

# Adults, Children and Education Scrutiny Commission

19<sup>th</sup> November 2018



**Report of: Anne Farmer**

**Title: Area Services Manager Bristol East Central**

**Ward:**

**Officer Presenting Report:** Anne Farmer

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**Recommendation:**

The current plan to work collaboratively with the communities affected by FGM is approved by the Scrutiny Commission.

**The significant issues in the report are:**

To inform the Scrutiny Commission of current work undertaken in Bristol through the FGM Safeguarding and Delivery Group to raise awareness of FGM in the relevant communities and to work collaboratively with those communities to tackle this form of abuse.

To update the Scrutiny Commission of the current changes to practice by the statutory agencies working within the LSCB child protection procedures.

To inform the Scrutiny Commission of the plans going forward in the period 2018/2019.

To inform the Scrutiny Commission of the information regarding the impact of unregulated schools.



## **1. Summary**

Significant work has been undertaken in Bristol since 2010 to raise awareness of FGM amongst schools and statutory bodies and to collaborate with the identified communities to educate and reduce the likelihood of harm to women and girls. The work in Bristol is nationally recognized by Central Government and has been viewed as a model of good practice. However there have been a number of events this year which has led to tension between members of the Somalian Community and statutory agencies. This report will identify the work that has been undertaken to respond to the concerns raised and reduce tensions, whilst still endeavouring to continue the effective work undertaken to reduce the incidence of FGM.

## **2. Inquiry 1 The BCC approach to inquiries into potential harm and risk**

### **Context**

#### **2.1**

Bristol FGM Safeguarding and Delivery Group is the strategic group which oversees the development of knowledge, training and services amongst professionals and communities to raise awareness and tackle the practice of FGM. The group sits within the Safer Bristol and LSCB structures. Appendix 1 details the structure and the TOR. I became chair of the group in October 2017.

#### **2.2**

Key members of the group are community representatives from Refugee Woman of Bristol who both hold a role of working directly with communities to raise awareness of FGM and to be critical friends to the statutory agencies to ensure their responsibilities for the protection of children are undertaken proportionally but with the safety of the child as paramount.

#### **2.3**

The group in conjunction with the LSCB holds a role for training of staff from health, education and children services with the aim of improving the knowledge of both the psychological and health impact of FGM and the referral routes into statutory services for girls who may be deemed at risk. This awareness raising is also supported through an annual campaign to improve both the knowledge of the relevant services as well as a wider public understanding of the impact of this practice.

#### **2.4**

The legislation and policy drivers for tackling FGM are located in the Children Act 1989, criminal justice legislation and the mandatory reporting requirements. Within this framework Bristol LSCB in conjunction with Safer Bristol and the RWOB community representatives have developed procedure and guidance to support professionals in the field which includes the diagram referred to as “The Bristol Model”.( Appendix 2). The context for working with both communities and services is located within the legislation and policy that is based on national guidance.

#### **2.5**

Data for the prevalence of FGM is complex to collate. Health data is largely collated through women presenting at either midwifery or ante natal services and is based on women who are pregnant and have had FGM as children. It is a mandatory requirement through the NHS to enable service commissioning. Children’s Services data is based on

contacts to First Response and police data for children is linked to these referrals. In trying to ascertain the current incidence or likelihood of FGM in Bristol this data cannot be relied upon in isolation and has to be considered alongside assessment tools which identify both static and dynamic factors. The static factor of a mother having suffered FGM as a child needs to be combined with more dynamic concerns such as a family's understanding and attitude towards FGM and other information such as disclosures from either children or adults within the family which may suggest FGM is being contemplated. The context for decision making by the key statutory agencies is challenging. For schools the mandatory reporting places responsibilities to report any suspected FGM practice to the police. For the key agencies responsible for investigating FGM the information to make decisions to investigate is often limited and requires urgency if for example the family are likely to be travelling within a short time frame. These challenges were the context for the recent concerns raised by key members of the Somalian Community in April 2018.

## **2.6**

In February 2018 a widely publicised criminal trial was halted by the judge. There has been significant discussion both locally and in the media about the trial and its impact. The impact of the trial triggered concerns raised by members of the community about the level of statutory intervention by children's services and the police with families in the Somalian Community which was perceived as oppressive and discriminatory. A group called Somali Parents against Stigmatisation was formed and have been vocal in their views regarding the police and children's services. There are a number of vocal males within the Somali Community who argue this no longer exists and overall there are differing views within the community regarding the existence and prevalence of FGM.

## **2.7**

A community meeting had already been suggested as an outcome from the annual FGM 'Zero Tolerance Conference' held in February 2018. The meeting organised by Councillors in the key wards in April was attended by both members of the community and statutory bodies. This recognised the need to work in collaboration with the community and ensure there was a proportionate response to the investigation of FGM.

## **2.8**

Prior to the trial, and subsequent community issues, the FGM Delivery Group had agreed to review the procedures and risk assessment tools which were used to both refer and assess the risk of FGM. During January 2018 a range of cases were audited to consider whether a child protection response was proportionate including court applications for FGM Protection Orders. Twenty children were audited who had been referred in the preceding six months additionally with thirteen children who were part of five FGM Protection Order applications in 2017. Within the context of the audit the 'written agreement' was reviewed. This agreement was frequently used with families who were asked to sign stating they understood FGM was illegal and would not be practising FGM. The conclusions from the review which were subsequently confirmed by the LSCB were;

1. The written agreement should no longer be used as a means of confirming with families their understanding of FGM and agreement it would not be practised.
2. A new and more supportive assessment tool would be developed for professionals to help ascertain whether there was sufficient cause for concern to refer to children's services

3. The tool would support decision making by helping consider risk factors which were more significant than others. For example a family who may present with only static factors such as historical FGM for the mother would not be considered a high risk. It should be noted this approach is more in line with the approach to all areas of child abuse where some factors are perceived to be of a higher risk than others and should be weighed up alongside protective factors within the family. The current risk assessment tool is attached Appendix 3.
4. Routine contacts and referrals to First Response from midwifery services should not be made solely on the basis of historical FGM but only if additional risk factors or safeguarding concerns emerged.

## **2.9**

The assessment tool was launched to schools primarily in the East Central Area of Bristol during the summer term 2018 which is usually a point in the year that FGM referrals to children's services are at their highest. The schools safeguarding social worker in East Central who is a member of the FGM Delivery Group ensured schools understood the guidance and used the assessment tool effectively. The midwifery service in UBT and NBT were informed of the new process on 1st June 2018.

## **2.10**

During July 2018 the referrals to children's services dropped significantly from 127 contacts in July 2017 [usually one of the highest months for initial contacts.] to 8. Clearly this level of reduction requires further analysis as whilst proportionate intervention is the right way forward we need to ensure girls and young women are protected, which can be a finely balanced judgement.

## **2.11**

Going forward the following plan has been agreed;

1. Over the period November /December audit arrangements will be put in place with identified schools in East Central to consider the decision making for a selection of children who were not referred.
2. A meeting of key community representatives has been organised to share the tool and explain how this will be used by services with individual families.
3. Any changes or amendments to the risk assessment tools will then be considered through the LSCB sub group and the delivery group.
4. Practice leads have been established in children's services to support the work of the schools safeguarding social worker to advise and support professionals in the decision making needed to safeguard girls whilst ensuring a proportionate response to FGM.

## **2.12**

Working with the wider African Communities is also recognised as an area of development. The successful conference organised by SWIG recognises that FGM needs to be addressed within a range of communities and not just the Somalian Community.

## **2.13**

As a result of the work the desired outcomes are:-

1. The key communities feel confident in the response of statutory agencies to FGM.
2. Staff within all services feel confident in talking with parents and assessing risk to

ensure there is a proportionate response to FGM in Bristol.

### **3. Inquiry 2 Impact of Unregulated Schools**

The LSCB has developed guidance for supplementary schools which is attached as Appendix 4. This was produced alongside a leaflet for parents which inform them of how to report concerns if their children are participating in education or activities which are provided by organisations outside of mainstream educational facilities where they have concerns. The guidance has been launched and shared with Faith establishments across the city. Many of these establishments also provide supplementary education.

### **4. Policy**

The policies which are referred to are:-

1. BSCB - FGM Safeguarding Guidance
2. Safeguarding for Faith based establishments

### **5. Consultation**

Refugee Woman of Bristol

### **6. Public Sector Equality Duties**

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
  - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
    - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
    - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
    - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
  - iii) Foster good relations between persons who share a relevant protected characteristic and

those who do not share it. This involves having due regard, in particular, to the need to –

- tackle prejudice; and
- promote understanding.

5b) The report identifies the requirement of the officers involved in tackling FGM should, by using the identified procedures and guidelines by proportionate in their approach.

**Appendices:**

Appendix 1 FGM Safeguarding and Delivery Group Terms of Reference

Appendix 2 BSCB Safeguarding Guidance  
The Bristol Model

Appendix 3 FGM Referral Risk Assessment 2018

Appendix 4 Safeguarding for Faith Based Establishment

**LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**Background Papers:**

None

**Anne Farmer**  
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