

A survey of the effectiveness of the Female Genital Mutilation Training offered by the Bristol Safeguarding Children Board (BSCB)

11th November 2013

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Bristol Clinical Commissioning Group

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1 Purpose

Nicki Lawrence and Jackie Mathers are the trainers for the Bristol Safeguarding Children Board (BSCB) raising awareness of Female Genital Mutilation (FGM) training. They are health employees. This training was started in 2007 for health and education and was integrated in to the BSCB multi-agency training by 2008. This survey was designed to see if this training had influenced child protection referrals for FGM.

2 Background

There have been a number of challenges associated with the completion of this survey and these related to working across agency, data protection and data collection. All these issues were discussed in detail with the 'Avon Primary Care Research Collaborative'. The final survey was designed using a simple questionnaire to collect quantitative data and this would be followed up with some qualitative short interviews.

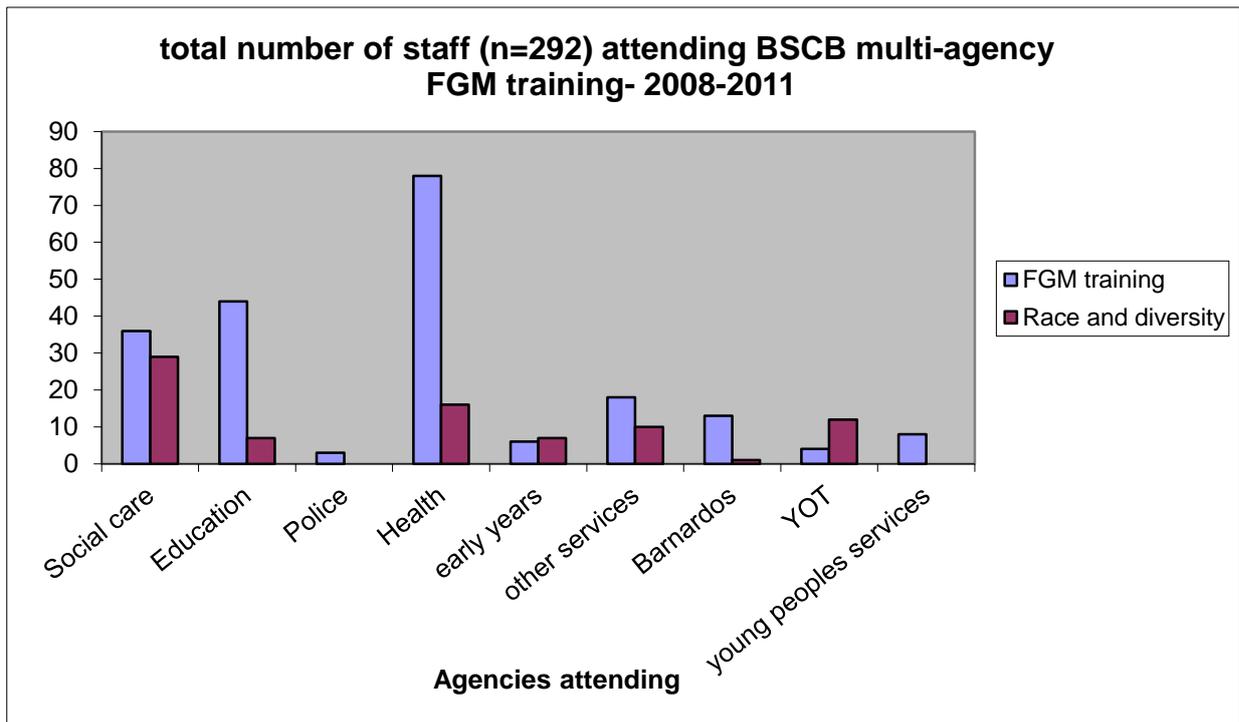
The police provided the primary data on the number of FGM referrals and Fiona Tudge from Children and Young people's services supported the identification of staff who had made these referrals. Fiona also distributed the survey questionnaire which included a stamped addressed envelope for all returns. All the information was recorded on a password protected file and confidentiality and security has been maintained on all the names and data. All files will be destroyed 6 months after this audit has been completed.

The survey looked at cases from May 2008- October 2011. During this survey period there were 34 referrals for FGM which had been recorded by the police. Fiona could only identify 27 referrers so the final survey cohort was 27. Children and young people's services (CYPS) did not have an accurate way of retrieving data on FGM cases so the police data was the only available data. This data reflected the cases which had been shared with the police and reached the threshold for a strategy. It is not an exhaustive list of cases that may have been raised with CYPS. This number does not include the data collected by one of the community midwifery matrons. Both midwifery services in Bristol have FGM guidance that indicates if a woman has had FGM they must be told about the law on FGM, the child protection risk for their daughters and the information is shared with social care so they can check to see if there are any known safeguarding issues for the family. The information can support families in the future as professionals will have knowledge of their views on FGM when their daughters were born. This process of information sharing is also important as it provides a trail of evidence that the family have been told about FGM, the law and their agreement not to practice has been obtained. This supports the safeguarding process if there are any future concerns.

FGM has been taught on the 'FGM awareness raising', 'the race and diversity' and the developing your knowledge on FGM' training organised by the BSCB. The trainers also deliver single agency training related to FGM awareness raising, which is not captured in this survey. Chart 1 below highlights the staff who have attended BSCB training and represents this as a total number and by staff groups

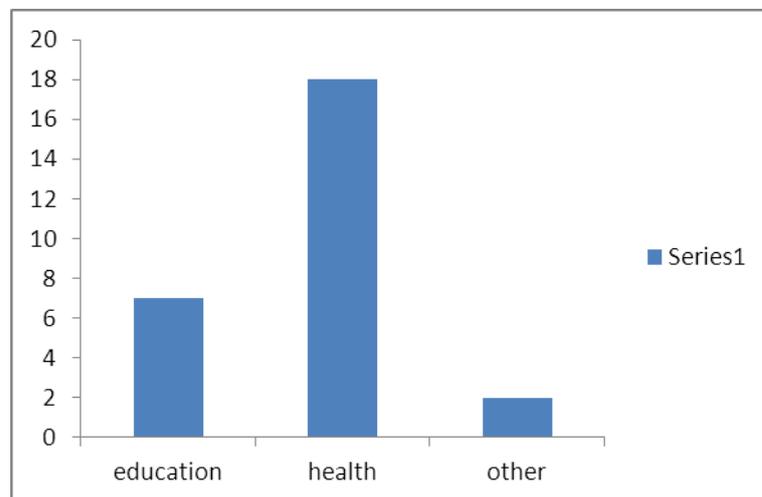
The charts below highlight the numbers of staff trained during this period and which staff groups.

Chart 1



Of the 27 questionnaire sent out there were 14 responses. This was a 52% response rate. This response rate may reflect the survey was spread over a 3 year period and staff may have left their posts and this may have contributed to the poor response rate. The break down on which staff made the referrals was:

Chart 2



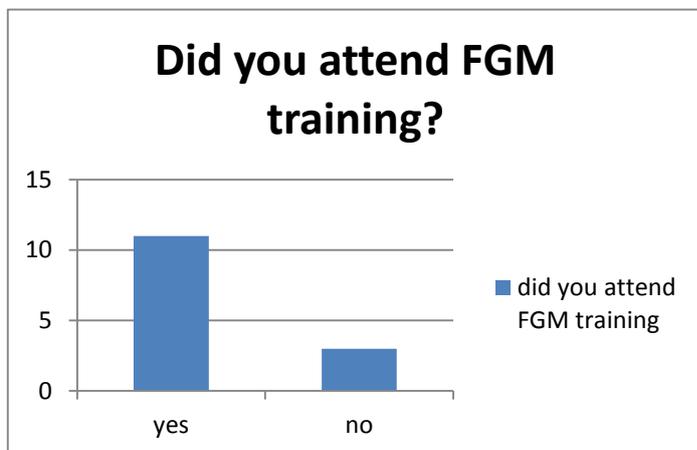
The 2 referrals from other agencies came from a children centre and a community centre.

The letter and questionnaire sent out can be seen as appendix 1

3 The results from the question

Question 1

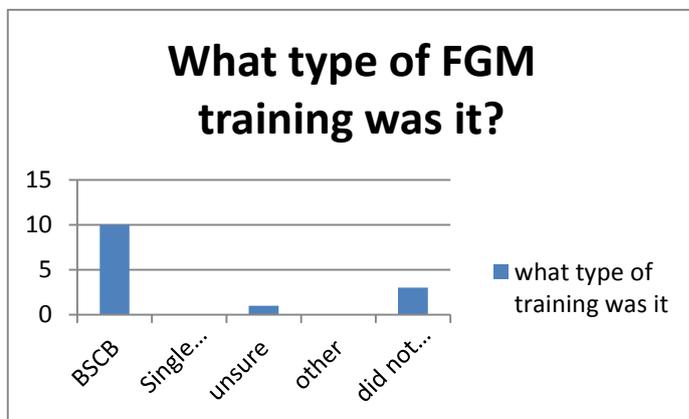
Chart 3



This highlights that the majority of referrals were from staff who had been on some form of FGM training.

Question 2

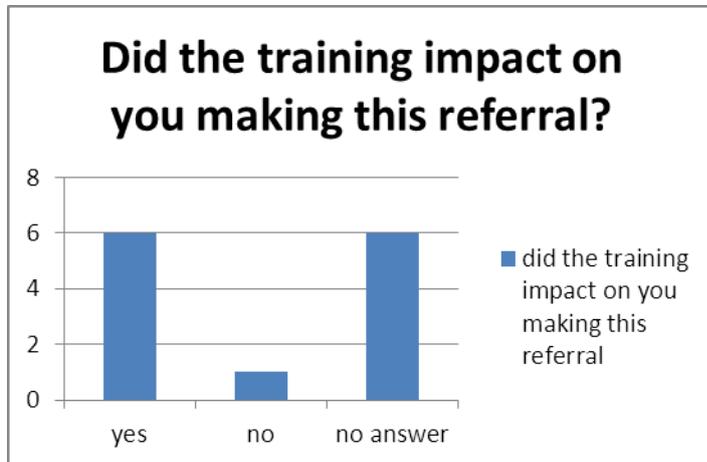
Chart 4



Of those who did attend training the majority attended the BSCB training. The evaluations from these training sessions have indicated that staff appreciate hearing how others agencies respond to FGM. Staff also appreciate hearing how each referral will be handled by Social care and police, this can give people confidence to make a referral and support the child and family through the process. One of the actions staff say they will take having attended the BSCB training on FGM is to cascade the information to their wider teams.

Question 3

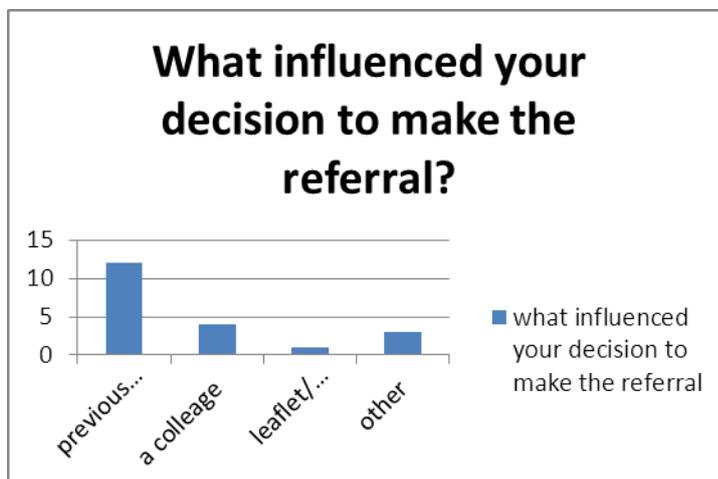
Chart 5



The answers to this question were inconclusive and slightly disappointing. The 'no' response came from someone who had not attended training.

Question 4

Chart 6



4 The qualitative evaluation

8 of the 14 returned questionnaire agreed to the short 20 minute conversation to explore further the reasons for make the FGM referral and what were the influences on this decision. The aim is that this information will inform the training and support other ways of raising awareness that are both effective and support staff to safeguard children at risk of FGM. Because of working pressures, this final qualitative section remains outstanding. This will be undertaken when capacity allows.

5 Conclusion

This survey of staff indicates that there are some positive outcomes from staff attending multi-agency training to raise awareness of FGM. Health is identified as the major group identifying and making child protection referrals with education making nearly a quarter of the referrals. This reflects the ratio on attendance figures from chart 1.

The majority of staff did attend some training but it was positive to see that staff still made referrals even though they had not attended training. So the message that FGM is a safeguarding issue is being recognised. The qualitative work may have identified how staff knew about the issue and this may have linked back to cascade information from training, campaigns or previous knowledge. This information has not been collected via the questionnaire, although it is important to know as this can influence future training on FGM. Understanding the needs of multi-agency training is vital but to engage a range of professionals, is both financially costly and has huge time implications in collecting qualitative information.

This survey was simplistic but it has highlighted that health and education are reporting cases of FGM. The challenge to this survey was the collection of data. We have only looked at those cases recorded by the police and we have not captured cases where the midwives or others may have shared their concerns about a family's risk of FGM with social care. Sharing of information and intelligence on secretive practices such as FGM can help Bristol identify the risks and size of this problem. Without this data we cannot challenge the silence or perception that FGM does not exist. With a wider cohort of staff we may have had a better picture of whether the BSCB FGM training influenced practice and outcomes for girls at risk of FGM. This survey can only give us an insight on referral practices associated with FGM.

Audit completed by

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6 Appendix 1



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Date: 30th November 2012
Ref:

Dear Colleague

Bristol Safeguarding Children Board (BSCB) is reviewing the quality of its training and any impact this has on outcomes for children and young people.

This audit survey is looking at the 'BSCB Female Genital Mutilation (FGM) Awareness raising training'. The BSCB FGM Safeguarding Group delivers this training both at a multi-agency level and to single agencies. We have scoped the number of referrals made to the police and social care from June 2008- November 2011. Our records reflect that you made one of these referrals.

To help us ensure our training improves the outcomes for children and equips staff to identify, manage and report suspected cases of FGM we are asking you to complete the attached questionnaire. This should not take more than 10 minutes and we have included a stamped addressed envelope for you to return your response.

To improve the quality of the data we collect we are also asking you if you would commit to a telephone interview which would take about 30 minutes. This interview will give you an opportunity to share your views and opinions on the quality of the training and if you have not received training on FGM to help us understand how information is being cascaded or staff are learning about FGM.

All information will be confidential and all data used will be anonymised. All data will be destroyed after the article is finished. The information will be reported to the BSCB main board meeting and we also hope to get this work published to share our Multi-agency approach to FGM training which also includes community engagement

Bristol is not a 'hot spot' for FGM it has responded to women and girls in our community challenging Schools, Health Professionals, Social workers and Police in their response to FGM, which is a form of child abuse. As you have answered their calls and responded positively to your concerns your views and experiences are really helpful and valuable to us.

Many thanks in anticipation of your help and support.



Jackie Mathers
 Chair of the BSCB FGM Safeguarding Group
 Designated Nurse for Safeguarding Children
 NHS Bristol

FGM Training Questionnaire

As part of the Bristol safeguarding agenda we plan to carry out a detailed evaluation of the effectiveness of the BSCB Female Genital Mutilation (FGM) training programme. We are aware that you have made a referral to CYPS regarding FGM and would appreciate your feedback in relation to any training you may have received. The questionnaire should take about 5 minutes to complete and we will contact you if you agree to take part in a more detailed study. Please could you send completed questionnaires to us either by email or post? Thank you very much for your time.

Name:

Professional/ Job

Contact details:.....

1. Did you attend FGM training?

Yes (Please go to question 2)

No (Please go to question 4)

2. Was the training

Multi agency BSCB training

Single agency training

Unsure

Other (please explain)

.....

3. Did the training have an impact on the referral you made?

Yes

No

4. What influenced your decision to refer? (Please tick all that apply)

Previous knowledge

A colleague

Leaflet / summer campaign

Other (please describe)

.....
.....

5. Would you be prepared to take part in a 20 minute interview for a study evaluating the effectiveness of the FGM training programme?

Yes

No

Thank you for completing this questionnaire. Please return using the Stamped addressed envelope supplied to:

Nikki Lawrence
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SRE Consultant
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North Bristol NHS Trust
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St Michaels Hill
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