

**CARDIFF COUNCIL
CYNGOR CAERDYDD**



CABINET MEETING: 12 OCTOBER 2017

**CABINET RESPONSE TO THE REPORT BY THE CHILDREN AND
YOUNG PEOPLE SCRUTINY COMMITTEE ENTITLED FEMALE
GENITAL MUTILATION**

CHILDREN & FAMILIES (COUNCILLOR GRAHAM HINCHEY)

AGENDA ITEM: 3

DIRECTOR OF SOCIAL SERVICES

Reason for this Report

1. To respond to a report published by the Children and Young People Scrutiny Committee in July 2017 entitled "Female Genital Mutilation (FGM)".

Background

2. As part of the Children and Young People Scrutiny Committee work programme for 2016/17, the Committee agreed to undertake a short scrutiny inquiry into Female Genital Mutilation (FGM). The scope of the scrutiny was to ascertain the scale of the problem in Cardiff and to identify how the issue is being addressed.
3. 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.

Issues

4. The report recognised that there had been a lot of work undertaken at operation level in relation to tackling FGM in Cardiff.

5. The report made 20 key findings under the following nine headings: Strategic, Joined-Up Working, Data/Information in relation to FGM, Challenging Cultural/Belief Conventions, Training, Awareness Raising/Education, Reporting FGM Cases, Protocols/Procedures/Policies, All Wales FGM Clinic and Funding Issues.
6. The report makes four recommendations which have been fully or partially accepted. Full details of the recommendation and response are contained in Appendix A.

Reasons for Recommendations

7. To enable the Cabinet to respond to the report published by the Children and Young People Scrutiny Committee.

Financial Implications

8. There are no direct financial implications arising from this report

Legal Implications

9. There are no legal implications arising from this report,

RECOMMENDATION

Cabinet is recommended to agree to the response to the recommendations as set out in Appendix A.

TONY YOUNG

Director of Social Services

6 October 2017

The following appendix is attached:

Appendix A: Cabinet Response to the Report by the Children and Young People Scrutiny Committee into "Female Genital Mutilation (FGM)"

The following background papers have been taken into account

July 2017 report published by the Children and Young People Scrutiny Committee entitled "Female Genital Mutilation (FGM)"

APPENDIX A

Cabinet Response to the Report by the Children and Young People Scrutiny Committee into “Female Genital Mutilation (FGM)”

The Scrutiny Committee report is welcomed, in particular that Members concluded they were satisfied that effective processes and procedures are in place to deal with FGM cases as well as systems in place for the reporting and monitoring of “at risk” families and girls and that Members were satisfied that, locally, any cases of FGM would be dealt with effectively and sympathetically.

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).

RESPONSE: THIS RECOMMENDATION IS PARTLY ACCEPTED.

Children’s services will be reviewing the current CSE strategy in October of this year with a view to broadening the scope to take in wider exploitation such as modern slavery, child trafficking and the criminal exploitation of children. It is likely that FGM can be included within that broad strategy so that rather than duplication, the mechanisms for community engagement, training and awareness raising, multi-

agency working and information sharing can be utilised to address the issues relating to FGM.

Children's services records the number of referrals made, by which agency and the outcome of the referral. These are broken down by age and, by definition, gender. The figures do not currently differentiate between concerns that a child is at risk of FGM and where a child has already been mutilated. The recording process within children's services will be amended to ensure all new cases of FGM being perpetrated on a child can be separately recorded.

There are clear and effective protocols and procedures in place. Children's services work closely with health. Maternity services procedures include a mandatory question on FGM (for women of all ethnicities). There is confidence that the child of any mother who has been mutilated will be referred to children's services by maternity services and be subject of a Wellbeing Assessment. The family will be offered advice and information in relation to the law.

Children who have been identified as having been mutilated are referred by health professionals to the Sexual Assault Referral Centre (SARC) for a paediatric medical examination so that the health needs of the child can be fully assessed. There is a child protection response from police and children's services in these circumstances.

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).

RESPONSE: THIS RECOMMENDATION IS ACCEPTED.

Recommendation to the Crown Prosecution Service and BAWSO:

R.3 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

Response: This recommendation is for external agencies. Children's Services would welcome the implementation of a system to collect data from multi-agencies centrally and would contribute to it. In order to support progress in this area, this recommendation should be considered by the Public Service board and the Chair of the PSB should be invited to write to the Crown Prosecution Service and BAWSO to offer assistance in taking this forward.

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).

Response: This recommendation is for the Children & Young People Scrutiny Committee and is welcomed by the Cabinet