



Mayor's Office of Policing and Crime Female Genital Mutilation Early Intervention Model Evaluation Summary

Background

The Mayor's Office for Police and Crime Female Genital Mutilation Early Intervention Model (MOPAC FGM EIM) pilot was established to implement and refine an effective strategy to prevent new cases of FGM among women and girls by safeguarding those at risk, while supporting those affected by FGM. The pilot was delivered across three local authority areas within London (the Tri-Borough, Tower Hamlets, and Waltham Forest), each of which has a high estimated rate of prevalence of FGM, relative to the average for England.

Aims and objectives

The central objective of the project was to create a new service model that would work effectively to prevent new cases of FGM, while supporting those affected by FGM. To achieve this, FGM clinics were established and developed within hospitals, and staffed by specialist FGM social workers, therapists, community and health advocates drawn from community organisations, and specialist FGM midwives. Women identified by health and other professionals as having undergone FGM – and, in particular, pregnant women identified by midwives – are referred to the clinic for support and safeguarding services. Alongside work in the FGM Clinics, pilot staff undertook work to develop new, FGM-specific assessment and intervention tools and protocols, delivered training and events to relevant professionals, engaged with members of potentially-affected communities to identify local needs and strengthen efforts to raise awareness of FGM-related issues, provided support and information to men affected by FGM, and engaged with local school pupils to raise awareness about FGM.

Evaluation

The aim of the evaluation was to assess the impact of the project on service delivery and the working practices of relevant professionals, as well as its impact on women who have undergone FGM and members of potentially-affected communities, including those who are at risk of FGM. The evaluation used mixed methods, including a review of case management, monitoring data, semi-structured observation of 5 stakeholder and community events organised by pilot staff, and in-depth interviews and focus groups with women supported by the project and key professionals involved in its development and delivery.

Findings

- The MOPAC FGM EIM has shown significant success in achieving its aims and, therefore, demonstrates considerable promise as a model for preventing new cases and providing support to victims of FGM in areas of relatively high prevalence.
- The evaluation confirmed that FGM can often have a severe negative impact on health and mental health outcomes. It found little evidence of support for the practice of FGM among families attending the FGM clinic.
- The FGM clinics were found to offer an effective, holistic service to women who have undergone FGM, including the provision of high-quality health and mental health services, advice on effective safeguarding approaches, practical support to access wider services and benefits, and links to community-based classes.

- Confirmed figures demonstrate that there has been an increase in the recorded number of women who have undergone FGM, reflecting improvements in identification and referral of FGM cases. Over 235 women were seen in the clinics throughout the duration of the pilot. However, confirmed figures were not available for 1 out of 4 quarters at 2 pilot sites, and the actual number of women seen will therefore have been higher.
 - The average cost per case across the three pilot sites was £1,536.
 - The model of co-working between highly skilled and reflexive health and social care professionals, therapists and community advocates was found to have enabled the development of strong working relationships and effective service protocols. The advocates are a crucial element of the model and vital to its practical functioning.
 - Issues of inter-agency suspicion and mistrust that were present at the start of the pilot have largely been resolved. The working priorities of the different agencies involved in the model are now broadly viewed by pilot staff as complementary elements of an effective, holistic service.
 - Male workers were recruited to engage with male family members of women who attend the FGM clinics. This focus on direct work with men constitutes innovative practice in FGM prevention efforts.
- The main risks to the success of the model include insensitive, unreflexive and heavy-handed professional practice, negative perceptions of social services and mental health services, and inappropriate forms of engagement with members of potentially-affected communities.
- The challenges in these areas are most likely to be overcome where services and professionals commit to delivering sensitive, reflexive, woman-centred practice, promoting positive perceptions of social services and mental health services, ensuring all relevant professionals receive high quality training, and engaging in effective two-way dialogue with members of potentially-affected communities.

Recommendations

- The FGM EIM should be continued within the three pilot sites and expanded to other areas of relatively high prevalence of FGM.
- The flexibility of the model should be retained to enable staff to tailor services to local needs.
- Key roles, including within FGM clinics, should be filled by professionals who take a reflexive, sensitive, woman-centred approach to their work, to facilitate multi-agency working and effective service engagement.
- Community engagement and co-construction of services with members of potentially-affected communities should continue to be undertaken to support effective service engagement and wider attitudinal change.
- Community engagement activities should seek to involve as broad a range of members of potentially-affected communities as possible, including men and boys. Likewise, new links with relevant community organisations that do not have a history of collaboration with services should be fostered.
- Embedded community advocates should remain demonstrably separate from local authorities and statutory services in order to maintain their ability to broker trust between services and service users.
- Every professional in contact with cases of FGM should receive appropriate training. Training should be designed to ensure: clarity on roles and duties, including identification, referral, and what not to discuss with service users; appreciation of the range of diverse groups within which FGM has relatively high rates of prevalence; understanding of the situation of FGM within the context of criminal violence against women and girls; and recognition of the need for sensitivity in direct work to avoid re-traumatising or alienating women who have undergone FGM and other members of potentially-affected communities.

Changes made in services in response to evaluation findings

At each of the 3 pilot sites, funding has either been secured or is currently being sought to ensure the continuation of the Early Intervention Model.

This evaluation was carried out between May 2015 and September 2016 by Opcit Research. A further evaluation of the second phase of the pilot will be published in 2017.

A full copy of this report can be found at www.gov.uk/government/publications. The DFE's Children's Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford (www.reescentre.education.ox.ac.uk).