Item 4

Appendix A

A Report of the Children & Young People Scrutiny Committee

FEMALE GENITAL MUTILATION (FGM)
February 2017

CARDIFF
CAERDYDD

County Council of The City and County of Cardiff

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CHAIR'S FOREWORD

I was very pleased to take part in the FGM Task and Finish Group of the Children and Young People Scrutiny Committee as this issue has long been a concern of committee members.

FGM has been illegal in the UK since 1985 with recent legislation in the Female Genital Mutilation Act 2003.Yet while there has been much good work undertaken to tackle FGM, the Task and Finish short scrutiny inquiry set out to ascertain the scale of the problem in Cardiff and to identify how the issue is being addressed. Our findings concluded that there is much work still to be done, not least in data collection and in intelligence sharing. We hope that that our report will highlight the need to provide ongoing support to the agencies involved in tackling this matter.

I should like to thank Alison Jones, Principal Scrutiny Support Officer for her invaluable support in this important inquiry and my fellow committee members for their commitment to this scrutiny.

Councillor Dianne Rees
Chair, FGM Task & Finish Group

INTRODUCTION

1. Female Genital Mutilation (FGM) is illegal in the UK. In England, Wales and Northern Ireland, civil and criminal legislation on FGM is contained in the Female Genital Mutilation Act 2003 (the act). In Scotland, FGM legislation is contained in the Prohibition of Female Genital Mutilation (Scotland) Act 2005. The Female Genital Mutilation Act 2003 was amended by sections 70-75 of the Serious Crime Act 2015.

2. The World Health Organisation (WHO) defines FGM as *all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons* (WHO, 1996). Details of the practice are set out in the Evidence Section on page 14 below.

3. During the development of its 2016/17 work programme, the Children & Young People Scrutiny Committee agreed to undertake a short scrutiny inquiry into Female Genital Mutilation (FGM). The aim of the Inquiry was to:

   - Identify the scale of the problem in Cardiff.
   - Identify options to improve awareness of FGM across professional and ethnic minority groups.
   - Improve the training of professionals who may come into contact with FGM.
   - Ascertain what work is being undertaken in the wider community and schools.
   - Identify ways to improve the operation of the FGM clinical pathway including proposals for an all wales FGM clinic.
   - Improve the collection and robustness of FGM data across Cardiff.

4. It was agreed that a Task & Finish Group be established to undertake this inquiry. Members of the Task & Finish Group were:

- Councillor Dianne Rees (Chair)
- Councillor Lynda Thorne
- Councillor Heather Joyce
- Karen Dell'Armi (Parent/Governor Co-optee)
- Patricia Arlotte (Roman Catholic Co-optee).

5. The Inquiry took place during January and February 2017. The following report sets out the key findings and conclusions arising from this Inquiry, as well as a number of recommendations arising from the evidence gathered.

KEY FINDINGS

Overall, the Inquiry concluded that there had been a lot of work undertaken at operation level in relation to tackling FGM in Cardiff. However, there were a number of key issues that Members agreed needed to be addressed. These are as follows:

Strategic, Joined-Up Working

KF1. Members were satisfied that systems, processes and procedures were in place to deal with any FGM disclosures. However, it was not apparent during the Inquiry that partners were working together strategically. There did not appear to be a lead agency responsible for FGM, and whilst Members agreed there were many pockets of proactive, effective working practices, individually and across some partner organisations, there appeared to be a lack of coordinated working across all partners.

For example, whilst there was evidence of training, education and awareness raising within Health, Crown Prosecution Service, BAWSO, Cardiff Council and South Wales Police, there did not appear to be a coordinated package that could be used across all these organisations, delivering a consistent message. In addition, there was no evidence of a partnership group covering the Cardiff area, to synchronise work, pool resources, develop strategies and action plans etc.

Data/information in relation to FGM

KF2. During the Inquiry, one of the main issues of concern was the availability of intelligence. Whilst it was acknowledged that good reporting mechanisms are in place, lack of data was an issue.

Members were unable to ascertain a consistent, coordinated data set on the numbers of FGM cases, including the type of FGM and an age breakdown. Members felt that this data was critical in identifying the scale of the problem within Cardiff, and presented the Task Group with significant difficulties during their deliberations. In addition, Members were unable to identify whether numbers reported were duplications or whether they were old or new cases. This had also been an issue for community members who had voiced their concerns about the reality of the problem within Cardiff.

Health provided the Inquiry with the number of FGM cases that had been referred to the Welsh Government between October and December 2016. Within Cardiff, 20 cases had been identified, and these had come via the safeguarding MASH and the All Wales Clinical Pathway. No further details were available at the time.

The Crown Prosecution Service reported that there was one potential case of FGM (Type 2) being investigated in Cardiff. No prosecutions had taken place.

KF3. Another issue of concern arising from the Inquiry was that of the transient population in the area, and the lack of data on population profiles. Members and witnesses all agreed that there had been issues with statistics, including census data. It was agreed that local statistics were needed.

KF4. The Crown Prosecution Service (CPS) informed the Inquiry that an FGM task Group is being set up with the Police and Health to look at data sets and look at how the agencies can work together to improve data collection and avoid duplication. The CPS stated that Bristol already have good systems in place in collecting and reporting FGM cases and they would be looking at this as part of the Task Group work.

Challenging Cultural/Belief Conventions

KF5. The Inquiry heard how FGM was very complex and linked intrinsically with a community's belief system and culture. Members heard case studies and anecdotal evidence from professionals and via community meetings held in Grangetown, which highlighted the difficulties faced by women and girls within their communities.

The Inquiry identified that currently, The Black Association of Women Step Out (BAWSO) is a key organisation in working within communities. BAWSO stated that the focus of their work in this area was under the wider umbrella of positive parenting, challenging the paradigms within the community, but not just focusing on FGM. BAWSO stated that newly arrived community members may not be aware that it is illegal, and those established communities view it as a manifestation of their wider culture.

KF6. In addition, BAWSO reported that they had encountered different levels of desire to engage with them. For example, they reported that the Sudanese community were very open to engaging with them; but they had encountered difficulties with those from Sierra Leone and the Gambia.

KF7. The Inquiry acknowledged the need to avoid stigmatisation or victimisation within communities. BAWSO stated that what was most important was that women did not want to be defined by FGM. It was imperative that a trusting environment is established and a sensitive approach. It agreed that communities need to be involved and updated regularly on legislation relating to FGM, especially those communities that are relatively "new" within Cardiff, and that community work needs to be bottom up, community led. Currently, it was agreed that it was more top down.

BAWSO informed the Inquiry that they had been engaged with 788 families in the past three years. This work ranged from awareness raising to 1-1 support.

Training

KF8. Members were informed of a wide range of training that had been undertaken with a range of professionals in Cardiff and Wales. This included:

- Crown Prosecution Service (CPS) delivering training to Dyfed Powys Police; CPS lawyers all provided with aide memoirs linking behaviour and legislation;
- All South Wales Police Officers trained in recognising signs of FGM;
- FGM training within maternity services were in place;
- A wider ranging training programme in Health planned for DOSH (Integrated Sexual Health); SARC (Sexual Assault Referral Centre); Gynaecology; Maternity; and safeguarding. Once this had been delivered, "train the trainer" sessions would be established.
- Social Services Staff in assessment and safeguarding.

KF9. In addition to other Health training programmes, the Inquiry identified the need for training for GPs. Whilst it was acknowledged that training would be rolled out based on areas of higher levels of Black and Minority Ethnic (BME) communities, it was also imperative to identify and work with GPs in areas where there were emerging new arrivals in communities (for example, Llanrumney), to ensure that the message is with GPs within the earliest timeframe possible.

KF10. Members also highlighted the need for training within schools at both primary and secondary level. Members felt that FGM training across all those connected with the school, including attendance officers, youth workers and at teacher training level should be implemented.

Awareness Raising/Education

KF11. The Inquiry agreed that there had been a proactive, sustained training and awareness-raising programme in place over a number of years and this should be commended. This included:

- Awareness raising within the Somali community, where it was reported that approximately 90% of this community had engaged in some form of education. The awareness-raising programme included details on how to report and who to report to.
- BAWSO and the NSPCC youth projects in Mary Immaculate and Fitzalan Schools.
- Posters within every GPs surgery in Wales (with NSPCC, Welsh Government and BAWSO);
- "Voices" DVD – used in schools etc;
- Work with airports at key times of the year;
- Work with Cardiff University medical students to make FGM part of their studies;
- Work with trainee social workers to make FGM part of their studies.

Upcoming work will include:

- From 1 April 2017, BAWSO increasing awareness raising work within schools;
- CPS recommending that FGM and other forms of honour-based violence be included on the national curriculum, which was currently being reviewed and implemented in 2020.

In addition, BAWSO and the CPS also stated that they would like to have FGM community champions in place, who would be available to undertake peer-to-peer work with communities and bring together harder to reach individuals and groups.

Reporting FGM Cases

KF12. The Inquiry identified the obligations and routes into reporting FGM (via the Section 47 pathway), and Members were satisfied that effective processes and procedures were in place to deal with FGM cases.

The Inquiry concluded that there are systems in place for the reporting / monitoring of “at risk” families and girls, and should a family (for instance) take a long “family holiday”, this would be followed up. However, the Task Group would like to see a further move towards developing a more proactive, preventative approach to those at risk from FGM.

In addition, Health reported that, within maternity services, a mandatory question on FGM is asked across all ethnicities.

Protocols/Procedures/Policies

KF13. Much of the work governing FGM was already in place via legislation and national policy and practice, and Members were satisfied that locally, any cases of FGM would be dealt with effectively and sympathetically. However, Members were concerned about ongoing budget / financial pressures that may affect this. For example, the FGM Pilot Clinic had yet to receive funding, and BAWSO reported a reduction in charitable funding that would have a significant impact in relation to the work they do.

KF14. The Inquiry Team were informed by the CPS that the protocol in relation to FGM was being updated, and the new protocol will have more detailed requirements, particularly regarding notification; decision-making; and reporting.

KF15. The Inquiry concluded that there was a need for a clear pathway to be put in place that could be used to reach out to all professionals, and used widely as part of the education and awareness raising activities, as well as

ensuring that the community know where to go to get help, advice or support.

KF16. The Inquiry Team were also informed that the CPS, as part of its FGM Task Group work would be to develop a Five Year Strategy covering FGM, and that an Action Plan would be part of this.

KF17. The Inquiry was also informed of work currently being undertaken between Swansea Council and BAWSO in addressing FGM. Swansea Council had supported BAWSO both in terms of partnership working and funding.

All Wales FGM Clinic

KF18. The Inquiry were informed that a dedicated FGM clinic had been approved to run within the CHAP (Cardiff Health Access Practice) at Cardiff Royal Infirmary. The Clinic would run once a week on a 12 month trial period, but, as yet, is not funded. £60,000 was needed for the pilot. The service would provide physical and psychological help. Members agreed that they would support the bid and that this will be one of the key recommendations arising from this Inquiry.

Funding Issues

KF19. Funding for the FGM Clinic had been highlighted as a particular concern during the Inquiry.

KF20. In addition, funding was an issue for BAWSO. Some of its charitable funding had come to an end and currently, nobody is funding some of the proactive work they have undertaken. A lot of what they currently do is based on the goodwill of volunteers. Lack of funding has affected the amount of work they are currently able to undertake. Members were

particularly concerned about how this would affect the work required in new and emerging communities within Cardiff.

RECOMMENDATIONS

It is recommended that the following recommendations are commended to the Cabinet and other key partners for consideration. The recommendations should be reported back to this Scrutiny Committee within 6 months, unless otherwise stated.

Recommendations to the Cabinet:

R1. It is recommended that the Council take a lead role in establishing a local partnership group to address FGM in Cardiff ***(supported by KF1)***. This group should be responsible for the strategic and operational overview of FGM. This will include:

- Data collection and intelligence gathering ***(KFs 2-4).***

- Linking with partners and communities to play a more proactive role in:
    - Community engagement ***(KFs 5-7).***
    - A coordinated training package across all professionals ***(KFs 8-9).***
    - Coordinated Awareness Raising and Education Programme. approach to professionals; communities affected by FGM; wider community generally ***(KF 11).***
    - Training and awareness raising/ education in all schools, including teacher training, attendance officers etc. ***(KFs 10-11).***
    - Development of Protocols and Pathways ***(KFs 14-15).***
    - Development of an FGM Strategy and Action Plan ***(KF 16).***
    - Support for the FGM Clinic Trial ***(KF 18).***
    - Work with partners to explore funding streams for delivering the above ***(KFs 19-20).***

- Explore spreading the work amongst partners and other third sector organisations, to relieve the pressure on BAWSO, both in terms of financial and time constraints they currently find themselves with ***(KF19).***

R2. It is recommended that the Council play a key role in the Crown Prosecution Service / BAWSO led FGM Task & Finish Group to address improved data collection/reporting and local intelligence ***(KFs 2-4)***; and the FGM Strategy and Action Plan ***(KF16)***.

Recommendation to the Crown Prosecution Service and BAWSO:

R3. The FGM Task & Finish Group report back to this Scrutiny Committee within 12 months on its findings in relation to the following:

- Identifying, developing and implementing a system for the collection of FGM data that can be used and shared across all partners. This should include breaking down the data into type of FGM procedure, age profiles, ethnic origin, number of re-referrals etc.

- Work across all partners to develop statistics in relation to the local population, to identify the range of communities in Cardiff.

- Evaluate the approach used in Bristol as a potential benchmark for kick starting this process.

- Development of an FGM Strategy and Action Plan.

Supported by KFs 2-4; 16

Recommendation to the Children & Young People Scrutiny Committee:

R4. It is recommended that this Scrutiny Committee write a letter of support for the FGM Clinic Pilot, based on the findings from this Inquiry ***(KF18).***

EVIDENCE

Definition Of FGM

The World Health Organisation (WHO) defines FGM as *all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons* (WHO, 1996).

Types of FGM

FGM (sometimes called Female Circumcision) is a traditional practice, which takes three main forms:

Type 1 – Circumcision (Sunna)
This is the least severe form of FGM and involves the removal of the hood of the clitoris preserving the clitoris itself. This type of operation is also known as Sunna, which means 'tradition' in Arabic.

Type 2 – Excision (Clitoridectomy)
It involves the partial or total removal of the clitoris together with parts of the whole of the labia minora (small lips which cover and protect the opening of the vagina and the urinary opening). After the healing process has taken place, a large scar tissue forms to cover the upper part of the vulva region.

Type 3 – Infibulation (also called Pharaonic Circumcision)
This is the severest form of FGM. The term 'infibulation' is derived from the name given to the Roman practice of fastening a 'fibular' or 'clasp' through the large lips of their wives genitalia in order to prevent them from having illicit sexual intercourse.
In infibulation, the clitoris, the whole of the labia minora and the internal parts of the labia majora (the outer lips of the genitals, which lubricate the inside of the skin folds to prevent soreness) are removed. The two sides of the Vulva are then sown together with silk, catgut sutures, or thorns leaving only a very small opening to allow for the passage of urine and menstrual flow.

Type 4 – Unclassified

This includes all other operations on the female genitalia including pricking, piercing, and stretching of the vulva region, incision of the clitoris and/ or labia, cauterisation by burning the clitoris and surrounding tissues, incisions to the vaginal wall, scraping (anqurya cuts) or cutting (gishiri cuts) of the vagina and surrounding tissues.

Legislation Governing FGM

FGM is illegal in the UK. In England, Wales and Northern Ireland, civil and criminal legislation on FGM is contained in the Female Genital Mutilation Act 2003 (the act). In Scotland, FGM legislation is contained in the Prohibition of Female Genital Mutilation (Scotland) Act 2005. The Female Genital Mutilation Act 2003 was amended by sections 70-75 of the Serious Crime Act 2015.

UN Convention of the Rights of Child

Articles 6, 19, 36 and 39 all are relevant to the protection of Children from FGM.

Children Act 2004

Section 11 of the Children Act 2004 places a duty on all professionals “to safeguard and promote the welfare of children”. This includes councils, schools, the police and health professionals. All have a role in ensuring that women and girls are protected.

The Social Services and Well-being (Wales) Act

This helps all services work together to make sure that children and young people enjoy healthy, happy lives and from April 2016 it places a duty on everyone to report when they have concerns that a child might be at risk or experiencing abuse or neglect.

Criminal law in England and Wales

Under section 1 of the Female Genital Mutilation Act 2003, a person is guilty of an FGM offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl’s or woman’s labia majora, labia minora or clitoris. To excise is to remove part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the

labia majora (larger outer lips). To infibulate is to narrow the vaginal opening by creating a seal, formed by cutting and repositioning the labia.

Offences of FGM

It is an offence for any person (regardless of their nationality or residence status) to:

- Perform FGM in England and Wales (section 1 of the act).
- Assist a girl to carry out FGM on herself in England and Wales (section 2 of the act).
- Assist (from England or Wales) a non-UK person to carry out FGM outside the UK on a UK national or UK resident (section 3 of the act).

If the mutilation takes place in England or Wales, the nationality or residence status of the victim is irrelevant.

Failing to protect a girl from risk of FGM

If an offence under sections 1, 2 or 3 of the act is committed against a girl under the age of 16, each person who is responsible for the girl at the time the FGM occurred could be guilty of an offence under Section 3A of the act.

FGM taking place abroad

It is an offence for a UK national or UK resident (even in countries where FGM is not an offence) to:

- perform FGM abroad (sections 4 and 1 of the act)
- assist a girl to carry out FGM on herself outside the UK (sections 4 and 2 of the act)
- assist (from outside the UK) a non-UK person to carry out FGM outside the UK on a UK national or UK resident (sections 4 and 3 of the act)

An offence of failing to protect a girl from risk of FGM can be committed wholly or partly outside the UK by a person who is a UK national or UK resident. The extra-territorial offences of FGM are intended to cover taking a girl abroad to be subjected to FGM.

Any person found guilty of an offence under sections 1, 2, 3 of the act faces up to 14 years' imprisonment, a fine or both. Any person found guilty of an offence under section 3A of the act, faces up to 7 years' imprisonment, a fine or both.

Under provisions of the law which apply generally to criminal offences, it is also an offence to:

- Aid, abet, counsel or procure a person to commit an FGM offence.
- Encourage or assist a person to commit an FGM offence.
- Attempt to commit an FGM offence.
- Conspire to commit an FGM offence.

Any person found guilty of such an offence faces the same maximum penalty for these offences under the act.

Civil law in England and Wales

Under section 5A and schedule 2 of the act provision is made for FGM protection orders. An FGM protection order is a civil law measure which provides a means of protecting actual or potential victims from FGM.

Applications for an FGM protection order can be made to the High Court or family court in England and Wales with the purpose of protecting a girl or woman against the commission of a genital mutilation offence or protecting a girl or woman where such an offence has been committed.

Other legislative aspects

The act also:

- Guarantees lifelong anonymity for victims of FGM (section 4A of the act).
- Places a mandatory duty on health and social care professionals and teachers to notify the police where they discover FGM has been carried out on a girl under 18 years of age during the course of their work (section 5A of the act).
- Provides for statutory guidance on FGM (section 5C of the act).

FGM Protection Orders

Female Genital Mutilation (FGM) Protection Orders under the Female Genital Mutilation Act 2003 as amended by section 73, Serious Crime Act 2015 commence on 17 July 2015. FGM Protection Orders protect girls under 18 years but also vulnerable female adults over 18 years too.

Examples of the types of orders the court might make are:

- to protect a victim or potential victim from FGM from being taken abroad;
- to order the surrender of passports or any other travel documents, including the passport/travel documentation of the girl to be protected;
- to prohibit specified persons from entering into any arrangements in the UK or abroad for FGM to be performed on the person to be protected;
- to include terms in the order which relate to the conduct of the respondent(s) both inside and outside of England and Wales; and
- to include terms which cover respondents who are, or may become involved in other respects (or instead of the original respondents) and who may commit or attempt to commit FGM against a girl.

Orders may also be made against other people, not named as respondents in the application, recognising the complexity of the issues and the numbers of people who might be involved in the wider community.

Breach of an order is a criminal offence, and the respondent may be arrested if the police believe there is reasonable cause to suspect there is a breach of the order. The offence of breach of an FGM Protection is subject to a maximum penalty of five years' imprisonment. As an alternative to prosecution, a breach of an FGM Protection Order can be dealt with through the civil route as a contempt of court, which is punishable by up to two years' imprisonment.

Under the act, the following three categories of person can make an application for a FGM Protection Order:

- the person to be protected, without leave of the court;

- a relevant third party, who can make an application on behalf of a victim or potential victim, without the leave of the court; and
- any other person on behalf of the person to be protected, as long as they obtain he court's permission to make an application.

A court can also make an FGM Protection Order, without application being made to it, in certain family proceedings. In addition, a criminal court can also make an FGM Protection Order, without application, in criminal proceedings for a genital mutilation offence, where the person who would be a respondent to any proceedings for an FGM protection order is a defendant in the criminal proceedings. An FGM Order can also be made in such criminal proceedings to protect a girl at risk, whether or not they are the victim of the offence in relation to the criminal proceedings. For example, the younger sister of the victim of a genital mutilation offence could also be protected by the court in criminal proceedings.

The Female Genital Mutilation Protection Orders (Relevant Third Party) Regulations 2015 gives effect to this, enabling local authorities to act as relevant third parties from 17 July 2015. This enables Local Authorities to make an application without first needing to apply for the leave of the court to do so. This is similar to Forced Marriage Protection Orders.

All Wales Child Protection Procedures - ALL WALES PROTOCOL 2011

The All Wales Child Protection Procedures are an essential part of safeguarding children and promoting their welfare. The common standards they provide guide and inform child protection practice in each of the Local and Regional Safeguarding Children Boards across Wales. They outline the framework for determining how individual child protection referrals, actions and plans are made and carried out.

They are based on the principle that the protection of children from harm is the responsibility of all individuals and agencies working with children and families, and with adults who may pose a risk to children. Partnership working and communication between agencies is identified as key in order to identify vulnerable children and to help keep them safe from harm and abuse.

The All-Wales Child Protection Procedures are kept up-to-date by the All-Wales Child Protection Review Group (AWCPPRG). The group has a mandate and representation from, all of Wales' Local and Regional Safeguarding Children Boards and partner agencies. The group also produces supplementary protocols and practice guides, on an All-Wales basis, and provides a platform for sharing good practice across Wales.

In addition to the main All Wales Child Protection Procedures a number of additional procedures and protocols have been produced giving advice about procedures to be undertaken in specific circumstances. These include protocols issued at an all-Wales level and regional Child Protection Forum protocols. Protocols that have been produced on an All-Wales basis and include the All Wales protocol Female Genital Mutilation.

The Protocol sets out the procedures and practice guidelines to be used by all professional in dealing with suspected cases of FGM, in particular that:

- All agencies should work with the practicing communities to develop appropriate education and preventive programmes with a view to eradicating the practice of FGM.

- All staff that have responsibility for child protection work must be acquainted with the All Wales Child Protection procedures and with any local preventative programmes, which exist.

- Any information or concern that a child is at risk of, or has undergone FGM must result in a child protection referral to social services and/or the police.

- FGM places a child at risk of significant harm and will therefore be investigated (initially) under Section 47 of the Children Act (1989) by Social Services and the police child protection team.

FGM In Wales

FGM is a traditional practice native to certain regions in Africa – including Somalia, where 98% of women are affected – the Middle East and South-east Asia. Cardiff houses one of the highest numbers of people with Somali heritage in the UK. Dr

Mwenya Chimba, co-chair of the Wales FGM Forum, said more than 600 women are living with fully or partially removed genitals in Wales.

What Policy And Guidance Is Available

WALES

FGM Safeguarding Protocol – Developed the All Wales Protocol on FGM 2011
Multi-Agency FGM Strategic Leadership Group - the Strategic FGM Leadership Group which provides oversight and direction to this work in Wales and covers trafficking and FGM. It is chaired by KimAnn Williamson (CPS). The Group comprises individuals from the statutory and third sectors, who lead on specific tasks. The Group has developed a number of publications, leaflets and initiatives to raise awareness of FGM. The Group has developed a future work plan, which includes training and awareness raising.

All Wales FGM Training Panel – this panel is chaired by Dr Heather Payne (Senior Medical Officer, Welsh Government) and includes Linda Davies (Designated Nurse Safeguarding Children, Public Health Wales NHS Trust).

CPS / NSPCC Protocol - All police forces in England and Wales have signed up to a protocol with the Crown Prosecution Service in relation to the investigation and prosecution of FGM, and joint training on FGM for police officers and CPS investigators, supported by the College of Policing. The protocol states: “Our priority is creating systems for tackling FGM and forced marriage which put the victim at the heart of investigations, empowering them so they feel confident to come forward and supporting them so they can pursue their complaint fully. We are also continuing with our programme of working with communities to raise awareness and educate them about the harm of FGM and forced marriage and will be focusing on early investigations and the building of good-quality evidence with the CPS, so that all those concerned in the practices of FGM and forced marriage will know that they can no longer carry out or aid these shameful practices with impunity”.

Government statement opposing FGM - This outlines what FGM is, the legislation and penalties involved, and the help and support available. The statement is often referred to as a 'health passport'.

College of Policing APP – National police guidance on FGM has been published by the College of Policing. The Authorised Professional Practice (APP) is designed to raise awareness of and demystify the practice of FGM for officers and those they work with so that it can be more proactively prevented and prosecuted. APP includes guidance on how officers can spot the signs of FGM; the reasons why it is practised; how it is carried out; talking to potential victims; using interpreters and the role of the police in tackling FGM. It gives officers and police staff a scenario to work through which includes FGM taking place in the UK and examples involving acts taking place outside the UK, carried out by a UK person.

FGM Safeguarding Pathway and All Wales FGM Clinical Pathway – see attached appendix 1 & 2.

NATIONAL

Mandatory reporting of female genital mutilation procedural information - This gives health and social care professionals, teachers and the police information on their responsibilities under the female genital mutilation (FGM) mandatory reporting duty which came into force 31 October 2015. It covers: when and how to make a report; next steps following a report; and failure to comply with the duty.

Ending violence against women and girls (VAWG) strategy - The Home Office published a strategy for tackling violence against women and girls in November 2010. Action plans updating the government's work towards this goal are published annually in March. The latest action plan was published in March 2014 and sets out cross-government progress.

A call to end violence against women and girls: action plan - (HM Government, 2014).

Declaration to end FGM - On 6 February 2014 the government published an anti-FGM declaration setting out practical steps including:

- hospitals to provide information on patients who have been subjected to FGM;
- the launch of a community engagement initiative which will involve the voluntary sector; and
- the appointment of a consortium of leading FGM campaigners to deliver a global awareness campaign.

Multi-agency practice guidelines: Female Genital Mutilation - Guidance to help frontline professionals in England and Wales to work together to better identify and protect children and adults at risk of female genital mutilation (FGM). It Outlines the issues and presents good practice when dealing with victims, and sets out the required information and multi-agency actions to be taken in all cases. It gives job-specific guidance for: health, education, police, and children's services, and presents step-by-step actions, advice on what not to do, a list of points to consider and guidance on the legal position. Also outlines initiatives to reduce the prevalence of FGM and lists specialist health services and organisations working on issues around FGM.

Practical toolkit for frontline practitioners - providing information on children experiencing domestic violence and aiming to help practitioners understand what legislation and guidance means for them and their work.
Recognising and preventing FGM - (Home Office, 2014)

Black Association Of Women Step Out (BAWSO)

One of the main charities which delivers services around FGM is BAWSO. Established in 1995, BAWSO is an all Wales, Welsh Government Accredited Support Provider, delivering specialist services to people from Black and Ethnic Minority (BME) backgrounds who are affected by domestic abuse and other forms of abuse, including Female Genital Mutilation, Forced Marriage, Human Trafficking & Prostitution.

BAWSO is at the forefront in the fight to eradicate FGM. It established the FGM Health and Safeguarding project in 2010 (the Tackling Female Genital Mutilation Initiative [TFGMI]) which aims to develop and strengthen community-based preventive work to

safeguard those at risk. Since the start of the project they have worked with over 2500 families to raise awareness about the issues in order to protect women and girls at risk and provide support to survivors. The community-based approach has been a success because the community are the key drivers of change to make Wales an FGM-free nation. They are involved in the design and delivery of activities.

As part of ongoing work to prevent FGM, they engage with young people and empower them to raise their voices to spark conversation about FGM related issues. The young people have developed scripts and performed in plays which condemn the practice, with support from National Theatre Wales. More recently they produced a leaflet and film for use to raise awareness in schools through a partnership of NSPCC, BAWSO, Welsh Government and Burning Red.

The eradication of FGM remains a priority despite funding challenges. More work needs to be done to safeguard girls at risk, as well as supporting survivors of FGM. Training was provided to professionals through a funded project, but the funding has now ended and any further training has to be paid for.

There is an increasing realisation that ending FGM has to be community-led working, together with a statutory-led response. Community-based organisations working with local authorities, safeguarding leads and statutory professional should be part of a comprehensive local response to implement strategies to end FGM. This includes:

- Awareness raising and prevention work
- Supporting engagement and relationships
- Providing advice and consultation
- Meeting the mental health needs of women and girls
- Support in accessing specialist support services
- Training professionals
- Developing resources.

Present Process

The maternity services and Sexual Health clinics provided by the health service in Wales use the All Wales FGM Clinical Pathway form to capture all the relevant details regarding FGM, and provide three separate pathways depending on the patient's circumstances:

- Pregnancy Pathway
- Paediatric Pathway
- Adult Pathway.

There are approximately 60 cases a year identified through the Clinical Pathway.

Referrals through the Multi-Agency Safeguarding Hub (MASH) for children who are at risk of FGM are captured by the system. The data collected shows that during the past year 33 children have been referred where there was a suspicion of FGM, with the following outcome:

- One was already a live case
- Four had a strategy discussion / meeting held
- 22 had a wellbeing assessment / initial assessment undertaken
- 6 had no further action taken.

The Department of Health has also developed a FGM Safeguarding pathway (see Appendix 1).

All referrals should be made to the 101 service who have been provided with the necessary processed to capture the information and refer the case to the MASH.

The NSPCC also has a dedicated help line for FGM (**0800 028 3550**).

Training

National Training Framework on violence against women, domestic abuse and sexual violence - The aim of the National Training Framework is to create a consistent

and quality assured approach to training on these issues. In order to meet this aim, the framework incorporates central and localised delivery, which offers national standards of delivery alongside a flexible approach to local implementation.

A local training needs analysis should be compiled immediately prior to drafting the training plan. The training needs analysis should consider the training requirements as outlined within each group of this Framework and map these against any existing training on offer locally. The training needs assessment should also outline the numbers of professionals who require training.

Where existing training fulfils only some of the learning outcomes for each group these courses should be developed to meet the requirements fully. Where existing training is identified which fully meets the requirements, the training needs assessment should specify the reach of that training and use this information when developing the training plan.

The Home Office provides a free e-learning package for professionals who need to find out more about identifying and responding to FGM.

The Female Genital Mutilation programme (e-FGM) is made up of five 20 to 30 minute e-learning sessions, which are designed to improve the knowledge and awareness amongst healthcare professionals of some of the issues which FGM has on women and children. The programme covers the following topics:

- An Introduction to FGM
- Communication Skills for FGM consultations
- Legal and Safeguarding Issues regarding FGM in the UK
- FGM: Issues, presentation and management in children and young women
- FGM: Issues, presentation and management in women and around pregnancy.

The project is supported by a number of key stakeholder organisations. They are: Health Education England (HEE), Department of Health (DH), Community Practitioners and health Visitors Association (CPHVA), School and Public Health Nurses Association (SAPHNA), Royal College of General Practitioners (RCGP), The Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG), Royal College of Paediatrics and Child Health (RCPCH).

Awareness Raising

Passengers travelling through Cardiff Airport are being given information about FGM, as part of an awareness campaign organised by the multi-agency Wales FGM Strategic Leadership Group. The start of the summer holidays is recognised as being a particularly important time of year for detecting and preventing FGM, as children can be taken out of the country in order for FGM to be carried out abroad. KimAnn Williamson of the Crown Prosecution Service, who chairs the Wales FGM Strategic Leadership Group, said: "FGM can devastate the lives of victims, but too often this is a practice that is carried out in a secretive environment that makes it difficult to monitor and prevent. In Wales, all children identified as being at risk of FGM are reported to social services, so that safeguarding procedures can be put in place".

The NSPCC in Wales partnered with Welsh Government and the FGM Strategic Leadership Group to produce advice posters for schools to display ahead of the summer break.

Statement opposing female genital mutilation - This outlines what FGM is, the legislation and penalties involved and the help and support available. The statement is often referred to as a health passport.

Communities Tackling Female Genital Mutilation in the UK – Best practice Guide
The Tackling Female Genital Mutilation Initiative (TFGMI) has supported community based organisations for six years to actively develop models to tackle and prevent FGM. Throughout this time, models of best practice have emerged, new approaches have been developed and key principals for community engagement have been strengthened. The Best Practice Guide distils the learning of the TFGMI and highlights the importance of community engagement and outlines ways that organisations and local authorities can begin to undertake engagement and contribute to changing attitudes and ending the practice of FGM

Evidence Gathering Session 1 – 31 January 2017

Discussions at this meeting were undertaken in an informal, semi-structured format. The notes below highlight some of the key items discussed at the meeting, and have been set out under some key headings.

Data/information in relation to FGM

1. Following introductions, LJ informed the Group that currently, there was one potential case of FGM (Type 2) being investigated by the CPS. Following an initial assessment and a peer review which came back with an inconclusive result, the case was being assessed by the only two experts in the UK on FGM.

2. The Group asked whether LJ was aware of any other cases with the CPS in Wales – to which she responded that there was one other case in Swansea.

3. The Group agreed that the main issue they have in relation to FGM is the availability of intelligence. Whilst it was acknowledged that good reporting mechanisms are in place, lack of data is still an issue.

4. The Group said that, within the area, a very conservative estimate of 600 females have been affected by FGM.

5. 0 - 14 is the average age range for girls to be “cut”.

6. Another issue of concern to Members and the Group more widely was that of the transient population in the area, and the lack of data and population profiles, as current census data will only drill down to “Black African” and no further.

7. MH drew the Group’s attention to a quote in the Paving Report considered by the Children & Young People Scrutiny Committee on the 27 September 2016, where it was reported that:

There are approximately 60 cases a year identified through the Clinical Pathway.

Referrals through the MASH for children who are at risk of FGM are captured by the system, the data collected shows that during the past year 33 children have been referred where there was a suspicion of FGM, with the following outcome:

_ One was already a live case
_ Four had a strategy discussion / meeting held
_ 22 had a wellbeing assessment / initial assessment undertaken
_ 6 had no further action taken.

Protocols / Procedures / Policies

8. LJ stated that the protocol in relation to FGM was being updated, and the new protocol will have more detailed requirements, particularly regarding notification; decision-making; and reporting.

9. South Wales Police stated that they were contacted via intelligence; cases reported direct to SWP; or reports via children's services, education etc.

Training

10. LJ also updated the Group that the CPS had delivered training to Dyfed Powys Police; lawyers had been given aide memoirs linking behaviour and legislation; and took the Group through the changes in legislation since 2004.

11. All South Wales Police Officers are trained in recognising signs of FGM.

12. EB reported that, within health, every service would receive training and awareness raising in relation to FGM. Her colleague, Linda Hughes-Jones would be in a better position to report on this. Linda also reported quarterly to Welsh Government, so would have some data for the Group on this issue.

Reporting FGM Cases

13. Children's Services informed the Group that, if a potential case of FGM is brought to their attention, a Section 47 would be initiated. NJ also updated the Group on the training and awareness raising that is ongoing, particularly in the areas of assessment and safeguarding.

14. The Group talked through the obligations and routes into reporting FGM, highlighting the Section 47 pathway and Members were satisfied that effective processes and procedures were in place to deal with FGM cases.

15. The Group agreed that there are systems in place for the reporting/monitoring of "at risk" families and girls, and should a family take (say) a long "family holiday", this would be followed up. GPs also have a duty to report any suspicions.

16. EB reported that, within maternity services, a mandatory question on FGM is asked across all ethnicities.

Ongoing Issues in relation to FGM

17. NJ reported that a particular problem is that women (rather than girls) are having reversal procedures, then finding that they are having it re-done.

18. Cllr Thorne stated that she had chaired a community meeting (with two more planned) where she had met with five women. She informed the group that she was surprised to find out that women were primarily responsible for "pushing" FGM within the community. She was also told, anecdotally, that some GPs are still performing the procedure.

19. The Group talked around the issue of the very strong cultural (and sometimes religious) beliefs around FGM – TG told the group about contact she had had with a woman, who had shown her letters from her mother, highlighting the kinds of pressure she felt under not to "let the family down". The Group also agreed that there were a wide range of cultural reasons why FGM was prevalent in their society.

20. A major problem in relation to FGM is getting women to come forward, and therefore the authorities being made aware of the issue.

Awareness Raising/Education

21. The Group discussed the awareness raising and training that had taken place. They agreed that there had been a proactive, sustained training and awareness-raising programme, particularly within the Somali community, where it was reported that approximately 90% of this community had engaged in some form of education. The awareness-raising programme included details on how to report and who to report to.

22. The aim of the programme is to encourage and promote preventative measures, but at present, there was no measurable outcome to this work.

23. The Group highlighted the role of BAWSO and the NSPCC in undertaking the training, education and awareness raising programmes, and highlighted youth projects in Mary Immaculate and Fitzalan Schools.

24. KDA enquired to whether these education and awareness raising would be available to primary school staff, and was informed that attendance officers for these schools had been trained in FGM.

Positive Message

25. A key message that Members wanted to pass to the Group was that they wanted to praise the work that had been done to date and to support this ongoing work.

All Wales FGM Clinic

26. EB took the Group through the latest position in relation to the bid for an All Wales FGM Clinic. EB stated that, to date, the Health Board had not accepted the bid for 2017/18 and therefore, the bid was still awaiting funding. EB stressed that the need for such a facility was critical in high prevalent areas in Cardiff. The Group and Members of the Task Group all agreed that they would support the bid and that this will be one of the key recommendations arising from this Inquiry.

Evidence Gathering Session 2 – 16 February 2017

Discussions at this meeting were undertaken in an informal, semi-structured format. The notes below highlight some of the key items discussed at the meeting, and have been set out under some key headings.

Data/information in relation to FGM

The Group discussed the data provided by Linda Hughes-Jones (UHB) on the number of FGM cases that had been referred to the Welsh Government between October and December 2016, which was 40 (of which, half were from Swansea). It was explained that these cases would have come via the safeguarding MASH and the All Wales Clinical Pathway.

KAW outlined her role in relation to FGM. As her colleague had stated at the last meeting, there was very little case work, but this is also the picture nationally. KAW stated that an FGM task Group is being set up with the Police and Health to look at data sets and look at how the agencies can work together to improve data collection and avoid duplication. KAW stated that Bristol already have good systems in place in collecting and reporting FGM cases and they would be looking at this as part of the Task Group work.

BAWSO also reported that disclosures are increasing, but this is due to the increased prominence and profile of FGM.

In relation to data and information, all agreed that there had been issues with statistics, including census data. It was agreed that local statistics were needed.

Protocols/Procedures/Policies

The Group discussed the Referral Pathway, and the need for a clear pathway to be put in place, that could be used to reach out to all professionals, and used widely as part of the education and awareness raising activities, as well as ensuring that the community know where to go to get help, advice or support.

KAW stated that another aim for the Violence Against Women T&F group would be to develop a 5 Year Strategy, and that an Action Plan would be part of this.

PA asked whether there was a pathway/flowchart that shows the “journey” from reporting an FGM case, and JC responded by stating that FGM was a child protection/safeguarding issue, and therefore is treated as such.

MC and LE highlighted the work BAWSO are doing in Swansea and that the Council is actively engaged with BAWSO in terms of partnership working and funding.

Training

EB stated that FGM training within maternity services were in place, and they are currently planning “train the trainer” sessions.

It was agreed that, currently, there is a gap in health in relation to this issue and awareness raising and training, but the pathway will greatly assist in this issue. EB stated that training in the following were being planned – DOSH; SARC; Gynaecology; Maternity; and Safeguarding. Once this had been delivered, the train the trainer sessions would be established.

HJ raised the issue of training for GPs. The Group talked around concentrating efforts in areas of high numbers of BME residents, but it was generally agreed that it was important to identify and work with more new arrivals in communities, to ensure that the message is with GPs at the earliest timeframe.

Reporting FGM Cases

In addition, JC reminded the Group that in relation to FGM, everyone is duty bound to report.

Ongoing Issues in relation to FGM

LT updated the Group on the latest round of Community meetings that she had arranged. She told the group that she had met with a group of older Somali women, who stated that many of them had been subject to the procedure, but it was not done anymore. LT said that the women were concerned about potential duplicate reporting of numbers of FGM cases and wanted to know whether the cases reported to Welsh Government were current or past cases.

MC stated that there were still some parts of the community that still practice FGM and that BAWSO's role was to offer support. There was no one approach to this, and the picture is varied across each community. She said that the Sudanese community were very open to engaging with them; but they had encountered difficulties with those from Sierra Leone and the Gambia.

The Group enquired whether there was much interaction between the communities, and MC responded that, at ground level, they did.

The Group went on to explore the issue raised by HJ about the feeling of stigmatisation or victimisation within communities. MC stated that communities need to be involved and updated regularly on legislation relating to FGM, especially those communities that are relatively "new" within Cardiff. MC stated that community work needs to be bottom up, community led. Currently, it was more top down.

Members asked BAWSO about their work with Swansea, and it was discovered that the work had originally started in Cardiff in 2010 and replicated in Swansea. BAWSO stated that the focus of their work in this area was under the wider umbrella of positive parenting, challenging the paradigms within the community, but not just focusing on FGM. BAWSO stated that newly arrived community members may not be aware that it is illegal, and those established communities view it as a manifestation of their wider culture. What was most important was that women have stated that they do not want to be defined by FGM.

LE explained that FGM was very complex and linked intrinsically with a community's belief system and culture. It was imperative that a trusting environment is established and a sensitive approach.

Awareness Raising/Education

KAW and MC highlighted some work she had been involved in – posters within every GPs surgery in Wales (with NSPCC, Welsh Government and BAWSO); the “Voices” DVD and showing this in school assemblies etc; working with airports at key times of the year; working with Cardiff University medical students to make FGM part of their studies; working with school liaison officers; and working with trainee social workers on this issue.

Both agreed that they would like to have FGM community champions in place, who would be available to undertake peer-to-peer work with communities and bring together harder to reach individuals and groups. BAWSO stated that they think the visibility of the FGM Clinic will also go some way to address this.

MC took the Group through the work they had done in schools. This had included a lot of awareness raising activities, using a range of approaches. It is the intention of BAWSO to undertake this work again from 1 April 2017.

KAW stated that the CPS had recommended that FGM and other forms of honour based violence be included on the national curriculum, which was currently being reviewed and implemented in 2020.

BAWSO informed the Group that they had been engaged with 788 families in the past three years. This work ranged from awareness raising to 1-1 support. It was agreed that a breakdown of this work would be shared with Members of the T&F Group.

All Wales FGM Clinic

The Group discussed the FGM Clinic, and EB updated the Group that the clinic was proposed to run once a week on a 12 months trial period, but, as yet, not funded. £60,000 was needed for the pilot, and the service would provide physical and psychological help.

Funding Issues

Funding was an issue for BAWSO. Funding had come to an end and currently, nobody is funding some of the proactive work they have undertaken. A lot of what they currently do is based on the goodwill of volunteers. Lack of funding has affected the amount of work they are currently able to undertake.

INQUIRY METHODOLOGY

M1. The Children & Young People Scrutiny Committee applies a project management approach to its inquiries; including mechanisms to consistently prioritise topics suggested for scrutiny, scoping reports and project plans. The aim of these is to ensure there is a dialogue with the services involved in the scrutiny process with the ultimate aim of improving overall service delivery and enabling effective scrutiny.

M2. The process for the Inquiry was agreed via a Scoping Report agreed by Members. The key milestones were as follows:

Meeting 1	**Context briefing** • Agree the scope of Inquiry, research and witnesses. • Review Paving Report considered by C&YP Scrutiny Committee which provides background context to the main issues.
Meeting 2	Evidence Gathering Session – meeting with witnesses: • DI Cath Cooke (SWP); • DS Tessa Gould (SWP); • Leanne Jonathan (CPS); Emily Brace • (FGM Clinical Lead, Maternity); • Natasha James (CCC, Safeguarding).
Meeting 3	Evidence Gathering Session – meeting with witnesses: • Emily Brace (FGM Clinical Lead, Maternity); • Jan Coles (CCC, CSE Lead Manager); • Mwenya Chimba (BAWSO); • Loyce Eades (BAWSO); • KimAnn Wiliamson (CPS).
Meeting 4 **Review Meeting**	• To review evidence received to date and any written evidence. • Consider content, findings, conclusions & recommendations for the draft report.
Meeting 5 **Draft report**	**Key findings and Recommendations** Members to consider draft report, including agreeing key findings and recommendations. Sign Off.

LEGAL IMPLICATIONS

1. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without modification. Any report with recommendations for decision that goes to Cabinet / Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal power of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. standing orders and financial regulations; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

FINANCIAL IMPLICATIONS

2. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications.

CHILDREN & YOUNG PEOPLE SCRUTINY COMMITTEE
TERMS OF REFERENCE

The role of the Committee is to scrutinise, measure and actively promote improvement in the Council's performance in the provision of services and compliance with Council policies, aims and objectives in the area of children and young people, including:

- School Improvement
- Schools Organisation
- School Support Services
- Education Welfare & Inclusion
- Early Years Development
- Special Educational Needs
- Governor Services
- Children's Social Services
- Children & Young Peoples Partnership
- Youth Services and Justice
- Play Services.

To assess the impact of partnerships with, and resources and services provided by, external organisations including the Welsh Government, Welsh Government Sponsored Public Bodies, joint local government services and quasi-departmental non-government bodies on the effectiveness of Council service delivery.

To report to an appropriate Cabinet or Council meeting on its findings and to make recommendations on measures, which may enhance Council performance and service delivery in this area.