps to work with the Crown Prosecution Service (CPS) to maximise the opportunity for a suitable West Midlands prosecution.	
Evidence of Progress	
Organisation	Comments
West Midlands Office of the PCC	<p>WMP has a close working relationship with the CPS which is aimed at maximising the opportunity for a suitable West Midlands prosecution. Structures are in place for WMP to take and discuss appropriate cases with CPS when the opportunity arises.</p> <p>FGMPOs (civil remedies) enable protection for potential victims to be put into place.</p>

	Extensive work has been carried out by DI Wendy Bird in obtaining and encouraging their use across the region.
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Recommendation 4	
Councils, schools and health organisations (including NHS Trusts) need to ensure FGM is recognised as a priority by their boards and executives – and activity is not just led by determined individuals – to ensure prevention and referral is embedded in “how we do things round here”.	
Evidence of Progress	
Organisation	Comments
Black Country Partnership NHS Foundation Trust	<p>FGM – Embedded into safeguarding children and adults training levels 2 and 3 (over 32 courses have been run with about 20 staff per session)</p> <p>FGM – Mandatory reporting and staff are made aware through training e-Bulletin and through multi-agency training as well as information sharing roots</p> <p>The BCPFT Board of Directors have had annual safeguarding training which included FGM video as a way of raising awareness</p> <p>Effective engagement with Local Safeguarding Boards e.g. Dudley have FGM steering group; Wolverhampton Community Safety Partnership and there work on Violence against Women;</p> <p>BCPFT Safeguarding Children policy includes FGM i.e. what it is, how to report and refer</p> <p>The Associate Director for Safeguarding Children and Adults did a piece of research in terms of prevalence for Derbyshire as part of a Master’s programme and the findings from this are shared through training.</p>
Birmingham Children’s & Birmingham Women’s Hospitals	<p>The Birmingham Women’s NHS Foundation Trust has made FGM a priority, ensuring that prevention and the referral processes are embedded within service provision.</p> <p><u>Leadership of the FGM Service.</u></p> <p>Board engagement with regard to FGM is via The Chief Nurse of the organisation, who also participates in the Local Birmingham Safeguarding Children’s Board.</p> <p>Leadership and accountability is required for sustained development of the FGM service provision within the Birmingham Women’s NHS Foundation Trust and the following are designated leads:</p> <p>Clare Cheatham – Community Matron (leads the Vulnerable Women’s Team which incorporates the FGM service within the maternity Directorate).</p> <p>Dr Pallavi Latthe - obstetric and gynaecological consultant with a specialist interest in FGM.</p> <p>Alison Byrne – Specialist FGM midwife.</p> <p>Joanne Mardell -The Safeguarding Team Manager has an oversight of any safeguarding concerns in relation to FGM. Any identification of under 18 year old females living with FGM would be escalated to the safeguarding team and the mandatory reporting process followed.</p> <p>Trixie McAree – Head of Midwifery has an overview of the FGM service within maternity</p>

services.

Emma Danks - Audit, Guidelines and Women's Experience Specialist Midwife.

FGM Research Projects.

Emma Danks is currently leading a research project to identify potential improvements in maternity care for women who live with FGM. She is also involved with other research, education and task force groups outside of the trust to identify improvements that can be made to the care of women who present to maternity services at the Birmingham Women's NHS Foundation Trust. One of the research programmes aims to improve services for women living with FGM throughout maternity services whilst reducing costs.

Audit.

At present, a proforma is being formulated to identify the quality of care provided to women and their families who access services at BWH, to ensure that care and services are compliant with local and national standards.

Number of cases

In 2014, 56 cases of FGM were identified within the Trust, with a significant increase in 2015 to 114 cases. However, in 2016 to date, there have been 56 cases identified. Since the reporting of females with FGM under 18 years became mandatory in October 2015, there has been 1 case identified at The Birmingham Women's NHS Foundation Trust.

The embedding of prevention and referral processes into "how we do things round here": Care Pathway.

Guidelines for the 'Management of Female Genital Mutilation (FGM)' were issued 19/04/16.

Early identification of FGM is critical to the delivery of effective care. Therefore, the maternity booking and initial information gathering is crucial to care planning. All women irrespective of their country of birth are routinely asked about FGM during the maternity booking history. Once identification of FGM has been made, the woman will be offered the most appropriate care pathway as per guideline.

Reporting

The Trust reports each quarter on all women who are identified as living with FGM to NHS England.

In all cases in which females under the age of 18 years are identified as living with FGM, reporting takes place as per safeguarding protocol and procedure.

Birmingham Children's Hospital :

FGM is included in the Trust Board Child Protection Training and featured in the Child Protection Annual Report and quarterly Newsletters.

It is included in levels 1-3 Child Protection Training. We have policy in place which is linked to Birmingham Safeguarding Children Board. We have prioritised key areas to for training such as Emergency Department, Urology and Theatres.

E- Learning training is available to all frontline staff as well external training arranged by Birmingham Safeguarding Children Board and other agencies .FGM training session was included in a bespoke training event organised by our Emergency Department on 22nd July 2016. The session was delivered by a national medical expert in FGM .

	<p>We participated in a Multi- agency learning lessons review involving a young girl who had undergone FGM. This is used as part of our in- house training.</p> <p>We complete FGM data as per national Enhanced FGM dataset (Health and Social Care information Centre) requirements.</p> <p>The Trust Safeguarding Team have participated in Birmingham FGM health pathways development group and attended FGM Study days.</p> <p>We have a nominated FGM Lead in Forward Thinking Birmingham.</p> <p>In terms of health promotion, we have relevant posters and leaflets available for young people and families and expert advice available from our safeguarding team/ CAF Lead if required. FGM awareness is an area we are keen to develop to further embed in our frontline practice.</p>
<p>Birmingham Community Healthcare Foundation Trust (BCHFT)</p>	<p>All BCHCFT staff are mandated to complete three yearly safeguarding children training at a level relevant and proportionate to their role.</p> <p>FGM awareness is embedded in Level 1 and 2 training (Safeguarding training at Level 1 and 2 is in accordance with intercollegiate and CQC guidelines)</p> <p>At Level 3 the DH FGM e-learning is now available on the trust intranet. Compliance with level 3 is now mandatory across the level 3 training cohort this group including nursing and medical staff from Children’s Universal and Specialist services and Inclusion services who have been identified through the trust divisional mandatory training needs analysis.</p> <p>Mandatory training compliance is recorded on the trust training systems, divisional compliance of mandatory training is monitored and reported through services’ operational and divisional boards, the Safeguarding Children subcommittee, which reports to the Clinical Governance committee, and the trust management board.</p> <p>Laminated copies of the DH flow chart demonstrating national guidelines, including mandatory reporting, have been distributed to frontline Universal Services teams but are now also available at all Safeguarding training sessions for staff to take for promotion and display in their clinical areas and team bases.</p> <p>A trust FGM policy and practice guidelines have been drafted for approval through the Safeguarding sub-committee and subsequently the Trust Clinical Governance committee. The policy is based on the regional policy and guidelines. The policies and procedures are available within 2-3 clicks from the home page of the trust intranet. The draft regional FGM screening tool has been circulated for comment and review.</p> <p>The trust communications team have been supportive in promoting FGM guidelines and issues. A further promotion to support the mandatory e-learning is planned within the quarter to encourage uptake.</p> <p>All advice calls to the safeguarding team are collated and reported by issue including FGM. The caseload monitoring tool for Universal services requires recording of active</p>

	<p>cases where FGM is the concern to be recorded.</p> <p>BCHCFT have Associate Director membership of the Birmingham and Solihull Violence against Women Board and the safeguarding team has a representative on the Birmingham against FGM group.</p> <p>The presence of the trust Safeguarding team in the MASH and CSE co-located multi agency team provides further support for frontline practice and case learning and reflection.</p>
<p>Birmingham and Solihull Mental Health Foundation Trust</p>	<p>Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) introduced an electronic data collection form in 2015 to capture FGM activity as stipulated by national data set requirements. The Trust’s Named Nurse for Safeguarding Children is the allocated lead for FGM within the organisation. She has a specific interest in FGM and is a member of local FGM strategic forums with the remit of work in partnership with West Midlands Police and other organisations to promote good practice in the identification and service provision for victims of FGM within our communities. Our trust works with other statutory partners to prevent the incidence of FGM and to support a sensitive approach to education of staff and our service users. To date FGM training has been provided 4 times per year.</p> <p>In order to ensure that improve our provision and so that FGM is not a niche concern, the safeguarding team will (in Quarter 3, 2016) instigate a strategy to train identified operational staff in all clinical services provided by the organisation in order to embed a systemic awareness of this issue. This includes training the Strategic Safeguarding Committee which is chaired by the organisations executive lead for Safeguarding and is made up of senior managers and directors.</p> <p>Although our organisation works with predominantly the over 25’s – we are committed to working with all associated partners to promote a cohesive approach to tackling FGM and we will embed this in every aspect of our service delivery.</p>
<p>Coventry City Council</p>	<p>Coventry City Council was the first Council to support a motion to condemn FGM. Since then a number of actions have been taken to gather knowledge and intelligence on the extent of FGM in Coventry and to tackle FGM through addressing the barriers faced by professionals and engaging with communities to change attitudes.</p> <p>Coventry City Council commission Coventry Haven (in partnership with CRASAC and Birmingham and Solihull Women’s Aid) to provide a specialist FGM service, which is designed to prevent FGM through:</p> <ul style="list-style-type: none"> • The development of a city wide FGM awareness campaign, designed by community members and young people, which includes information leaflets and electronic resources • Providing bespoke training to professionals, young people and communities practising FGM

	<ul style="list-style-type: none"> • Focusing on asset building within communities to develop their skills to tackle FGM • Empowering frontline professionals, affected girls and young women through developing support groups, community engagement and training. <p>The service has now been running for over a year, and has recruited 25 volunteer community champions from ten different countries of origin who are working with communities to raise awareness and change attitudes to FGM. The service has provided over 25 training sessions to around 500 professionals and community group members. The service has also provided one to one support to over 30 people who have experienced FGM. The service will run until the end of May 2017, with an evaluation planned to take place next year.</p> <p>Coventry City Council’s Public Health team and Coventry and Rugby CCG have worked together with Coventry Safeguarding Boards to update policies and procedures to ensure that consistent messages are cascaded to frontline staff, and to develop and implement FGM risk assessment tools.</p> <p>In addition, Coventry City Council have supported Coventry University in their development of a webapp, ‘Petals’, for young people. Researchers at Coventry University have created the new app, endorsed by the NSPCC, to help protect young girls and women from female genital mutilation (FGM). The app, which works across most mobile devices such as smartphones, tablets and lap tops via an internet browser, is aimed primarily at young girls living in affected communities and at risk from FGM. In the first six months following the launch, the app was accessed over 7,000 times and had between 3,000 and 4,000 users. Coventry City Council have now commissioned Coventry University to produce a new webapp, ‘Petals for professionals’ which includes information on the signs that someone may be at risk of FGM, how to have appropriate conversations, and more information about the mandatory reporting requirements. This has now been launched and can be found here:</p> <p>http://petals.coventry.ac.uk/professionals/#content</p>
Coventry & Warwickshire Partnership Trust	<p>FGM activity is included in the Trust’s Safeguarding Report which is considered annually at Trust Board.</p> <p>A procedure for mandatory reporting has been agreed and implemented via the Trust’s Safeguarding procedures.</p> <p>An Inter-agency Group considers this issue is in place and training is undertaken by the Safeguarding Board.</p> <p>FGM information and guidance on reporting is available on the Trust intranet. As updates are received, these are included on all user bulletins and included on computer screen savers. An article on FGM has been included in the Trust’s quarterly Health Visiting Newsletter.</p>

<p>Dudley MBC and Safeguarding Children Board</p>	<p>There has been extensive training of staff from the Council, schools and health organisations. DSCB has delivered targeted training for school staff, GP's and hospital staff including Emergency Department. The multi-agency Cultural Customs and Practices training was delivered to 22 delegates before the course started to be delivered regionally. In addition the DSCB has delivered training to 190 staff in schools.</p> <p>West Midlands Police delivered a multi-agency FGM conference which included information on Civil Orders. FGM training is delivered to all new recruits and officers undergoing investigative training.</p> <p>A WM police letter has also been circulated to all schools covering Forced Marriage and FGM. West Midlands Police Sentinel training including FGM has been delivered as part of training seminars.</p> <p>The authority embraced the Public Health England Summer campaign with hyper link for all schools and GP surgeries to the video and there are posters in all GP surgeries, Hospitals, Children Centres and Schools. Mandatory reporting is covered in GP workshops resulting in two enquiries from GP's since the training. Dudley is represented at the regional FGM task and finish group and is attended by a specialist midwife.</p> <p>School governors have a link to the Home office on line training https://fgmelearning.co.uk/</p> <p>Dudley has a FGM task and finish group which will continue until lead transfers to the Children and Young People's Alliance in March 2017</p>
<p>Dudley Group NHS Foundation Trust</p>	<p>The Dudley Group NHS Foundation Trust's Internal Safeguarding Board also reports to the Trust Board via the Clinical Quality Safety and Patient Experience (CQSPE) Committee on a monthly basis. A quarterly report on FGM is submitted to the Trust's Internal Safeguarding Board and reported to the CQSPE Committee.</p> <p>FGM is also included in a report on Safeguarding which is presented directly to the Trust Board quarterly.</p>
<p>Sandwell & West Birmingham Hospitals NHS Trust</p>	<p>At SWBH we have a Consultant led service for women where FGM has been identified by the community midwife. The community midwife identifies those women who have experienced FGM through the initial booking contact where the standardised proforma is completed. The woman is referred to the Consultant clinic where clinical and social needs are discussed and planned.</p> <p>We are currently in the process of advertising a post for a Nurse or Midwife Practitioner who will lead on care for vulnerable women and FGM. This will afford opportunity for additional focus, monitoring and support for the clinicians caring for these women together with the women and their specific needs (including safeguarding).</p> <p>FGM included in all levels of safeguarding children training.</p> <p>Consultant Lead undertakes teaching sessions and update sessions for clinicians'</p>

	<p>throughput the organisation</p> <p>SWB CCG has a strategic lead for domestic abuse and this includes FGM</p> <p>FGM Data is included in the Safeguarding Children Dashboard metrics and shared at both the Safeguarding Children Operational and Safeguarding Steering Group Meetings.</p>
<p>Sandwell MBC/ Sandwell & West Birmingham CCG</p>	<p>FGM continues to be a recognised key priority of the Safer Sandwell Partnership and Crime Board (SSPCB), Safeguarding Children and Adults Boards, Health & Wellbeing Board as well as Sandwell’s Domestic Abuse Strategic Partnership (DASP). FGM continues to be a regular agenda item on the various strategic boards in Sandwell and regular FGM updates are provided by the chair of the Sandwell Stopping Female Genital Mutilation (SSFGM) subgroup at the SSPCB and DASP in Sandwell. There are robust terms of reference in place for the SSFGM and clear reporting structures providing accountability to the DASP and SSPCB for FGM in Sandwell.</p> <p>The SSFGM is chaired by a representative from health (CCG) who is also a member of the regional FGM taskforce to provide a direct link between regional and local FGM developments. Vice chairing of the SSFGM is provided by the local authority and membership of the SSFGM has been further strengthened since the previous update in January. The group now consists of partners including Health (both provider and commissioning organisations), local authority, children’s social care, police, education, home office – visas and immigration, voluntary sector organisations, targeted youth support, adult social care and school health nursing.</p> <p>The SSFGM have also revised and reinforced their FGM action plan to further align with the recommendations of the WMPCP and regional FGM taskforce. The work of the SSFGM has gained significant momentum in delivering some of the key objectives identified by the WMPCP and have made significant progress within the last 12 months in delivering key recommendations. Schools have also made significant progress with raising awareness of FGM and this is provided in further detail in recommendation 8.</p> <p>Sandwell DASP have worked alongside Sandwell Safeguarding Children’s Board to include FGM questions in section 11 audits which agencies are statutorily required to complete. The Section 175 audits which schools complete have also had questions on FGM included. Inclusion of the questions in the S11 and S175 audits will ensure accountability by agencies, their executives and boards. The outcome of this work has resulted in a raised awareness and understanding within social care and schools.</p> <p>The WMPCP have previously identified one of the major challenges around addressing issues of FGM has been data collection. Although many areas continue to struggle with this challenge, Sandwell have been recognised as a forward thinking authority for their proactive approach in multi-agency FGM data gathering. Safer Sandwell’s Partnership Police and Crime Board have commissioned a problem profile on the prevalence of FGM within Sandwell. The partnership analyst is currently working with members of the SSFGM group to collate data from the following sources in Sandwell; Midwifery Services,</p>

	<p>Sandwell research, Sandwell Children’s Social Care, Sandwell Women’s Aid, Health & Social Care Information Centre, Community Health Services, Education, Public Health and Police. This profile will assist Sandwell in identifying FGM prevalence in Sandwell in order to effectively commission appropriate services.</p> <p>Sandwell identified the need to develop a standalone FGM policy which would support both adult and children’s workforces within Sandwell. The SSFGM group worked jointly with both Children’s and Adults Safeguarding Boards to author a joint FGM policy. This policy has been endorsed by all Strategic partners in Sandwell and was also shared at the West Midlands FGM Taskforce for consideration as a regional policy. The rationale for sharing this with the regional taskforce was on the basis that this policy was seen as best practice by partners due to it considering not only the needs and safeguarding issues around children but that of adults with care and support needs. The Sandwell FGM Policy and procedures to address Female Genital Mutilation was launched earlier this year at the annual Safeguarding Children’s Board Conference by the chair of the SSFGM. The policy was updated in September 2016 to include the updated ‘FGM safeguarding and risk assessment tool’ agreed by the regional FGM taskforce.</p>
Solihull CCG	<p>FGM is cited within the NHS Standard Contracts under SC32.3 under the safeguarding both for adult and children. It’s envisaged this will continue into 2017/18 contractual round as it’s seen as high priority of CCGs and NHS England.</p> <p>FGM awareness, identification is also cited within the health intercollegiate competency framework as incorporated into learning and development for all health care professionals, including commissioners. Solihull CCG has provided training as part of its learning and development opportunities for Primary care staff. We do know that following training from our team one practice nurse reported a case earlier in 2015 as she sought advice. However, primary care and NHs provider mandatory reporting is directly through into Health and Social Care Information Service and therefore CCGs do not hold this information.</p> <p>Although commissioning of FGM services between NHS England Specialised Commissioning, CCG and PCCs responsibility is unclear at the moment following reforms and is currently being pursued. In the meantime, the picture remains varied across England and was discussed at the recent Commissioning for Sexual Assaults Services Conference on the 21st September 2016 in Staffordshire.</p>
Solihull MBC	<p>The Solihull Partnership vision is that: Solihull in 2018 will be a place where everyone has an equal chance to be healthier, happier, safer, and more prosperous. It has a number of outcomes of which several including keeping people safe from harm and addressing Crime and ASB. Safeguarding and protecting those most vulnerable is key to these outcomes.</p> <p>The Safer Solihull Local Police and Crime Plan for 2016/17 also retained its focus on protecting vulnerable people from harm. Based on evidence from our annual strategic assessment the focus for this year has been around Domestic Abuse, Child Sexual</p>

	<p>Exploitation and Hate Crime. FGM has not featured significantly within our assessments thus far but the review for 2016/17 is currently being compiled and will inform the partnership response for 2016/17 based on volume crime and risk of harm. Whilst we know prevalence of FGM and the numbers of people at risk are low, we do not yet have a detailed understanding of how low. We suspect the numbers are low and this is due to our population demographics and what we know about our residential community makeup. That being said the numbers of people from at risk communities change when we consider the people who attend our schools and colleges.</p> <p>Safeguarding Boards: This has been sent already under a separate return</p> <p>In 2015 Solihull worked as part of a group to establish the West Midlands Adult Safeguarding Policy & Procedures that sets out the approach taken for adult safeguarding in the West Midlands. The Procedures then explain how agencies and individuals should work together to put the West Midlands Adult Safeguarding Policy into practice. Because the legislation and guidance from government on adult safeguarding is new, the policy and the procedures should be seen as draft documents that will be tested out and developed extensively during 2015-2016. There is also a similar commitment to supporting young people through our policies and procedures within the LSCB. See update at recommendation 6 to ensure that practitioners are educated and empowered to deal with FGM.</p> <p>FGM is still seen as a priority within Solihull MBC and the clearer reporting and measuring of FGM incidences into Solihull Children’s Services remain. This information is formally reported each quarter to our Director of Children’s Services and her leadership team via a Child Protection Performance Score card. There is a single point of contact within the service for FGM.</p> <p>Our MASH (Multi Agency Safeguarding Hub) is alert to the importance of responding to any concerns relating to FGM, wherein they record any incidences of FGM separately for data collection purposes. This understanding and practice of responding to FGM is also shared within the wider Children’s Services so as to ensure a robust response to FGM as required.</p> <p>We are also fully aware of the new FGM Protection Order option which is now available to Local Authority’s from July 2015, where we can seek a civil order from our Local Family Justice Centre in Birmingham to protect a Child or Young person where there is a potential FGM threat.</p>
<p>The Royal Orthopaedic NHS Foundation Trust</p>	<p>The Trust held an against FGM roadshow 29/04/2016 where 124 staff and visitors signed a pledge against FGM, this included the chief executive and board members and porters, staff nurses, housekeepers. This was shared on twitter and Facebook pages of the Trust.</p> <p>FGM training is included in level 1 to 3 provided to staff in the Trust</p> <p>FGM is a standing item agenda at Trust safeguarding committee meeting</p>

	<p>Quality and Clinical Governance Committee for the Trust are updated via the Trust Safeguarding</p> <p>Trust staff have attended training offered by the Children’s Board in addition to Trust training</p>
<p>University Hospital Birmingham NHS Foundation Trust & Umbrella Sexual Health Services</p>	<p>Updates on practice, patient stories and lessons learnt from good or poor practice is shared at bi-monthly safeguarding group meetings. This includes FGM.</p>
<p>Walsall MBC</p>	<p>FGM and safeguarding are priorities in Walsall with women experiencing this issue offered support. Work in place to raise awareness and reduce the risk to children and young girls. The response given to this issue however is proportionate according to need; currently 0.2% or 34 of women in Walsall have been identified by maternity, school health and paediatric services as having experienced FGM since October 2015 (see table 1 and table 2 below at end).</p> <p>The multiagency Walsall Safeguarding Board review FGM at both the Children and Adult Safeguarding Boards. Information relating to statutory reporting requirements and an accredited e-learning tool is available on the Walsall Safeguarding Children Board website.</p> <p>Walsall’s Joint Strategic Needs Assessment as a key multi partner strategic document influencing future direction identifies the importance of FGM and the mandatory reporting for health and social care professionals, and teachers in England and Wales to report ‘known’ cases of female genital mutilation (FGM) in under 18 year olds from October 2015 it is mandatory (Ch 3 ‘Safeguarding our most Vulnerable Children and Families) JSNA 2016\Reports\03.05 Vulnerable Children Young People.docx</p> <p>Information provided in the Walsall 2016 Early Years Needs Assessment (Walsall intelligence website) which contributes to the prioritisation of actions for Early Years highlights FGM as one of the safeguarding risk factors identified by the maternity services and impacting on the early years of children.</p> <p>Walsall Healthcare Trust has adopted an FGM policy 26.2.16 which outlines the process for management of the needs of women and children. FGM features on the Performance Frameworks for both the joint acute and community Trust and Mental Health Trust within Walsall and is a core agenda item reported at the CCG Clinical Quality Review meetings</p> <p>FGM awareness and actions to reduce incidence are to be reported at the strategic Public Health Programme Board which incorporates members of regulatory services such as</p>

	<p>Environmental Health and Trading Standards</p> <p>Walsall Healthcare Trust have set the policy in place to ensure it is standard practice to ask all pregnant women about FGM as part of the midwifery booking process and routine enquiry</p>
<p>Wolverhampton City Council</p>	<p>FGM is included in Wolverhampton’s Multi-Agency VAWG Strategy 2016-19. There is clear ownership and governance for FGM and VAWG through joint protocols between Safer Wolverhampton Partnership and the Adults and Children’s Safeguarding Boards, the Health and Wellbeing Board and Children’s Trust Board that clarify relative responsibilities. An accompanying action plan which aims to dispel the cultural myths of FGM, identify victims, work with schools and train frontline staff is now being taken forward. This will be underpinned by clear communications to raise awareness of the issue within communities and across all frontline services. Enforcement action will be coordinated across partners and protective measures will be put in place where risks are identified; Wolverhampton introduced the first joint Forced Marriage and FGM Protection Order in the UK in May 2016.</p> <p>The WDVF Executive Board has increased meeting frequency and agreed to run meetings on a themed basis to ensure sufficient focus is given to deliver identified areas for improvement.</p> <p>FGM is systematically fed in to children’s services staff briefings by the Head of Safeguarding to raise staff awareness; there are already early signs of this filtering down to frontline practice as there are now examples of where Social Care are raising concerns of FGM as part of case meeting discussions.</p> <p>Public Health are embedding the need to adhere to national FGM guidance and local FGM protocols by making it a key requirement of the Healthy Child Programme specification which is due to go out to tender in December 2016.</p> <p>Wolverhampton Clinical Commissioning Group’s (WCCG) Bi-monthly GP Safeguarding bulletin has included information regarding FGM in June, September and November 2015, with a reminder included in the July 2016 bulletin. The information included awareness raising, education – including links to a video to enhance learning, and the mandatory reporting and recording requirements.</p> <p>All staff working in health care settings must have the competencies to recognise child maltreatment and to take effective action as appropriate to their role. The Intercollegiate Document: Safeguarding Children and Young People: roles and competencies for health care staff (2014). FGM is included in all levels of training for health care staff.</p> <p>Within Royal Wolverhampton Trust, targeted awareness and routine questioning for FGM has been concentrated in the main, within Maternity Services with 1 reported episode for historical FGM identified in July. A flow chart has been developed for frontline professionals to guide staff through routine enquiries as part of booking, which</p>

	includes capturing family views on FGM and follow through with safeguarding referrals where risks are identified for a female foetus (antenatal) or at delivery if family history of FGM is known. FGM is also featured within the Trust's Safeguarding website and there are proposals to develop a task and finish group covering FGM, Modern Slavery, CSE and exploitation to drive forward integration of improved practice across the trust in these areas with a view to identifying 'champions' within divisions/departments and act as points of contact for the various professional teams.
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Recommendation 5	
The PCC (as a commissioner for victims' services), the Victims' Commission, Health and Well-being Boards and Clinical Commissioning Groups should recognise the need for support and therapy for children and women who have undergone FGM and commission appropriately to meet that need. Where possible, opportunities for collaborative commissioning should be sought.	
Evidence of Progress	
Organisation	Comments
Coventry City Council	Coventry City Council commission Coventry Haven (in partnership with CRASAC and Birmingham and Solihull Women's Aid) to provide a specialist FGM service, which provides one to one support to women and girls who have experienced FGM. Women and girls who have experienced FGM are also able to access support and counselling via other services, such as CRASAC who provide support for men, women and children over 5 who are victims of sexual violence.
Coventry & Rugby CCG	Coventry and Rugby Designated Nurse and Public Health have led on and worked in partnership with all partners to update the Coventry LSCB Multi-Agency Policy for FGM. This is available on the LSCB Trixac system which outlines points raised in Recommendation 1.
Dudley MBC and Safeguarding Children Board	Black Country Women's Aid offer support, advice and counselling to women known to have, or who are at risk of FGM. A Specialist midwife has met with the Black Country Women's Aid to develop and agree pathways for referrals. CAMHS transformation tier 2 are available to offer support to children and young people and will be included in a new commissioning strategy for therapeutic services for children and young people (funding agreed). Dudley has been invited to join the OPCC in the work they are doing to develop a regional response for victims of hidden crime through the PCC's victim's commission.
Sandwell & West	Once identified victims will be seen by our Consultant Led service and we would be

Birmingham Hospitals NHS Trust	willing partners to review and support the commissioning of onward support services.
Solihull CCG	NHS England Specialised Commissioned Services and Birmingham CCGs are the lead commissioners at the moment.
Solihull MBC	<p>Solihull MBC and Solihull CCG awarded a new contract for an Emotional Wellbeing and Mental Health Service for Solihull Children and Young people at the end of December 2014 to a partnership of Birmingham and Solihull Mental Health Foundation Trust and Barnardo's. The new provider took over the current Child and Adolescent Mental Health Service on the 1st April 2015, and have been working towards delivering the new service specification.</p> <p>The primary aims of the Service are:</p> <ul style="list-style-type: none"> •To meet the emotional wellbeing and mental health needs of children and young people, and support them to move on from the Service when they are ready. •To provide simple and timely access for families and practitioners to information and services relating to the emotional wellbeing and mental health of children and young people. •To provide care which is child and family focused; treats children, young people and their carers with compassion, dignity and respect, without stigma or judgment; and which emphasises recovery and prevents problems from recurring. •To strengthen capacity within universal services such as schools and primary care settings to identify and support children and young people with emotional wellbeing and mental health problems. •To support parents and carers to understand their children's needs and behaviours, and develop strong attachment. <p>The following extracts are from the Emotional Well-Being and Mental Health service specification</p> <p>Counselling</p> <p>The Service will provide counselling to promote the recovery and increase the resilience of children and young people who have multiple and complex issues have witnessed domestic abuse or are victims of sexual or physical assault or abuse.</p> <p>The Service should provide a minimum of 35 hours of sessional counselling per week, as well as providing guidance for the family, school (and other partner agencies as appropriate) in responding to the child's needs.</p> <p>Population covered</p>

	<p>The Emotional Wellbeing and Mental Health Service supports any child or young person who is registered with a Solihull GP, resident in Solihull, or attending a Solihull early years setting or school who is in contact with the Service before their 19th birthday.</p> <p>Where appropriate the Service will continue supporting young people up to their 21st birthday where this is in the best interests of a young person, and is consistent with their care plan which takes account of transition into appropriate adult support services.</p> <p>Any acceptance and exclusion criteria and thresholds</p> <p>The Service will provide a service where there is a reasonable concern about an emotional wellbeing or mental health problem, as well as signposting to alternative services and providers where more appropriate services exist.</p> <p>The Service will accept self-referrals. The Service is expected to offer a proportionate response to any child or young person where there is an emotional wellbeing and mental health concern, from light touch online information, advice and self-assessment for many, to more intensive assessment and treatment for few.</p>
<p>West Midlands Office of the PCC</p>	<p>The PCC recognises the need for support and therapy for children and women who have undergone FGM. In the soon to be published Police & Crime Plan, Mr Jamieson reiterates his commitment to the Victims Commission. One of Mr Jamieson’s key objectives to be achieved with the help of the Victims Commission is “a service for victims that is visible, accessible, reliable and responsive”.</p> <p>The PCC commissions two services (2016/17) to support victims of FGM, Allies Network and Celestine Celest (£96, 745). These agencies support individuals and families and raise awareness of FGM in schools. Allies Network provides support and raises awareness within the Somalian Community in Birmingham. Celestine Celest (Birmingham, Coventry, Wolverhampton and Sandwell) raises awareness and provides support to African communities. Celestine Celest also raises awareness with men at mosques and in African Restaurants. Men and women from Senegalese, Sudanese, Eritreans, Ethiopian and Ivory Coast Communities have attended awareness raising sessions with Celestine Celest. Part of Celestine Celest’s ethos is to challenge communities about FGM. Other support services that the PCC funds through the violence against women and children work also support victims of FGM.</p> <p>Information in Recommendation 7 is also appropriate to this recommendation.</p>

<p>Recommendation 6</p>
<p>Given the importance of understanding the risks and effects of FGM in preventing the continuation of the practice, practitioners need access to training. All Safeguarding Children Boards should co-ordinate training and organisations should ensure that front-line staff are trained to spot the signs / risks of FGM</p>

and understand referral pathways.	
Evidence of Progress	
Organisation	Comments
Birmingham Children's & Birmingham Women's Hospitals	<p>An introduction to FGM is included within the Birmingham Women's NHS Foundation Trust's level 3 safeguarding mandatory training and includes signposting to the e-learning training package. All gynaecologists, obstetricians and midwives should complete mandatory training on FGM and its management. The FGM e-learning for health module, developed by Health Education England (RCOG, 2015) is available through the Trust's intranet alongside the 'Mandatory Reporting of FGM' training package for NHS organisations (Department of Health, 2015).</p> <p>Plan: To provide additional study days for FGM by the Specialist Midwife and the Audit, Guidelines and Women's Experience Specialist Midwife.</p> <p>Birmingham Children Hospital has incorporated all relevant multi- agencies training co-ordinating by Birmingham Safeguarding Children Board (BSCB) into its own training structure. This would enable frontline staff to access appropriate FGM training as required by their role. The BSCB training dates are made available via the Trust Child Protection Team.</p>
Birmingham Safeguarding Children Board	<p>Birmingham Safeguarding Children Board (BSCB) has worked and continues to work closely with Birmingham Against FGM (BAFGM) to raise awareness of FGM in the City. BAFGM has jointly developed and agreed the core training content for managers, with West Midland FGM Taskforce; Indeed BSCB has provided financial support for the delivery of level 3 multi-agency FGM training, and during 2015/2016, 10 training courses were delivered by Family Action, attended by 600 delegates, all courses successfully evaluated with over whelming positive feedback. A further 6 courses have been commissioned for delivery during 2016/2017 to be attended by 360 delegates. BSCB will review FGM course content at the end of the year to ensure that it remains relevant and fit for purpose.</p> <p>BAFGM continue to promote the free Home Office, FGM online training package through multi agency networks. At present take-up and successful completion rates by the Birmingham children's workforce have been 5,401 places allocated and 3,510 successful completions. FGM training is also delivered within the City by the following third sector organisations: Women's Aid, Allies Network, Muslim Women's Network UK and Celeste Celine, it is unclear the number of courses that have been commissioned and delivered by these organisations along with the number of delegates who have attended.</p> <p>In relation to raising awareness of FGM within Schools, a specific FGM training pack has been developed for use by schools and around 100 training packs are in use following training sessions at 6 venues across the City in June 2016. The Chair of BAFGM has delivered FGM awareness sessions to 25 schools attended by 750 delegates. Training has</p>

	<p>also been delivered to school's Designated Safeguarding Leads (DSL), (10 courses) attended by 490 delegates. Also the Chair of BAFGM presented at 3 safeguarding conferences re safeguarding against FGM.</p> <p>BAFGM is planning a multi-agency conference on 6th February 2017 on FGM Zero Tolerance Day where further awareness will be raised, by local Birmingham campaigners.</p>
<p>Coventry City Council</p>	<p>Multi-agency safeguarding training is available to and aimed at anyone working with children in Coventry or parents / carers who may be from practising communities. The training consists of a three hour course delivered by local professionals, including background, history and origins, when it takes place (age), how it takes place, types, physical and mental health implications, practising countries, the law, indications that it might take place, safeguarding, and how to respond including terms to use / not use, and resources. The course is continuously reviewed to include additional information, such as new resources.</p> <p>Coventry City Council commission Coventry Haven (in partnership with CRASAC and Birmingham and Solihull Women's Aid) to provide a specialist FGM service, which is designed to prevent FGM through:</p> <ul style="list-style-type: none"> • The development of a city wide FGM awareness campaign, designed by community members and young people, which includes information leaflets and electronic resources • Providing bespoke training to professionals, young people and communities practising FGM • Focusing on asset building within communities to develop their skills to tackle FGM <p>Empowering frontline professionals, affected girls and young women through developing support groups, community engagement and training.</p> <p>The service has now been running for over a year, and has recruited 25 volunteer community champions from ten different countries of origin who are working with communities to raise awareness and change attitudes to FGM. The service has provided over 25 training sessions to around 500 professionals and community group members.</p> <p>Finally, following the success of 'Petals', an FGM webapp for young people, Coventry City Council have now commissioned Coventry University to produce a new webapp, 'Petals for professionals' which includes information on the signs that someone may be at risk of FGM, how to have appropriate conversations, and more information about the mandatory reporting requirements. The app has now been developed and will be launched in October.</p>
<p>Dudley MBC and Safeguarding</p>	<p>In addition to what has already been delivered the specialist midwives now deliver in-depth training on FGM to Midwifery/Paediatrics/Emergency departments/Sexual health Staff. They also deliver training to Brook Advisory and CASH. Specific slides relating to</p>

<p>Children Board</p>	<p>FGM have been included in all training delivered to cervical screening professionals. GP safeguarding Leads have received face to face training around FGM and all GP's have received briefings to include mandatory reporting signs and symptoms.</p> <p>FGM is incorporated into Multi Agency Training delivered by DSCB and Black Country Women's Aid</p> <p>FGM features at all GP workshops</p> <p>Black Country Women's Aid deliver basic awareness training on behalf of the Safeguarding Board.</p> <p>The National Home Office on line training link has been circulated across the whole of the partnership.</p>
<p>Sandwell & West Birmingham Hospitals NHS Trust</p>	<p>FGM included in all levels of safeguarding children training.</p> <p>Multi agency training is available both on line and face to face training.</p> <p>Currently the charitable bids project (IDVA project) based in Sandwell ED respond to victims of DA but this will be extended to those who have had or are at risk of FGM</p>
<p>Sandwell MBC/ Sandwell & West Birmingham CCG</p>	<p>Sandwell's Domestic Abuse Strategic Partnership board have worked with Sandwell Children's and Adult's Safeguarding Boards to coordinate all domestic abuse related training to ensure that gaps in training are identified and addressed and training is easily accessible via one training plan (http://www.sandwell.gov.uk/downloads/file/22478/domestic_abuse_training_plan).</p> <p>The SSFGM reviewed the delivery of FGM training in Sandwell and identified that the FGM delivery needed to be standalone sessions. Previously FGM training was combined within a full days training which included forced marriage and honour based abuse. It was felt by the group that due to the demanding subject matters it was better if FGM was delivered as a half-day session on its own. Following the recommendation of the SSFGM, FGM training in Sandwell is now a standalone half day session. 3 extra dates were also added to the training plan for 2016.</p> <p>FGM training in Sandwell incorporates best practice as defined by the regional taskforce to ensure the following core elements are included in FGM training. These are; the law surrounding FGM, spotting the signs of FGM, relevant communities/ethnicities affected, types of FGM, avoidance of stigmatism, risk assessment and post risk assessment follow up, roles and responsibilities of staff whilst focussing on safeguarding children and vulnerable adults, understand referral pathways.</p> <p>All partners are encouraged to access FGM multi agency training provided by the DASP and Safeguarding Boards including the DVA and FGM e-learning package developed by Sandwell. FGM Guidance has also been issued to Sandwell social care and schools.</p> <p>In July 2016 all member GP practices (111) of Sandwell and West Birmingham CCG were</p>

	<p>sent an FGM resource pack which included relevant policies and procedures relating to safeguarding, information from the Home Office, Dept of Health, NSPCC and details of local/regional/national support services that support women and girls affected by FGM. GP practices have also been issued with guidance on mandatory reporting and recording.</p> <p>SSFGM have coordinated with Birmingham Parkfield's School to arrange the delivery of OFSTED approved FGM training sessions for parents and children in primary schools in Sandwell.</p>
Solihull Local Safeguarding Board	<p>Solihull LSCB multi-agency training is delivered using a modular approach, and aims to promote multi-agency explicit competencies. The training strategy results from regular training needs analysis and from the views of practitioners who attend a regular forum to influence training development. Solihull demography indicates low risk of FGM to Solihull residents. However Solihull Schools have a high proportion of residents from Birmingham, the demography of which suggests a higher risk to them. Solihull schools have provided comprehensive training to all schools, on mandatory report as well as how to recognise and respond to risk. Solihull CCG and the Heart of England Trust have also carried out comprehensive training of GP and clinical staff in provider settings to ensure awareness of risk, mandatory reporting and appropriate response. Training for schools and the CCG is regularly quality assured</p> <p>The LSCB online multi-agency procedures have been updated to include the duty to report. This is also covered on the LSCB website along with access to FGM training for practitioners. Practitioners and others can follow links for more information on Female Genital Mutilation awareness at the Home Office Virtual College e learning package. Practitioners are reminded that from 31 October 2015 it is mandatory for regulated healthcare and social care practitioners and teachers to report FGM and a flow chart has been designed for healthcare practitioners, which can be used to assist others in following the Government Procedural Information.</p>
Solihull MBC	<p>The Solihull LSCB aims to provide a comprehensive range of multi-agency training for managers and practitioners that support the delivery of the LSCB improvement priorities around neglect, child sexual exploitation and early help, as identified in LSCB Multi-Agency Safeguarding Workforce Development Strategy. This document describes the Solihull LSCB approach to multi-agency workforce safeguarding learning and development. It provides an evidenced informed rationale for a safeguarding learning curriculum for 2015-2017.</p> <p>The LSCB training events aim to add value to agency specific in-house training by providing practitioners with essential skills in partnership working to safeguard children using agreed multi-agency competencies informed by evidence from national and local experience, including serious case reviews .</p> <p>These multi-agency competencies do not replace the agency specific competencies that practitioners may need to function effectively in specific roles. The multi-agency competencies are aimed at enabling all practitioners described to gain and develop</p>

	<p>multi-agency interactive skills. They seek to add value to the practitioner experience; supporting and valuing agency specific responsibilities whilst enhancing understanding of, and effectiveness in, multi-agency working – thus enabling sound decision making about vulnerable children in collaboration with partner practitioners.</p> <p>Solihull LSCB provides multi-agency training which places an emphasis on effective multi-agency partnership skills. These are skills that cannot be acquired solely through agency specific training/processes. In this way, multi-agency training enhances practitioners' skills sets – by enabling the development of multi-agency, interactive communications skills when working with highly complex families with very vulnerable children.</p> <p>The training is delivered in a modular approach providing an explicit block of learning and using adult learning models. This enables each practitioner to take responsibility for their own learning and choose modules that meet their individual professional development requirements, working with their line manager and in conjunction with their organisation's needs Core Multi-Agency Modules.</p> <p>We are in the process of updating the LSCB online multi-agency procedures to include the duty to report. This is however currently covered on the LSCB website along with access to FGM training for practitioners. Practitioners and others can follow links for more information on Female Genital Mutilation awareness at the Home Office Virtual College e learning package. Practitioners are reminded that from 31 October 2015 it is mandatory for regulated healthcare and social care practitioners and teachers to report FGM and a flow chart has been designed for healthcare practitioners, which can be used to assist others in following the Government Procedural Information.</p>
<p>University Hospital Birmingham NHS Foundation Trust & Umbrella Sexual Health Services</p>	<p>All frontline staff UHB will receive FGM awareness training as part of mandatory training- currently 77% trained</p> <p>All frontline sexual health staff will receive Level 3 training on FGM- training programme commenced Sept 2016</p> <p>All frontline ED staff will receive level 3 training on FGM- currently 74% trained</p> <p>Factsheet on FGM available on intranet for all staff</p> <p>All staff working within the UHB Learning Hub will receive training on spotting the signs of FGM/ risks of FGM and how to make an appropriate referral- currently arranging times to teach</p>
<p>Walsall MBC</p>	<p>Walsall Safeguarding Board has had assurance that awareness of Home Office mandatory guidance has been raised across all partnerships. Links for partners to access further information and CPD accredited e-learning are available on the WSCB site</p> <p>There is a legal requirement to report FGM in relation in children aged under 18 years. A support pack containing details on the mandatory reporting of FGM was sent to healthcare professionals at Walsall Healthcare Trust, Dudley and Walsall Mental Health</p>

Trust (DWMHT), school nurses and the maternity unit in October 2015. National statutory guidance on FGM has been sent in April 2016 to Walsall Healthcare Trust, DWMHT, school nurses and the maternity unit. Video resources on FGM have also been distributed to these organisations in order to help healthcare professionals understand and be able to empathise with survivors of FGM

<http://www.chimat.org.uk/resource/view.aspx?RID=303461&src=KU>

National Information on FGM has been sent to schools by the Children and Young Persons Commissioner and distributed to PHSE co-ordinators. Schools have been provided with information specifically relating to the statutory requirements relating to FGM via the weekly all schools newsletter 'The Link'. Time has also been devoted at one of the termly Designated Safeguarding Lead's meetings to cover this issue.

All social workers including adult social care, out of hours and youth justice have received information relating to the statutory guidance via team meetings.

The responsibility of dentists to report FGM has been highlighted in regular communications

Walsall Clinical Commissioning Group provided FGM level 3 awareness to GPs in 2015 which will be repeated as part of the routine training programme in 2017. Resources to support FGM awareness and reporting have been made available to all GP practices which are also available via the CCG intranet site.

Within the Sexual Health services delivered by Walsall healthcare trust and commissioned by Walsall Council there are a number of Consultant's with expertise including forensic training to deal with victims of Sexual Assault including FGM. The multidisciplinary sexual health team also includes a Psychologist and Psychosexual Counsellor. The Sexual Health nurses in clinics across Walsall have been briefed on FGM and include FGM in regular safeguarding supervision and a lead for FGM has been identified. It is proposed that Walsall Healthcare Trust Sexual Health services going forward will become a Regional Centre for victims of FGM and offer a bespoke support service to women victims of FGM. Access to the service can be gained independent of GP referral (self-referral).

The lead organiser of the Walsall FGM support group Moolaade has circulated the group's poster to school nurses, health visitors, midwives and GPs. The increased publicity will help to raise awareness of the risks and effects of FGM.

Keeping young people safe at home, at school and in the community is a key priority within Walsall of which FGM is an integral part

There are plans to provide educational lectures/talks about FGM at Walsall College, The University of Birmingham Medical School and The University of Wolverhampton in order to raise awareness to medical, nursing and healthcare students. Members of the support group will be invited to attend and share their personal experiences. This will, in turn help future health care professionals to recognise women who have undergone FGM,

	<p>identify the risk factors, understand the mental and physical effects of FGM, have knowledge on referral pathways and enable them to empathise with the survivors.</p> <p>Walsall Healthcare Trust have identified a safeguarding nurse lead for FGM and include FGM in their mandatory Trust Induction Day and in the Safeguarding Children Training levels 1-3 for all staff. Midwives at Walsall Healthcare Trust are expected to attend Midwifery Clinical Update sessions which includes FGM as a part of the Safeguarding Children Training session. Numbers of staff attending mandatory training at the appropriate level for their responsibility is gathered at a Trust level.</p>
<p>Wolverhampton City Council</p>	<p>WDVF's Trainer has developed an FGM training package which is being delivered to front line professionals in Wolverhampton; the course content covers identification and response to FGM. The Trainer also jointly delivers Wolverhampton Safeguarding Board FGM training, and has hosted an event in Wolverhampton that raises awareness of the overlap between FGM and HBV, with input from the West Midlands Police subject lead. This event has been significantly over-subscribed and will be repeated. Three further multi-agency training sessions on FGM have been scheduled for delivery before the end of the financial year.</p> <p>Within the Public Health Healthy Child specification, there is a requirement for evidence to be provided by the successful provider of workforce training to ensure compliance with national guidance and integration into the service delivery model e.g. inclusion within 3-6 month health visitor follow up visits.</p> <p>All staff working in health care settings must have the competencies to recognise child maltreatment and to take effective action as appropriate to their role. Competencies are detailed in the Intercollegiate Document: Safeguarding Children and Young People: roles and competencies for health care staff (2014). WCCG is responsible for assuring themselves of the safety and effectiveness of the services they have commissioned. Services are required to record their training figures monthly and report on a quarterly basis to WCCG. Non-compliance of agreed targets results in an action plan. Quality and content of services training packages will be monitored through planned safeguarding quality visits. In addition to the on-going safeguarding training WCCG recently commissioned a presentation by a Specialist Midwife for FGM. The feedback described this as an 'inspirational' presentation by many of those who attended.</p> <p>FGM is included within RWTs training programme for all staff and there has been an escalation of the mandatory reporting process introduced in 2015.</p>

<p>Recommendation 7</p>
<p>The PCC should work with West Midlands Police, local authorities, health organisations, and the third sector to ensure that pro-active community empowerment work is being undertaken with communities from FGM practising countries (whilst recognising the value of broader engagement with such</p>

communities too), including appropriate men and women’s groups.	
Evidence of Progress	
Organisation	Comments
Coventry City Council	<p>Coventry City Council’s Public Health team have commissioned a specialist FGM service for two years to provide bespoke training and education to professionals and communities to build knowledge and resources to reduce the prevalence of FGM in Coventry:</p> <p>The service has recruited 25 community champions from over 10 different countries of origin to educate people about FGM and support behaviour change from within their own communities. The community champions are being supported to provide peer support to their own communities and to educate about the harms of FGM.</p>
Dudley MBC and Safeguarding Children Board	<p>FGM has been discussed at Dudley Interfaith Board twice and information circulated via the Dudley Interfaith network. We have requested a slot at the Dudley Inter-Faith Board AGM (November 2016) information and awareness material will be available at the forthcoming Lye drop in sessions. These sessions will include Police/Housing/Health Visiting/LA/Environmental health.</p> <p>Conversations are taking place with the Lye project and Butterfly Children’s Centre to look at further awareness raising with communities within this area.</p> <p>Two workers from Black Country Women’s Aid are from practicing communities and are keen to assist with wider distribution of material and awareness.</p> <p>There is a senior officer Task and Finish group looking at Sec 175 audits and the wider agenda of safeguarding in schools. The Head of Safeguarding will request FGM features in the s175 process.</p> <p>The majority of schools in Dudley are registered with the PSHE association which has resources at Key stage 2, 3 and 4 around the topic of FGM.</p> <p>Further awareness raising through Dudley’s Domestic Violence and Abuse Forum has taken place.</p>
Sandwell & West Birmingham Hospitals NHS Trust	<p>Sandwell Domestic Abuse strategic partnership has a FGM work stream, currently work being undertaken to establish a prevalence and profile of FGM. Our Domestic Abuse Lead Nurses are part of any DASP sub groups.</p>
Sandwell MBC/ Sandwell & West Birmingham	<p>Rights Equality Sandwell (RES) are a member of the SSFGM who provide focussed work to empower women from the African communities. RES have trained 10 community champions to engage and educate communities affected by FGM.</p>

CCG	<p>Progress to date with respect to the Champions integration across Sandwell has identified:</p> <p>Women felt more informed and able to talk confidently in their communities about these issues. In terms of the champion role they were keen to build on this opportunity and with support felt that they could make a real difference for themselves and their community.</p> <p>Particular areas of interest of community champions were:</p> <ul style="list-style-type: none"> - Mother and daughter dialogue sessions - The role of men and women in society - Parenting and life skills training linked to informal craft sessions - Active engagement opportunities in schools - Drop in sessions with providers of services - Awareness around Mental Health. <p>In light of this feedback, RES has supported leads from local community organisations (Illeys Community Association and Somali Women’s group) to engage with schools in the Soho and Victoria region. The Soho and Victoria area has been identified as the area where there are the largest populations from FGM affected communities in Sandwell.</p> <p>Members of the SSFGM group are engaging in discussions with schools in the Soho and Victoria around arranging a Saturday provision for the community. These sessions are planned to encompass broader sessions around Parenting, Life Skills and Mother and Daughter Dialogue session to talk about FGM, DA, HBV and Sexual Health.</p> <p>It is also acknowledged that young people from all communities would benefit from awareness of the changing roles of men and women in different cultures and society in order to change perceptions and mind-sets for future generations, and we should seek opportunities to do this.</p> <p>The champions for Sandwell are going to be supported to develop their networks and confidence further. Once they feel they are ready to cascade what they learned during their learning experience, it is anticipated that a programme of ‘sharing/learning’ will follow.</p> <p>Engaging Boys and Men</p> <p>Following consultations with the community groups mentioned earlier, it was advised that discussing FGM, Domestic Abuse, Honour Based Abuse, Forced Marriage and sexual health issues with young men within these communities would be most successful in a more rounded discussion about the roles of men and women in society, including what it means to be a ‘good’ husband/wife/parent in a loving relationship.</p> <p>Muslim Women’s Network – Men against Female Genital Mutilation, Poem/Film has been shared with Ilyes Community Association and Somali Women’s Group about how this could be used and shared with their settings.</p>
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Solihull MBC	<p>Following a review of the makeup of the Solihull partnership which focused on the effectiveness of the current partnership arrangements 2016 saw changes and brought about closer partnership working. It looked at how we collectively maximise the opportunities that will benefit the borough and its residents. It saw the establishment of the Solihull Strategic Engagement Forum. This forum is the key vehicle for informing the strategic direction of the partnership’s strategies, as well as on an annual basis hold to account the partnership for the impact it is having on improving outcomes in Solihull. Membership includes representatives from our communities and the VCS.</p> <p>In addition to this the partnership concluded a Faith Action Audit in February 2016. Building on the findings of the Faith Action Audit, the Solihull Partnership and the Solihull Faiths Forum worked together to agree a faith covenant in order to facilitate even closer partnership working in the future; The Faith Covenant is a tool to facilitate partnership working between partners and faith groups, and is a joint commitment between faith communities and partners to a set of principles for working together, which aims to build trust and promote open, practical engagement on all levels. The Faith Covenant was signed and launched at an event on 21st September 2015. At the launch, a number of faith groups expressed a desire to know more about what the Council and partners had identified as community needs and how they could help to meet these. Whilst not specific community empowerment with communities from FGM practising countries it is seen as an opportunity to strengthen dialogue around the wider community safety agenda. Rabbi Pink was nominated by the Faith Forum and now sits as a member of the safer Solihull Board and is a link to the Forum and its communities. There is also a representative from the VCS who sits on the safer Solihull board. We know that there is evidence to show that faith communities can – and do – play a vital role in keeping people safe. They provide low level support for the vulnerable and socially isolated as well as providing active guardianship of their local areas. This has significant individual and community well-being benefits. In line with the Partnership priority to build stronger communities we are continually seeking ways as to how we can further promote opportunities for active citizenship and community empowerment with our Faith Groups.</p>
Walsall MBC	<p>Walsall MBC Public Health:</p> <p>The PCC does not directly commission community empowerment work within Walsall but an FGM support group called Moolaade (‘everyone’s children’ in Mandingo [Gambian]) was established in May 2016 to support Walsall women. This group has core support from WBC Public Health Commissioners and Corporate Consultation and Equalities Lead. Twenty-one women have engaged with the group’s monthly meetings from both Birmingham and Walsall. A mission statement and terms of reference have been developed. The group is also being supported by the Walsall Housing Group’s Equality and Diversity Manager who has arranged financial support for child minding during the monthly meetings. Actions to help identify sources of psychosexual support, organise awareness for the FGM Awareness day on 6th February 2017 and promote education opportunities for healthcare students/professionals are being made with Walsall College. Contact has already been made with a local psychosexual counsellor who</p>

	<p>has agreed to provide support to the FGM survivors.</p> <p>Discussion is underway to develop a Communications Strategy for the FGM awareness day through the Change and Governance department.</p> <p>There is the opportunity for the PCC to participate in the group’s open forum on a monthly basis. It is noted that it has been difficult to reach male groups as they have been less likely to openly discuss the topic of FGM. Members of the group suggested speaking to the elder members who may have a positive influence on their community.</p>
<p>Wolverhampton City Council</p>	<p>A SWP commissioned community based FGM problem profile has recently been completed for the city. The report highlights where high FGM prevalence families are settled in Wolverhampton and which schools children from these communities are attending. This problem profile together with the regional FGM taskforce community engagement feedback will inform a community engagement plan.</p> <p>A multi-agency approach is driving forward the UN 16 day Orange the World Elimination of Violence Against Women and Girls. Posters are displayed on notice boards within premises and city-wide communications planned, including FGM leaflets in different community languages which will be used to mark the launch of the campaign.</p>
<p>West Midlands Office of the PCC</p>	<p>Work was undertaken by the Victims Commission and OPCC to find out from victims of FGM what support services they felt would help them cope and recover from their experiences and what broader support they would also like from the statutory sector. To achieve this we asked existing voluntary sector groups to facilitate a series of events on our behalf (funded by the OPCC) in which victims and people from practising communities could share their views, concerns, future needs and aspirations. Five events were held which were well attended by diverse communities.</p> <p>Above all, women who attended the events shared with us their strong sense of individuality, self-knowledge and concerns and aspirations for the future. They were loyal to and supportive of the organisations from which they had drawn support. The engagement between the women and men who attended and agencies was real and vibrant with all participants speaking freely (within the context of FGM).</p> <p>This campaign has given us an insight into the number and complexity of the barriers a woman has to negotiate in addition to her own FGM journey. Whether or not individuals from each practising community know about and/or choose to attend such events may be based on the extent to which each practising community knows about and/or choose to attend such events may be based on the extent to which each practising community participates in life within a wider West Midlands context. It is also indicative of these agencies’ capacity to reach out to all communities without diluting the quality of what they undertake.</p> <p>Based purely on these events the impact of these barriers depends on where a woman is in her life, her confidence in her community, the amount of support she has accessed</p>

and how settled her friends and family are in the West Midlands. Notwithstanding these barriers, a woman who has experienced FGM will have personal support needs which may or may not have been met, identified or articulated.

Women spoke about the impact that perceptions by non-practising communities, mainly professionals had on them as individuals. Some of the women attending the events, who had accessed support, were offended by the way they were singled out in airports with their children, when returning from abroad, saying that they felt that they were being criminalised at the airport. Women told us that they were fearful of the police, border agencies and Social Services. Authorities will perceive an amplification of risk for women from practising communities going/coming from abroad with a female child. While safeguarding is paramount we are aware that it needs to be undertaken as sensitively as possible to maintain the individual's dignity and integrity and also to go some way to reducing perceptions of stigmatisation within practising communities. It is finding that balance that is the crux of the issue. Conversely, one woman who had recently arrived in the UK welcomed the robust approach towards FGM taken by authorities at the airport. Other women who had been part of the BSWAID community development group for some time had yet a different perspective on FGM, viewing it as anachronistic. One woman said that educated people do not practise FGM in Somalia, that it is mainly practised in villages.

The events have highlighted the importance of that first connection between an individual and support agency; for example, at Muslim Women Network's event, women connected with Shahin as a result of seeing what interventions were available during the event itself¹⁶. The fun day concept succeeded as women were emotionally empowered to access support. Women attending this event were potentially at a different life stage from women attending other events. Anecdotal evidence suggests that social inequality impacts significantly on women from practising communities who attended this event. Their needs were basic, focusing on food, clothing and supporting their families. Potentially their needs arising out of vulnerability and FGM are as great if not greater than those from other communities, but their voices are quieter because FGM comes further down the individual's own hierarchy of needs. Muslim Women's Network event has shown that it is these communities that need community development support.

At the risk of stating the obvious, understanding what is being conveyed is essential for someone taking a decision as to whether they need support in the first place so that they can make the second decision as to whether or not they are able to or choose to access that support. Translation services proved essential to the success of the events.

Whatever the language skills are of individual support workers, they will not have the ability to communicate in all the languages of practising communities. Translation is an inevitable necessity for success in engaging individuals and then supporting them.

Agencies such as Coventry Haven and BSWAID have shown resourcefulness in equipping Community Champions with community engagement and awareness raising skills so that they can go on to connect with individuals and communities. We cannot understate the value of communication through a first language. It empowers a victim to express

themselves emotionally, without any loss of nuance. It facilitates support and infers a level of commitment to that victim by the agency.

Particularly Muslim Women's Network and BSWAID events –

The series of events has shown us the significance of raising awareness about the harm that FGM inflicts on its victims as well as raising awareness within wider communities, including the professional community. There is a distinction between awareness raising strands which include:

Raising awareness

- * Of the harm caused by FGM to women as individuals
- * Of the harm caused by FGM to families emotionally and practically including the damage to sexual and emotional relationships between men and women and the wider family
- * Of FGM within the family unit
- * Of the existence of FGM within non practising communities including professionals and non-professionals to enable people to comply with their statutory obligations
- * Of the support available to victims and their families so that those affected know where to go for support
- * Of the obligations/options available to potential victims and individuals concerned about a child
- * Within statutory organisations so that professionals understand their own organisation's protocols and know which organisations they can refer victims to for support
- * That medicalised FGM is illegal and is not a route for making FGM legal, safe or a "choice" for women
- * In children/young people about the harm that FGM causes
- * In children/young people as to whom they can turn to for help, support and protection
- * That FGM is a cultural practice, influenced in turn by individual country's practices
- * Within communities that challenging cultural norms will facilitate eradication
- * Within communities about safeguarding and the role of local authorities in family life

We have learned the importance of importance of targeting awareness from these events. The same message is not appropriate for everyone. The message for professionals must be different from the message given to individuals and communities as a whole. The vehicle for the message is important, particularly as language and/or the written word can create barriers to communication. We have discussed the importance of translation in communicating with victims and visual imagery certainly has a place in the communication process as observed at Muslim Women's Network event when women told us that they had picked up on FGM through pictures on leaflets and the video. The series of events has shown us that communities value the work undertaken by voluntary groups to raise awareness of the harm that FGM causes to women and to support victims of FGM. In turn the events have shown us that communities are aware of the wider implications for family life that result from a woman experiencing FGM. It impacts on her relationship with her mother and with her family and community. It impacts on her relationship with her husband and on a side of life that people from non-

practising communities take for granted. Women told us how the support they received from the voluntary sector empowered them to move on with their lives. The number of communities that agencies have links with shows those agencies are effectively reaching out and engaging communities. Engagement pre support is essential in building trust and confidence in communities so that people take up support. The links between statutory agencies and the voluntary sector is vital in people accessing the support they need.

Recommendations

We initiated this campaign to achieve a greater understanding of what victims of FGM want from voluntary and statutory sector support services in the West Midlands to help them cope and recover from their experiences. We wanted to find out the following from practising communities:

- * What services would people from practising communities would like to see in place to support women who have experienced FGM?
- * How they feel change can be effected within communities to end the practise of FGM
- * What other responses from either the voluntary or statutory sector would be useful in helping people from practising communities move forward with their lives

These recommendations are based on the above.

Recommendations

1. Invest in community development work by increasing the capacity of agencies to undertake this work across the region. This campaign has demonstrated that community development work is a catalyst for change.
2. Increase the capacity of agencies to provide support work for victims and families
3. Create information forums as part of community development work so that communities and statutory agencies can engage in dialogue about services available to communities.
4. Continue and further develop awareness raising and support work with men to change individual and community attitudes amongst all genders so that communities as a whole are empowered to tackle FGM.
5. Create a collaborative approach within the region in which all voluntary agencies access statutory agency support to ensure that all victims of FGM have equal access to services and potential victims are safeguarded. This would also strengthen the interface between voluntary and statutory sectors, increasing trust and confidence and would also enhance community development work. This would include access/referrals to:
 - * Midwifery services
 - * Health services
 - * WMP so that safeguarding procedures/FGMPOs can be put in place if appropriate

	<p>* MASH * Social Services</p> <p>6. Develop an understanding of CCGs commissioning intention across the region regarding FGM services such as midwifery services and psychosexual counselling.</p> <p>7. Ensuring that awareness raising is carried out effectively. While there is a strong desire to raise awareness about FGM it should be targeted by an appropriate provider so that agencies can go on to develop appropriate protocols.</p> <p>8. The PCC and local authorities recognise the crucial role that schools can play in engaging with parents and therefore, encourage schools where there are children from FGM practising countries, to play an active role in educating, preventing and referring. FGM should be included within school safeguarding policies and all staff and governing bodies should receive training.</p> <p>Further education colleges and universities also provide opportunities to engage with young people and staff should be able to spot the signs/ risks of FGM and have knowledge of referral pathways.</p> <p>The taskforce has developed lessons for schools which it is rolling out. Celestine Celest work hold awareness raising sessions with schools.</p> <p>The work undertaken during the events commissioned by the PCC has shown the importance of community engagement. This was identified particularly in relation to the event at Chandos School and the report’s recommendations reflect this.</p>
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Recommendation 8	
<p>The PCC and local authorities recognise the crucial role that schools can play in engaging with parents, and therefore, encourage schools, where there are children from FGM practising countries, to play an active role in educating, preventing and referring. FGM should be included within school safeguarding policies and all staff and governing bodies should receive training.</p> <p>Further education colleges and universities also provide opportunities to engage with young people and staff should be able to spot the signs / risks of FGM and have knowledge of referral pathways.</p>	
Evidence of Progress	
Organisation	Comments
West Midlands FGM Taskforce	Birmingham Against FGM, a subgroup of the Safeguarding Children Board, has developed lesson plans for years 5 and 6. These have been offered to schools across the city along with three briefings for teachers in how to best use them and with advice on ensuring parents understand what will be covered. Due to interest from the taskforce the packs

	<p>have now been offered to all local authorities in the region.</p>
Coventry City Council	<p>FGM is included in the school governor's training and work is underway to ensure that FGM is on the agenda of head teacher meetings in Coventry.</p> <p>The Petals app and Petals for Professionals app provide support young people and professionals including teachers to tackle FGM.</p> <p>A number of schools and teachers have attended training provided by Coventry's Ending FGM service.</p>
Dudley MBC and Safeguarding Children Board	<p>Schools are now aware of their mandatory duty to report any cases of FGM that come to their attention.</p> <p>The link for the online training has been distributed to the chair of Dudley Association of Governing Bodies to disseminate to members.</p> <p>Training has been delivered to a number of schools by DSCB Education Trainer</p>
Sandwell & West Birmingham Hospitals NHS Trust	<p>Community Nurses responsible for Sandwell Special Schools access Safeguarding Children Training (single agency) and information regarding multi- agency training is available on our Trust Safeguarding Children Intranet site.</p>
Sandwell MBC/ Sandwell & West Birmingham CCG	<p>Sandwell's DASP and its subgroup SSFGM have raised FGM awareness through training, e-learning, safeguarding networks within schools, nurseries and colleges in order to play an active role in educating, preventing and referring FGM.</p> <p>Sandwell have developed FGM (and DVA) questions to be included in Section 175 audits for Sandwell (and regionally if adopted) to ensure schools are fulfilling their statutory obligations regarding safeguarding and promoting the welfare of children.</p> <p>Sandwell Stopping FGM are currently working with Birmingham to promote details of a good practice resource pack across Sandwell primary schools and continue to promote DVA e-learning module to schools, nurseries and colleges in Sandwell which includes FGM (Artemis).</p> <p>FGM training has been included within the statutory annual safeguarding training update to ALL education staff within schools in the Soho and Victoria area of Sandwell which has been identified as the area most populated with communities affected by FGM (school Census data mapping). This is included within the Basic Safeguarding Training Awareness session to ensure ALL staff receive this update and it is not left to individual providers to commission additional FGM training and then perhaps miss out this important topic.</p> <p>Education professionals have shown a great interest in wanting to learn how to support young people and families in relation to the important child protection issue of FGM. The mandatory reporting legislation that came into place in 2015 has been explained to</p>

	<p>all staff with clear guidance on their role within this area.</p> <p>Shireland Collegiate Academy have started working together with an African Health promotion specialist to run Saturday morning workshops open to the community to educate and support families. This has not been publicised as specifically focusing on FGM but it has meant there is a platform to initiate discussion and open up the communication for families and the wider community. This subject needs to be handled carefully when working with the community and it is important to engage with families and build up trust.</p> <p>22 primary schools have received FGM awareness training in Sandwell schools have also worked with Birmingham Women’s Aid to have an FGM Student Group where girls have worked together to educate other students and be responsible for putting posters up and opening up discussions in this area. There is a view to using peer support with these girls to go into primary schools to speak about this to the younger students.</p> <p>Every student from Year 7 to Post 16 received an assembly prior to the summer holiday of 2016 highlighting FGM, Forced Marriage and Honour Based Abuse. There were follow up assemblies’ week w/c 3rd October 2016 with a focus on one of Shireland’s straplines ‘Be Concerned for Everyone’ to encourage students to be a good friend and seek support where necessary.</p> <p>Schools have also worked with Irise International who work to support the education and empowerment of marginalised women and girls in East Africa specifically through developing a replicable and sustainable solution to Menstrual Hygiene Management (MHM). MHM is an issue identified by disadvantaged women and girls as a driver of gender inequality and disempowerment through an insidious impact on their ability to engage in education and make good decisions about their reproductive health. The safeguarding manager for schools in Soho and Victoria has used menstrual hygiene as girls’ rights issue to address FGM because of its impact on multiple human rights of women and girls including the right to sanitation, health, education, employment and dignity. The topic can also be transformed into a driver of change through enabling women to achieve more and by starting conversations that challenge traditional gender roles. The vision for Schools in Soho and Victoria is a world where no girl is held back by her period and a society that enables all girls to reach their full potential. This facilitates the wider discussion in areas where FGM is prevalent. With the diverse backgrounds of the students within SCA it is essential we have these opportunities for discussion and education.</p>
Solihull MBC	<p>Following a review of the makeup of the Solihull partnership which focused on the effectiveness of the current partnership arrangements 2016 saw changes and brought about closer partnership working. It looked at how we collectively maximise the opportunities that will benefit the borough and its residents. It saw the establishment of the Solihull Strategic Engagement Forum. This forum is the key vehicle for informing the strategic direction of the partnership’s strategies, as well as on an annual basis hold to</p>

	<p>account the partnership for the impact it is having on improving outcomes in Solihull. Membership includes representatives from our communities and the VCS.</p> <p>In addition to this the partnership concluded a Faith Action Audit in February 2016. Building on the findings of the Faith Action Audit, the Solihull Partnership and the Solihull Faiths Forum worked together to agree a faith covenant in order to facilitate even closer partnership working in the future; The Faith Covenant is a tool to facilitate partnership working between partners and faith groups, and is a joint commitment between faith communities and partners to a set of principles for working together, which aims to build trust and promote open, practical engagement on all levels. The Faith Covenant was signed and launched at an event on 21st September 2015. At the launch, a number of faith groups expressed a desire to know more about what the Council and partners had identified as community needs and how they could help to meet these. Whilst not specific community empowerment with communities from FGM practising countries it is seen as an opportunity to strengthen dialogue around the wider community safety agenda. Rabbi Pink was nominated by the Faith Forum and now sits as a member of the safer Solihull Board and is a link to the Forum and its communities. There is also a representative from the VCS who sits on the safer Solihull board. We know that there is evidence to show that faith communities can – and do – play a vital role in keeping people safe. They provide low level support for the vulnerable and socially isolated as well as providing active guardianship of their local areas. This has significant individual and community well-being benefits. In line with the Partnership priority to build stronger communities we are continually seeking ways as to how we can further promote opportunities for active citizenship and community empowerment with our Faith Groups.</p>
Walsall MBC	<p>Keeping young people safe at home, at school and in the community is a key priority within Walsall of which FGM is an integral part</p> <p>National information on FGM has been sent to schools by the Children and Young Persons Commissioner and distributed to PHSE co-ordinators. Schools have been provided with information specifically relating to the statutory requirements relating to FGM via the weekly all schools newsletter 'The Link'. Time has also been devoted at the termly Designated Safeguarding Lead's meetings to cover this issue.</p>
Wolverhampton City Council	<p>The FGM profile referenced will be used to provide targeted enhanced training and support to those schools which have children attending from practising FGM countries. An FGM presentation delivered to Head Teachers and Child Protection leads at a Safeguarding Board Keeping Children Safe in Education awareness event last year, will be delivered again to the city's schools in November 2016.</p> <p>WDVF has developed and disseminated awareness raising briefing notes, advice, and instructions for statutory reporting and safeguarding for teachers and school staff. These have been used extensively to deliver briefings to Headteachers by the Education Safeguarding Lead in July to remind all schools to be extra vigilant on the run up to the start of the summer holidays as risks of girls being subjected to FGM increase over this</p>

	<p>period. Wider communications and video resources were also sent to all schools over the summer term.</p> <p>The City Council’s Schools Safeguarding Officer has advised all schools of the need to have a policy on FGM included within their safeguarding policy and has confirmed that the 58 schools falling under the Local Authority’s remit have complied with this. Training on FGM awareness has also started to be delivered to local primary schools this autumn term; 5 have completed so far, and further training is scheduled for the autumn term.</p>
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Recommendation 9	
The PCC and the Strategic Lead of the Preventing Violence Against Vulnerable People Board report to the West Midlands Police and Crime Panel on outcomes in six months’ time, and thereafter to be agreed, on progress implementing these recommendations.	
Evidence of Progress	
The West Midlands Police and Crime Panel will consider progress updates at its meeting on 21 November 2016 and decide whether further update reports are required.	