## **Summary Report for Reading Health and Wellbeing Board**

January 2017

| Name of Report         | Establishing Clinical Response for Adults who have suffered  |  |  |
|------------------------|--|--|--|
| A (1 ( ) ( )           | Female Genital Mutilation (FGM)  |  |  |
| Author of Report       | Liz Stead  |  |  |
| Organisation           | Berkshire West Federation of CCGs  |  |  |
| Date of Report         | 4 <sup>th</sup> January 2017   |  |  |
| Date of Meeting        | 27 <sup>th</sup> January 2017  |  |  |
| Subject<br>Information | This summary report will give an overview of the current arrangements for physical and/or psychological support for survivors of FGM and outline the proposed plan for the development of services in this area.   |  |  |
|                        | <u>Current situation</u>   |  |  |
|                        | At present, almost all known cases of FGM in the West of Berkshire are identified through RBH maternity services, either by disclosure at booking and/or subsequent antenatal appointments, or by visual identification when the woman attends in labour. For those women identified in the antenatal period, they are seen in routine clinic appointments as there is currently no separate service for issues around FGM. This has a significant impact on the functioning of the clinic as complex issues take time to deal with. In addition to this, the issues of the woman's FGM relating to her pregnancy can be addressed, but any issues outside of this, e.g. psychology, will not be addressed.                                |  |  |
|                        | <ul> <li>In addition to this, there is currently no provision for supporting women who are not pregnant but have issues relating to their FGM. There is a lack of identification of these women generally in Primary Care, for several reasons: <ul> <li>Women with FGM are poor attenders for female-related health issues</li> <li>They are aware of the stigma around the subject and are worried they will get into trouble</li> <li>They are not aware that they could be referred for help e.g. pain management or urology issues, so they endure these conditions</li> <li>Practitioners are not skilled in asking the question about FGM, identification or what to do if they identify a patient who has it</li> </ul> </li></ul> |  |  |
|                        | Reading has been identified as a potential 'hot-spot' for FGM and based on census data, prevalence amongst practising communities is predicted to be high. This would therefore suggest a major unmet health need in women who have experienced FGM. However, the issues are wider than health   |  |  |

- the practice of FGM is illegal and is a major safeguarding concern. It is usually carried out on pre-pubescent girls (average age 4-8 but can be performed at any age from birth to adulthood) and is often carried out by non-medical members of communities, without anaesthetic, with rudimentary implements and using force to restrain the child.

#### What needs to change

In order to address issues around FGM partners must take a holistic standpoint to consider all aspects of the consequence of FGM such as health issues, but also including criminality, repercussions in the community, intelligence gathering, as well as challenging the cultural perspective of the practice. We have to be mindful that practising communities have been carrying out FGM for many hundreds of years but there is no religious foundation for the practise; it is about controlling female sexuality.

Tackling FGM raises awareness of other BME issues such as:

- Forced marriage
- Honour based violence
- Modern slavery and trafficking
- Private fostering

#### What is proposed – Reading Rose Centre

Working in collaboration with:

- CCGs
- NHS England
- Alliance for Cohesion and Racial Equality (ACRE)
- Police and Crime Commissioner
- Reading Borough Council

Plans are moving forward to establish 'Reading Rose Centre' which will be based at Oxford Road Community Centre (ORCC). This would be a 'one-stop-shop' for communities around addressing the issue of FGM and other BME issues, but also to access services such as English as a Second Language, back to work skills, etc. The ethos of the centre will be to open the doors to BME communities to provide them with a voice to empower of issues of inequality such as control and violence against women and girls.

There have been many months of discussion around the availability of funding for Rose, and although partners are committed to contributing to the project, the current squeeze on budgets has led to some delays in realisation of the project. A business plan has been written and disseminated to

|                 | Despite this, there is still a considerable shortfall in the amount needed to set up Rose and keep it going for a minimum of 3 years.  However, in December 2016, the Home Office launched their funding strategy for Violence Against Women and Girls Transformation Fund which can be found at Appendix 1.  Funding can be requested in 2 tranches:  Requests by statutory partners Requests by voluntary and community organisations Joint requests are considered favourably. In Reading, statutory partners are working cohesively with ACRE in this regard.  The plans for Reading Rose satisfy virtually all of the requirements for this funding. We have entered expression of interest/intention with details of our vision for Reading Rose. Our hope is that as Reading is identified as a hot spot that the proposal will meet favourably with the Home Office requirements.  We will learn by the end of March 2017 if we have been successful. |
|-----------------|---|
| Discussion      | We would like members to consider the wider impact of a bespoke service and ideally support the vision for a 'centre of excellence' for BME issues, initiated by the need to tackle health inequalities around FGM, but driven by the significant criminal, social and safeguarding consequences faced by the BME population. This is our vision for Reading Rose Centre.  It is also important to be aware that in the event we are unsuccessful in our bid for government funding, discussions need to be swift in finding a contingency plan.  |
| Recommendations | <ul> <li>That the report is noted by the HWB</li> <li>Further update on progress of Reading Rose for the next HWB</li> </ul>  |



# **Violence Against Women and Girls Service Transformation Fund**

**Prospectus** 

December 2016



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"Any act of gender-based violence that results in, or is likely to result in physical, sexual, psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."

United Nations Declaration on the Elimination of Violence Against Women (1993)

# Violence Against Women and Girls Service Transformation Fund

Violence against women and girls (VAWG) can shatter the lives of victims, their families and those closest to them. These crimes also have a huge impact on our economy, our health services, and the justice system.

Protecting women and girls from violence, and supporting victims and survivors, is a key priority of this Government.

In March 2016 we published the Violence Against Women and Girls Strategy, which sets out an ambitious programme of reform, supported by increased funding of £80m, to make tackling these crimes everybody's business, ensure victims get the support they need, and bring more perpetrators to justice.

We are helping to end violence at home and abroad by allowing women to check their partner's criminal history, introducing domestic violence and stalking protection orders, criminalising forced marriage and prioritising women and girls in our work overseas.

### The purpose of the funding

VAWG services are mainly commissioned at a local level by Police and Crime Commissioners (PCCs), local authorities and health commissioners. A framework of central funding currently supports local commissioners and service providers.

To support the Government's commitment to tackling VAWG, we have pledged £80million in funding until 2020. This will help to deliver our goal to ensure a secure future for national helplines, rape support centres, refuges and other critical services, whilst driving a major change across all services.

From 2017, this funding will also support the launch of a £15million, three-year VAWG Service Transformation Fund to aid, promote and embed the best local practice and ensure that early intervention and prevention become the norm. We will make sure victims get the help they need when they need it, and that no victim is turned away. We know that these crimes are disproportionately gendered, which is why our approach is framed within a violence against women and girls strategy. However, we intend to benefit all victims of these crimes, and so proposals supporting men's services will not be excluded from consideration.

We will move from a model of direct national match-funding for individual posts to one of supporting vital community-based services through funding local programmes which complement and add to existing services, encouraging better collaboration and new, joined-up approaches between PCCs, local authorities and health commissioners, and with specialist VAWG service providers. These programmes should be based on needs assessment evidence, and incorporate early intervention; establishing and embedding the best ways to help victims and their families; and taking steps to reduce the prevalence of these crimes.

To ensure all VAWG victims and survivors get the right support at the right time, we have set out a clear blueprint for local action though a new National Statement of Expectations (NSE). The VAWG Service Transformation Fund is intended to support VAWG programmes and approaches to make a systemic change to local service provision to help deliver against this.

# The support offer

We will provide grants to successful bidders, paid under Government's grant-making powers. We are looking to award a total of £15million across England and Wales by the end of the 2019-20 financial year. Bidders should consider this when deciding upon the size of grant they will be applying for.

Grants will be awarded to local commissioners, be they PCCs, local authorities or health commissioners, across England and Wales. Due to the collaborative nature of the fund, we strongly encourage consortium bids incorporating larger and smaller organisations, and expect that most bids will geographically cover at least one commissioning area, and a range of services.

Grants will be paid per financial year, with the option of renewal annually. Bids should cover the three year period of the fund, and renewal will be dependent on achievement of annual milestones. We will require biannual (twice a year) progress reports against these milestones, on which continued funding will be conditional. We do not necessarily expect system reform from day one — initial deliverables might include research, prototyping, delivering and evaluating before deciding how to scale up or out. The Home Office will pay grants to the lead Senior Responsible Owner (SRO) in arrears, though in certain circumstances we will consider paying up to 25% of that year's grant up-front where an acceptable case is made. Commissioners will have their own financial arrangements with the partner organisations forming part of their bid.

Successful bids' aims must contribute to the achievement of the overall outcomes of the fund, in line with the NSE. They will;

- display collaborative leadership and partnership working
- provide a service which would not otherwise have been provided without this funding (single purpose funding proposals for national helplines, rape support centres and refuges are therefore likely to be out of scope for this Fund)
- show how they will incorporate monitoring and evaluation into their project.

We would also expect successful projects to produce and disseminate shared learning materials, and are asking for proposals to include a suggested approach to doing this.

# Eligibility

In order to be considered for funding, bids must meet the following eligibility criteria;

- Project must be based in England or Wales.
- Applicants must be able to provide the necessary leadership to deliver transformational change in a local area.
- There must be a clearly identified lead local area responsible, so bids must name a SRO from a PCC, local authority, or health commissioner (or Welsh local health board).

- The lead body for the project must show how they will link up with PCCs, local authorities and health commissioners/boards, and with specialist VAWG organisations in the area as appropriate.
- Bids must comply with Home Office financial guidelines.
- Grant applied for must represent no more than 25% of the applicant's collective annual income.
- Applicants must have been in operation for at least six months.
- Successful bidders must be transparent in relation to grant use.
- Bids' aims must contribute to the achievement of the overall outcomes of the VAWG Service Transformation Fund, in line with the NSE, and deliverables must meet the essential assessment criteria.
- Individuals using services provided by the Fund must be a minimum of 13 years old.
- Bids must explain arrangements for safeguarding vulnerable children and young people as part of their planned activities (where this is applicable).
- Applicants may submit more than one bid, as long as they are registered separately.
- In making a final decision, we will take steps to ensure that an appropriate distribution of projects are funded; geographically, by type of VAWG, and by stage and type of intervention.

# The application process

The purpose of the Prospectus is to help inform the content of your bid and allow you to build your relevant partnerships in advance of formal application. We will initially be inviting expressions of interest before opening up the formal application period in the New Year. You will then be able to register and formally apply to the Fund.

## **Expressions of interest**

We will be inviting expressions of interest for the fund from December 2016. Applicants will be asked to fill in a short <u>expression of interest form</u> highlighting the key points of their bid available. During this period we may contact you for more information on your bid, and you will have the opportunity to ask clarification questions.

### Formal application

We will be issuing guidance on the application process, and publishing the application form, in due course, with the formal application period opening in early 2017 for four weeks.

Applications should include;

- An outline of the proposal
- A short statement of how the proposal meets each of the assessment criteria
- A project plan up to March 2020, including key deliverables for each year.
- Contact information for the SRO and a deputy contact

#### Assessment criteria

We will assess proposals against a range of criteria. Applicants should ensure that their answers are clearly evidenced.

#### 1. Outcomes

Bids must show how the outcomes of their project will contribute to the achievement of five of the seven strategic aims of the fund listed a) to g) below, in line with the National Statement of Expectations. Project outcomes should be linked to local needs assessment evidence.

- a) Victims, survivors and their families can access the right support at the right time.
- b) Perpetrators and potential perpetrators of VAWG are prevented from (re)offending, through specific intervention projects or through more perpetrators being brought to justice.
- c) Sufficient services exist for all demographics, and no one is turned away from accessing critical support services appropriate to their situation.
- d) Fewer victims will reach crisis point and need refuge.
- e) The needs of victims and survivors with the most complex needs or experiencing multiple disadvantages are met.
- f) Future interventions and commissioning decisions are informed by robust evidence.
- g) There is increased awareness so that VAWG is seen as 'everybody's business', and everybody knows the contribution that they can make.

#### **Essential Criteria**

Bids will need to show a good demonstration of how they meet each of the below essential criteria in order to proceed.

#### 2. Partnership working

Incorporate multi-agency working and collaborative leadership with a range of effective local partners. This might involve shared facilities, services and information. Provided the bid continues to deliver against its stated outcomes, the make-up of the partnership may be adjusted over the course of the funding period, for example to optimise effectiveness, value for money or to reflect changing circumstances.

#### 3. Need and Additionality

Provide a service for which there is a local requirement and which would not have been provided without this funding; meeting new challenges, such as those arising through technology and the internet, and/or responding more effectively to existing challenges. Services will not already be covered by national funding, e.g. national helplines, refuges, and rape support centres.

#### 4. Monitoring, evaluation and shared learning

Effectively monitor and evaluate funded projects and services, to contribute towards the creation of a robust, global evidence base and share best practice learning, for example through toolkits or case studies.

Bids will then be assessed against the following deliverables, and how well these link with the project aims and expected outcomes:

#### 5. Project deliverables

- a) Use a sustainable, multi-agency approach to:
  - Understand the local area, making best use of available data and knowledge to assess the needs of victims, survivors and their families (including those of the local demography, BME individuals and those with complex needs) and/or the risks posed by perpetrators to formulate local strategies or help fulfil a national need;

- Map local resources and funding streams, pool budgets to make best use of available resources;
- Link into other programmes of support, unlock further investment for example through match funding.
- b) Be locally-led but provide access for a diverse range of service users. To include those from outside of the local area (collaborating across local authority and service boundaries as necessary), and 'hard to reach' groups where gaps in provision may occur, such as 16-18 year olds.
- c) Increase local awareness of issues and engage and empower communities to seek, design and deliver solutions to prevent and address VAWG.
- d) Provide early intervention and support
- e) Link up with services that support vulnerable people across the board, to provide access to integrated pathways of support, particularly for those with complex needs or facing multiple disadvantages.
- f) Meet users' needs throughout their journey, including long-term needs.

#### 6. Ability to deliver

Bids must set out the experience of the partnership in delivering similar projects and provide information on the team and resource allocated to the project. The submitted project plan will also form part of the marking.

#### 7. Value for money

The Government is required to ensure that funding delivers value for money — bids must demonstrate how they will provide additional outcomes over and above current provision. We are interested in high quality outcomes as well as efficient delivery. Highlighting how value for money is being achieved will include illustrating economy and efficiency through minimising costs and maximising outputs. Also consider how this funding could leverage additional investment and provide economies of scale. Applicants will be sent a budget template for these purposes, and should produce a summary of the impact that the funding will achieve. We will reject bids which demonstrate poor value for money (costs exceed benefits).

## **Scoring**

We will use a 0-5 scale for each of the criteria, where 0 represents no demonstration and 5 represents an excellent demonstration. Criteria will be weighted as below:

- **1.** Outcomes (30%)
- **2.** Partnership working (10%)
- **3.** Additionality (10%)
- **4.** Monitoring, evaluation and shared learning (10%)
- **5.** Project deliverables (20%)
- **6.** Ability to deliver (10%)
- **7.** Value for money (10%)

In making a final decision, we will take steps to ensure that an appropriate distribution of projects are funded; geographically, by type of VAWG, and by stage and type of intervention.

The Home Office reserves the right to accept proposals in part or in full.

## **Timetable**

| Prospectus launched  | December 2016  |
|--|--|
| EOI period, formal application form and guidance published | December 2016/January 2017                                 |
| Application window open                                    | January/February 2017 (four weeks)                         |
| Registration deadline                                      | February 2017 (one week prior to application window close) |
| Announcement of successful bids                            | March 2017   |
| Allocation of grants                                       | From April 2017  |
| End date of Fund   | 31 <sup>st</sup> March 2020                                |

Please send any queries to <a href="mailto:VAWGFund@homeoffice.gsi.gov.uk">VAWGFund@homeoffice.gsi.gov.uk</a>