

Report of: the Secretary of the West Midlands Police and Crime Panel

Date: 27 November 2017

Tackling Female Genital Mutilation (FGM) in the West Midlands

1. Introduction

This report sets out progress made by the West Midlands FGM Taskforce and the Police and Crime Commissioner towards implementing the recommendations of the Panel's scrutiny inquiry report Tackling Female Genital Mutilation (FGM) in the West Midlands.

The Panel received the first progress report in January 2016 and a further update in November 2016. Two and a half years since the inquiry, the time-limited FGM Taskforce is now drawing to a conclusion. It has submitted its final report on recommendation 1 for the Panel to consider. Its report is set out in Appendix 2. The PCC will also give a verbal update at the meeting on progress made on his recommendations.

2. Recommendations

The Panel is recommended to

- i note the work undertaken by the West Midlands FGM Task Force;**
- ii confirm the Taskforce recommendation that the meeting and reporting structure through the Panel be concluded; and**
- iii note progress made by the Police and Crime Commissioner towards the recommendations contained in the Tackling FGM in the West Midlands report.**

3. Background

3.1 In June 2015 the Police and Crime Panel launched its scrutiny inquiry report Tackling Female Genital Mutilation (FGM) in the West Midlands.

3.2 The aim of this inquiry was to consider:

What can the Police and Crime Commissioner do to facilitate integrated working between agencies to prevent and respond to Female Genital Mutilation (FGM) in the West Midlands?

3.3 The Inquiry was driven by the late Cllr Cooper, former Chair of the Panel, at the request of the late Bob Jones, former Police and Crime Commissioner. They both agreed that the Panel was well placed to examine a topic that required partners and the Police to work collaboratively to safeguard and prevent violence against vulnerable people and to move this on.

3.4 Three quotes below from the Panel's report illustrate some of the themes covered in the report.

“The pain of FGM is unbearable and unimaginable, it’s the worst pain I have endured in life, and the pain was all over my body. It took me months to recover. Being a survivor of FGM, you live with it for the rest of your life, because of the psychological impact it leaves you with. For 24 years now since I was cut, it’s as if it happened to me yesterday, because I can still remember the pain I went through.”

Sarata Jabbi, Chief Executive Officer, Care for Women and Girls

“FGM is largely concentrated in a swathe of African countries, plus some Asian and Middle Eastern countries. Many people from these countries have settled in the West Midlands. We want to celebrate the best of their traditions and cultures, but ensure this criminal act is firmly left behind. ... We need to reach the hearts and minds of FGM practising communities so they work with us to condemn this practice in order to protect all girls in the region.”

Cllr Darren Cooper

“FGM is a horrible, nasty practice that has no place in modern Britain.”

David Jamieson, West Midlands Police and Crime Commissioner

3.5 The Panel found much that is going on to tackle FGM that is positive across the region. Different areas and organisations were at different places in the journey – some just setting out, with others having long established multi-agency working.

3.6 As the Inquiry progressed it became clear that to move forward, five steps had to be taken:

Educating and empowering communities

Across the West Midlands, and across the country, campaigners are working tirelessly to stop the cycle of FGM. Changing the mind set of communities requires listening, educating and supporting. Schools and other educational establishments are in a prime position to both work with parents and to educate girls. Even younger children can be told that it is important that “the area between your legs doesn’t get changed.” The Panel noted the need to support the community members who are already speaking out about FGM.

Educating and empowering practitioners

There is a lot of guidance available about FGM and data sharing, but practitioners from a wide range of organisations across the region need access to good quality training to understand who is at risk and the roles they each need to play in protecting girls.

As the Serious Crime Act 2015 introduces mandatory reporting of FGM by healthcare professionals and teachers, it is vital all practitioners in the West Midlands have the right information to identify those at risk of FGM, spot the signs and understand reporting obligations and referral pathways.

It would seem that FGM risk is greater in some parts of the region than others. However, movement around the region and inward migration means that no local authority area can afford to be complacent about the risks.

Working together with consistency across the region

Some authorities in the West Midlands have already taken steps to prioritise FGM and to form inter-agency working groups to ensure that there are clear procedures and good quality training available. The Panel commended this approach.

The inquiry report suggested that developing consistent approaches across the region, learning from each other, and developing regional best practice and an understanding about the numbers of girls at risk needs to be driven forward. This will support the work of the Police and Crime Commissioner and West Midlands Police which has responsibility for the whole region. The Strategic Lead of the Preventing Violence Against Vulnerable People Board has agreed to establish a task force on FGM to move this forward.

Prosecuting

Prosecution sends out the clearest message that FGM is illegal and not tolerated. It is felt that this would be important in changing how FGM is seen in practising communities. However, there has never been a successful prosecution to date. There is, therefore, a need to pool intelligence to bear down, particularly, on anyone who is cutting in the region or the wider UK. There is a responsibility for all partners to highlight potential crimes and victims; the police cannot work in isolation.

Due to the apparent difficulties in bringing a prosecution other legal measures to protect girls also need to be actively explored.

Providing support and therapy

The survivors of FGM can be left with life-long problems, physical as well psychological. There was little evidence presented of therapeutic support for survivors in the region and this is something that needs to be addressed, for girls as well as women.

The latest quarterly NHS data set has revealed that between April and June 2017 there were 195 newly identified cases of FGM recorded in West Midlands hospitals and GP Practices. The majority of these attendances were in Midwifery and Obstetric services with the average age at recording of 30 years, yet most women and girls reported having been under 18 when FGM was undertaken.

- 3.7 The Panel set out its position on FGM and priorities for further work.

The West Midlands Police and Crime Panel condemns the practise of Female Genital Mutilation (FGM) and supports the national campaigns to ensure its eradication. FGM is child abuse and illegal and should be treated as such; cultural sensitivities should not cloud judgements. All organisations in the West Midlands dealing with children need to understand that girls from FGM practising communities may be at risk and practitioners need to be empowered to ask parents questions and to work together in children's best interests on a case by case basis.

We call upon all relevant authorities, including those involved in law enforcement, the justice system and public health, to do everything in their power to protect young girls from this life endangering, health threatening crime. We also call for appropriate support for women and girls who are victims of FGM.

The Police and Crime Commissioner needs to hold West Midlands Police (WMP) to account for its contribution to prevention and securing prosecutions and to fund victims' services for survivors of FGM in the region.

4. Progress made Towards the Panel's Recommendations

- 4.1 The Tackling FGM in the West Midlands report can be downloaded from <http://westmidlandspcp.co.uk/publications/>
- 4.2 It contained nine recommendations (set out in appendix 1) to the PCC and other agencies, including a Panel commitment to track the progress made towards implementing its recommendations.
- 4.3 The Panel's launch received both local and national media coverage. We shared the report widely with West Midlands Police, local NHS Trusts, Clinical Commissioning Groups, Safeguarding Children Boards, Directors of Children's Services, Directors of Public Health and relevant Cabinet Members.

5 Progress on FGM Nationally

- 5.1 Since the Panel's report was published in June 2015 progress has been made nationally. The Serious Crime Act 2015 received royal assent in March of that year. It further protected victims or potential victim of FGM. Some elements of the Act came into force after the Panel's report was published.
- 5.2 In October 2015 the requirements of mandatory reporting came into force. This duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. Details can be found here: <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>
- 5.3 An FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison. FGM Protection Orders came into force on 17 July 2015 under the Serious Crime Act 2015.
- 5.4 In April 2016 the Government published Multi-agency statutory guidelines on female genital mutilation. The guidance, which includes links to many other resources, can be found here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

5.5 In May 2016 the Department of Health published its guidance for healthcare staff “Female Genital Mutilation Risk and Safeguarding Guidance for professionals” which can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525390/FGM_safeguarding_report_A.pdf

5.6 In the summer of 2016 the Home Office updated the e-learning package to include all recent changes. This is free to use and can be accessed by Members and practitioners and can be found at: www.fgmelearning.co.uk

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Appendix 1: Recommendations of the Tackling FGM in the West Midlands Scrutiny Inquiry Report

Appendix 2: Final Report of the West Midlands FGM Taskforce

Recommendations

Moving Forward Together in the West Midlands

Recommendation 1: To ensure consistency in dealing with female genital mutilation (FGM) the Preventing Violence Against Vulnerable People Board should consider establishing a time limited West Midlands Task Force on FGM to:

- develop procedures such as a clear and consistent common FGM risk assessment;
- build understanding and data on prevalence of FGM;
- develop clarity about information sharing;
- develop guidelines to ensure that when a girl is born to a mother who has undergone FGM that appropriate steps are taken to ensure the family are made aware that it is both illegal to perform FGM and causes unnecessary pain and suffering;
- explore potential for civil remedies (such as FGM protection orders); and
- develop any other key issues identified within this report, which require collective drive and consistency across the West Midlands.

Police and Crime Commissioner (PCC)

Recommendation 2: The Police and Crime Plan seeks to increase public reporting of hidden crime such as FGM; improve awareness within the police force and “continue to do more with partners to prevent and detect hidden crimes. We expect the PCC to demonstrate leadership to progress these issues for FGM.

Recommendation 3: The PCC should encourage West Midlands Police to take all steps to work with the Crown Prosecution Service (CPS) to maximise the opportunity for a suitable West Midlands prosecution.

Partners

Recommendation 4: Councils, schools and health organisations (including NHS Trusts) need to ensure FGM is recognised as a priority by their boards and executives – and activity is not just led by determined individuals – to ensure prevention and referral is embedded in “how we do things round here”.

Recommendation 5: The PCC (as a commissioner for victims’ services), the Victims’ Commission, Health and Well-being Boards and Clinical Commissioning Groups should recognise the need for support and therapy for children and women who have undergone FGM and commission appropriately to meet that need. Where possible, opportunities for collaborative commissioning should be sought.

Recommendation 6: Given the importance of understanding the risks and effects of FGM in preventing the continuation of the practice, practitioners need access to training. All Safeguarding Children Boards should co-ordinate training and organisations should ensure that front-line staff are trained to spot the signs / risks of FGM and understand referral pathways.

Recommendation 7: The PCC should work with West Midlands Police, local authorities, health organisations, and the third sector to ensure that pro-active community empowerment work is being undertaken with communities from FGM practising countries (whilst recognising the value of broader engagement with such communities too), including appropriate men and women's groups.

Recommendation 8: The PCC and local authorities recognise the crucial role that schools can play in engaging with parents and therefore, encourage schools where there are children from FGM practising countries, to play an active role in educating, preventing and referring. FGM should be included within school safeguarding policies and all staff and governing bodies should receive training.

Further education colleges and universities also provide opportunities to engage with young people and staff should be able to spot the signs / risks of FGM and have knowledge of referral pathways.

Recommendation 9: The PCC and the Strategic Lead of the Preventing Violence Against Vulnerable People Board to report to the West Midlands Police and Crime Panel on outcomes in six months' time and thereafter to be agreed on progress implementing these.

Final Report of the Tackling FGM in the West Midlands Taskforce

Recommendation 1 – Report of the West Midlands FGM Taskforce

To ensure consistency in dealing with female genital mutilation (FGM) the Preventing Violence against Vulnerable People Board (PVVP) should consider establishing a time limited West Midlands Taskforce on FGM:

- A) Develop procedures, such as a clear and consistent common FGM risk assessment:
- B) Build understanding and data on prevalence of FGM;
- C) Develop clarity about information sharing;
- D) Develop guidelines to ensure that when a girl is born to a mother who has undergone FGM that appropriate steps are taken to ensure the family are made aware that it is both illegal to perform FGM and causes unnecessary pain and suffering;
- E) Explore potential for civil remedies (such as FGM protection orders); and
- F) Develop any other key issues identified within this report, which require collective drive and consistency across the West Midlands.

Introduction

The West Midlands FGM Taskforce was established by Stephen Rimmer, as the former Preventing Violence against Vulnerable People strategic lead. This was in response to the Police and Crime Panel's recommendations identified within the West Midlands report, and it was envisaged that the Taskforce would be a short term working group. The Taskforce has generally met on a monthly basis between the summer of 2015 and October 2016 and thereafter met in January, April and November 2017. However it is important to note that there have in addition been other meetings outside of the above, to develop integrated working across the region.

Over this period of time there has been a considerable amount of work which has been developed, delivered and promoted. It is recognised that through these developments there has been additional learning which has provided clarity, as to how service delivery can be more appropriately taken forward across the seven local areas as well as our Metropolitan region. This finalised summary cannot do adequate justice to all of this work, but endeavours to provide a conclusion to the recommendations that the Taskforce was asked to take forward and how it proposes that these developments will continue to be progressed across our region.

The Taskforce has remained multi-agency and has representatives from both Statutory and Voluntary organisations. Members have been leads for their sector and as part of this role, to disseminate information and to feed in progress and developments.

Recommendations

- A) Develop procedures, such as a clear and consistent common FGM risk assessment.**

To support the development of regionalised Local Safeguarding Childrens Board (LSCB) Procedures, the Taskforce developed a draft policy in respect of FGM, which was submitted for consideration to the Regional Managers of the LSCB's. The LSCB Regional Managers are responsible for developing

the regional guidance in consultation with their Boards, and the Taskforce's feedback was to assist with this process. The procedures which the Taskforce submitted were reviewed and amended, and are as with the other LSCB procedures subject to a further review over a rolling timescale – (at the time of writing this is planned for March 2019, but could be amended if required). The section within the policy which covers screening or risk assessment tools identifies the Department for Health FGM Safeguarding Risk Assessment Guidance, as well as other "local tools".

B) Build understanding and data on prevalence

This remains an ongoing area of development for a number of organisations. Some areas have chosen to take this forward in a structured approach through a multi-agency meeting, others through reviews of data within Departments. However, this is not regionally consistent, and needs to be further developed and co-ordinated. In accordance with the statutory guidance issued in April 2016 "Multi-agency statutory guidance on female genital mutilation" and the proposal that each relevant organisation should ensure that they have a "lead person whose role includes responsibility for FGM", the Taskforce has recommended that this lead person or SPOC (Specific Point of Contact), within each relevant organisation should take responsibility for this, and this information should be co-ordinated on behalf of the partnership area and Strategic Board by a lead SPOC. The Taskforce would recommend that this lead SPOC, is the Local Authority lead person, who would provide reports into the identified Strategic Partnership Board for the relevant area. It is a matter for each of the seven partnership areas to identify locally which Strategic Partnership Board this should be (if this has not already been undertaken).

C) Develop clarity in information sharing

As outlined within our previous report, information sharing in relation to safeguarding was discussed in some detail during the initial period of the Taskforce. The group ultimately considered that there was already sufficient guidance about this within our current frameworks. However, the Taskforce would recommend that information sharing is and continues to be raised as part of all safeguarding training, to emphasise and reinforce that safeguarding children and young people against FGM is every one's responsibility and is vital in protecting vulnerable children and young people. This development links into proposals as outlined within point F of this report).

D) Develop guidelines to ensure that when a girl is born to a mother who has undergone FGM that appropriate steps are taken to ensure the family are made aware that it is both illegal to perform FGM and causes unnecessary suffering and pain

As identified within the previous report to the PCP, the Taskforce has considered this recommendation, and the background to it. It has concluded that this is covered within the procedures and the statutory guidelines. However, the Taskforce has noted the importance of health practitioners in particular having confidence in asking the right questions and discussing this with women who are pregnant, during and after childbirth.

Subsequent to the PCP report, the Department of Health has published guidance for healthcare staff. This has been complimented locally e.g. Dudley NHS Foundation Group who have developed the "Maternity Care of the Woman subjected to FGM and the Safeguarding of her baby Guidelines" which has been shared across the region by the Taskforce.

E) Explore potential for civil remedies

Following the implementation of the Serious Crime Act, FGM Protection Orders (FGMPO) have been available from July 2015. Birmingham Legal Services have examined civil remedies and have presented their findings to key regional groups including the Taskforce and PVVP Governance Board. These orders have previously been promoted through various channels, but again there is a recommendation that this is included as part of all relevant training (if not already undertaken), and monitored by the SPOC.

F) Develop any other key issues identified within this report, which require collective drive and consistency across the West Midlands

Training

The Taskforce has identified a number of key principles that should be included within awareness raising training, which has importantly also reflected the information identified within the statutory guidance. An offer was made by Birmingham LSCB to observe the approach that they had adopted, and to consider whether this could be progressed across the region. Whilst a number of authorities took advantage of this, this remains an action to be taken forward through regional forums, which the Taskforce will continue to advocate for. To support these developments the Taskforce will complete a training template for circulation to partners e.g. Adult and Children's Safeguarding Boards, Community Safety Partnerships and Health and Well Being Boards. This template when completed will identify the following information:- Tiers of training from awareness raising to advanced; who the training should be targeted at; what elements should be included in a programme; what training methods and materials are used; and timescales for completion – acknowledging within this that there are nationally prescribed training programmes which are targeted at relevant professionals. We anticipate this will be completed early into the New Year, and distributed thereafter.

Community engagement:- to prevent and safeguard.

Through a variety of means the Taskforce has identified that working with communities is a key to prevent and end the practice of FGM. Previously the group has distributed a survey to various partners to identify services and provision across the region. This complimented the work of the West Midlands PCC Office, who developed a directory of provision. Additionally there was also feedback from a number of community events, which were funded by the West Midlands PCC Office and the Victims Commission, which continues to be progressed. This information has informed the work of this Taskforce, which is of the opinion that engagement with communities, should be embedded within schools and educational establishments, early help and prevention initiatives across the region, inclusive of statutory and third sector organisations.

Events held during 2017 include:-

On the 30th of June young people aged 10 – 16 from across Birmingham supported by staff from local community groups, West Midlands Police and NHS (National Health Service) delivered an event at Birmingham New Street Station, to raise awareness of and to prevent FGM. This has been supported by a social media campaign utilising a number of channels and platforms.

Birmingham NHS and CCG (Clinical Commissioning Group), working alongside the third sector have accessed funding to develop an FGM Support and Referral Service for a prospective FGM City Wide provision. This programme will be evaluated and its aims are to: improve awareness of FGM within general practice and support identification, referral and recording of FGM, utilising pathways to Childrens Services, which ensure the emotional health and well-being of victims and survivors is addressed. It also aims to build trust within prevalent communities through services for those affected by FGM.

Training has also been delivered as part of Board members roles. For example within Sandwell the Taskforce Chair Hazel Pulley delivered training to Designated Safeguarding Leads, as well as sharing the FGM resource pack for use in schools which she had developed.

The Sandwell Stopping FGM forum has active involvement from a wide range of community groups. These developments culminated in a Health and Wellbeing event in July, supported by numerous partners, providing an ideal opportunity to raise awareness of FGM and community support which was available. This event was attended by approximately 150 people and it is anticipated that other events will be scheduled moving forward.

Within Wolverhampton a combination of statutory and voluntary partnerships, have been awarded funding to support and develop FGM and community engagement work. These developments commenced earlier this month, and will disseminate key messages on the illegalities and the harms of FGM as well as to provide clear details on how to access help and support, in a variety of languages.

West Midlands Police – Internal and external messaging, which includes posters, pop ups, social media etc. In addition to support at conferences including an event hosted by Birmingham Against FGM, which was held in February and was accessed by approximately 180 multi-agency partners, from the statutory and the third sector.

CONCLUSION

It is proposed that the Taskforce has wherever possible, completed the actions identified within the original report, and any areas outstanding should be assumed under local working arrangements of the relevant Strategic Partnership Boards, and the key leads identified for the area and Strategic Board. To assist with this the Taskforce have identified key roles for the “lead person” as outlined within the statutory guidance as well as recommendations from the Taskforce. It is intended to forward this information to each partnership area SPOC (or other identified lead), that has sat on the Taskforce, for dissemination locally and to the relevant Strategic Partnership Board within that locality. The training plan as noted above will be circulated upon completion.

Whilst the Taskforce recommends that the meeting and reporting structure through the Police and Crime Panel (PCP) is concluded subject to agreement by the PCP today, nonetheless it is proposed (and subject to further agreement of Taskforce members) that a regional group continues to meet to share and develop best practice, with a particular focus upon Community Engagement, and Prevention.