



Tariq Soomaaroo
Governance & Scrutiny Officer
Direct: 020 8379 1872
or Ext 1872
Textphone: 020 8379 4419 (in Civic Centre)
e-mail: tariq.soomaaroo@enfield.gov.uk

VULNERABLE YOUNG PEOPLE TASK GROUP

**Thursday, 7th March, 2019 at 7.00 pm in the Room 1, Civic Centre,
Silver Street, Enfield, EN1 3XA**

Membership:

Councillor: Kate Anolue, Clare De Silva, Elaine Hayward, Rick Jewell,
Bernadette Lappage and Glynis Vince

AGENDA

1. WELCOME AND APOLOGIES

2. DECLARATIONS OF INTEREST

Members of the Committee are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 4)

To approve the minutes of the previous meeting held on the 5th December 2018

4. UPDATES FROM CAMHS

Nick Clarke, Consultant Clinical Psychologist & Enfield CAMHS Clinical Lead to update the task group on the work in past 12 months that's been done with young people including those who have experienced or at risk of exploitation / harm.

5. YOUTH OFFENDING UPDATE

Paul Sutton, Assistant Director Youth and Service Development and Linda Crawford, Practice Improvement & Development Manager to provide verbal update on Youth Offending.

6. HARMFUL PRACTISES BRIEFING - JANUARY 2019 (Pages 5 - 10)

Dudzile Sher Arami, Consultant in Public Health to present item.

7. FASD FOETAL ALCOHOL SPECTRUM DISORDER

Cllr Glynis Vince, Highlands Ward Councillor and Cllr Bernie Lappage, Jubilee Ward Councillor.

8. ANNUAL WORK PLAN 2019/20

Members of The Vulnerable Young People Task Group are to suggest items they would like to be considered for the 2019/2020 work plan.

9. DATES OF FUTURE MEETINGS

The dates of the Vulnerable Young People Task Group 2019/20 municipal year will be approved at Annual Council on the 8th May 2019.

10. EXCLUSION OF THE PRESS AND PUBLIC

(This item will contain exempt information as defined in Paragraph 3 (information relating to the financial or business affairs of any particular person – including the authority holding that information) of Schedule 12A to the Local Government Act 1972, as amended

VULNERABLE YOUNG PEOPLE TASK GROUP - 5.12.2018**MINUTES OF THE MEETING OF THE VULNERABLE YOUNG PEOPLE TASK GROUP HELD ON WEDNESDAY, 5TH DECEMBER, 2018**

MEMBERS: Councillors Clare De Silva, Elaine Hayward, Rick Jewell (Chair), Bernadette Lappage, Kate Anolue and Glynis Vince.

Officers:

Anne Stoker (Director of Children & Family Services), Angela Bent (Head of Service Practice Improvement & Partnerships, Children's Services), Andrea Wilkinson (Acting Manager CSEP Team), Karen Alderton (Service Manager), Umer Iqbal (Detective Sergeant) and Tariq Soomauroo (Governance & Scrutiny Officer)

Also Attending:

Councillor Needs and Councillor Georgiou

689. WELCOME AND APOLOGIES

Councillor Jewell welcomed everyone to the meeting. Apologies for absence had been received from Councillor De Silva, Councillor Lappage and Sharon Burgess. Apologies for lateness received from Councillor Georgiou.

690. DECLARATIONS OF INTEREST

There were no declarations of interest in respect of any item listed on the agenda.

691. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on the 13th September 2018 were AGREED.

Matters Arising

- Cllr Jewell (Chair) advised due to the lack of responses regarding the proposed MASE meetings, the Committee was unable to arrange a session. Anne Stoker advised additional dates will be made available to be circulated to members
- Anne Stoker informed the task group that negotiations with Enfield Strategic Partnership to fund the theatre play Chelsea's Choice (40x) and County lines (20x) were successful. Officers will be meeting with school teachers after April 2019 regarding the productions
- Anne Stoker indicated that she would like a production to be held at The Dugdale Centre and for members to be invited

VULNERABLE YOUNG PEOPLE TASK GROUP - 5.12.2018

•Anne Stoker provided an update of the Safeguarding strategy informing the task group that the action plan needs more work, the LSCB are expected to sign off the strategy in March. Anne and Cllr Jewell to arrange a meeting prior to sign off.

692. POLICE UPDATE - CHILD EXPLOITATION AND ON-LINE EXPLOITATION

Detective Sergeant Umer Iqbal presented an update on perpetrator profile, disruption, enforcement regarding Child Exploitation and on-line exploitation.

Noted:

- It was reported that Enfield and Haringey Police will officially merge in January 2019
- The task group was informed that safeguarding training will be delivered to officers in schools in both boroughs relating to social media for students
- Contextual safeguarding – Enfield north police will be working with local businesses, youth services and youth clubs
- Police are also working with local hotel staff, following Operation Alarm Call

693. CSEP TEAM UPDATE

Andrea Wilkinson, Acting Manager CSEP Team and Karen Alderton, Service Manager presented an update on the work of the CSEP Team.

Noted:

- Enfield CSEP team have been established since 2015 and are currently based at Triangle House, Palmers Green
 - The CSEP team carry out Child and Family Assessments, Child in need/protection plans and preventative work including presentations in Schools, Youth Clubs and Residential Units
 - CSEP team receive 2-3 referrals a week, there are currently 59 cases at present, mainly coming from schools
 - Plans are put in place to support the family and young person. Core group sessions take place every 6 weeks and cases are reviewed every 3 months
 - Contextual Safeguarding work includes, sharing information with partner agencies at MACE meetings, Working with Community Safety Teams and working with schools
 - Direct one to one sessions take place to raise CSE awareness /Educational work
 - A children's online portal will be launched in 2019 to report issues.
- Andrea Wilkinson and Karen Alderton invited the task group for discussion / questions.

1. A comment was made asking where are the emergency contact numbers being advertised for residents?
A. They are circulated on-line and have been printed on posters / leaflets.

VULNERABLE YOUNG PEOPLE TASK GROUP - 5.12.2018

1. It was highlighted that that they should be advertised on resident association websites also.
2. Detective Iqbal also advised that the Police emergency number to call is still 999 and Non-emergency number is 101

694. STRATEGY ON MODERN SLAVERY

Angela Bent, Head of Service – Practice Improvement and Partnerships presented the Strategy on Modern Slavery.

Noted:

- The government estimates that there are as many as 13,000 people in modern slavery in the UK
- The Charter signed on the 18 October calls for a number of policies to be implemented by Enfield
- The requirements include contractors to comply fully with the Modern Slavery Act 2015, challenge abnormally low-cost tenders and publicise its whistle-blowing system any suspected examples of modern slavery
- Priorities will be set in a consultation taking place next February.

695. AGENDA ITEMS - 7 MARCH 2019

NOTED:

Members of the task group were asked to set out the agenda items for the final meeting of the municipal year.

AGREED:

- Updates: Harmful practises
- CAMHS update
- Contextual Safeguarding and Exploitation

696. DATES OF FUTURE MEETINGS

The dates of future meetings for the Vulnerable Young People Task Group will be: Thursday 7 March 2019.

697. EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED in accordance with the principles of Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Act (as amended by the Local Government (Access to Information)(Variation) Order 2006.

Female Genital Mutilation (FGM) Briefing – January 2019

Definition

The World Health Organisation define FGM as ‘all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons’ (WHO, UNICEF, UNFPA, 1997).

The UK National Health Service define FGM as a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse. It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health ¹.

FGM is a form of child abuse and a form of violence against women and girls (VAWG). The 2017 Enfield VAWG strategy focuses on safeguarding and states that FGM is a crime under the *Anti-Social Behaviour, Crime and Policing Act 2014* and that, although accurate figures on FGM may not be available, they are aggregated into larger crime categories (FGM crimes are counted in the category ‘assault with injury’).

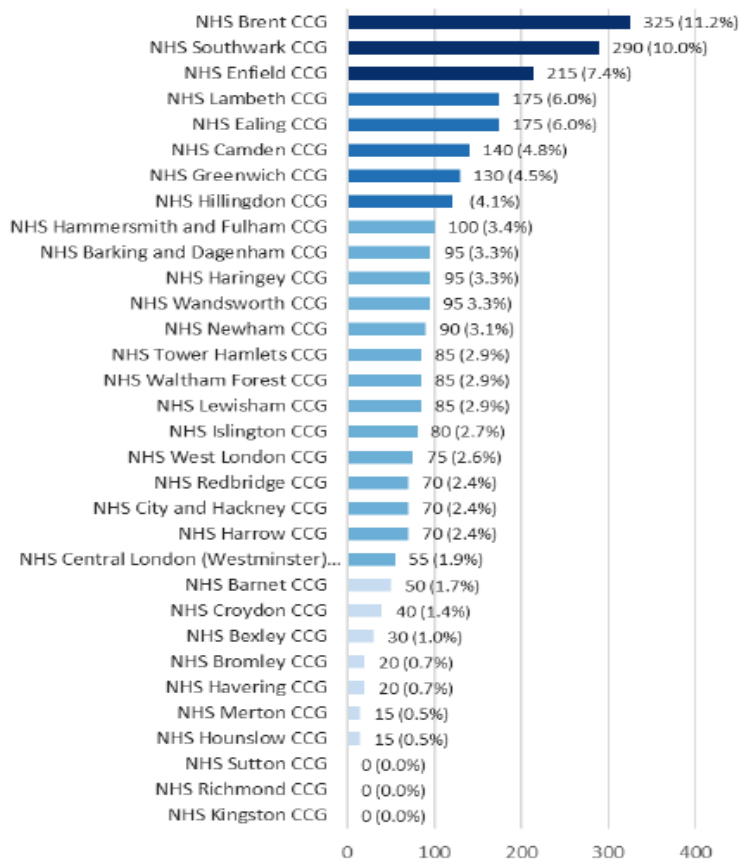
What does current data tell us?

The first annual report of the FGM Enhanced Dataset, April 2015 to March 2016, was published in July 2016. It reported that nationally a total of 5,702 newly recorded cases of FGM and 8,656 total attendances at health services where FGM was identified or a procedure for FGM was undertaken. It showed that 52 per cent of newly recorded instances of FGM and 58 per cent of attendances were recorded in London.

Within London the range of incidence of attendances by NHS area ranged from 0 to 325. Of the 12 local authorities with the highest volumes of FGM, the majority were in London: Brent, Southwark, Enfield, Ealing, Lambeth, Camden and Greenwich were among the 12 local authorities with the highest incidence of newly recorded cases between April 2015 and March 2016; and Brent, Harrow, Ealing, Southwark, Enfield, Lambeth, Camden and Hillingdon were among the 12 local authorities nationally with the highest incidences of total attendances during the same period (see chart 1 below).

¹ <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

Chart one: Number of newly recorded FGM cases in London during the year April 2015 to March 2016



Source: [NHS Digital FGM Enhanced dataset](#)

Within the 2017/18 annual report of the FGM Enhanced Dataset, there were 6,195 (nationally) individual women and girls who had an attendance where FGM was identified or a procedure related to FGM had been undertaken. These accounted for 9,490 attendances reported at NHS trusts and GP practices where FGM was identified or a procedure related to FGM was undertaken.

Nationally, there were 4,495 newly recorded women and girls in the period April 2017 to March 2018. Newly recorded means this is the first time they have appeared in this dataset. It does not indicate how recently the FGM was undertaken, nor does it mean that this is the woman or girl's first attendance for FGM². The Around 50% of all cases of recorded FGM

²Annual Report of The FGM Enhanced Dataset (FGMED) this supports the Department of Health's FGM Prevention Programme by presenting a national picture of the prevalence of FGM in the NHS in England. Data is collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices. <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation/female-genital-mutilation-fgm---annual-report-2017-18/content>

occur in London. Across London the largest numbers of women identified with the FGM Enhanced Dataset were born in Eastern and Western African countries.

The table below shows that across North Central London boroughs, Enfield has the highest number of recorded incidence of FGM (175). No women/ girls under the age of 18 were recorded as attending. 88% of attendances among Enfield residents were aged between 25 and 39 which is likely to reflect that many of the women were identified via maternity services. There is a high degree of unrecorded data regarding womens age at time that FGM was carried out and country of birth.

Table: Female Genital Mutilation (FGM), April 2017 – March 2018, North Central London boroughs- experimental statistics

		Enfield	Barnet	Camden	Haringey	Islington
FGM Type	Not recorded	0	0	0	0	5
	Unknown	175	75	45	75	20
	Type 1	5	5	10	5	10
	Type 2	5	5	20	5	15
	Type 3	5	5	10	5	15
	Type 4	5	0	5	0	0
	History of FGM Type 3	0	5	10	5	15
	Type 3 - Re-infibulation Identified	0	5	0	0	0
Age at Attendance for FGM (latest attendance in period)	Under 18	0	0	0	0	5
	18-24	20	10	10	10	10
	25-29	45	20	25	25	25
	30-34	65	25	25	25	20
	35-39	45	15	15	15	15
	40-44	15	10	5	10	10
	45-49	5	5	5	5	0
	50+	0	5	5	5	5
Age at which FGM was carried out	Not recorded	135	5	5	60	20
	Not stated or unknown	35	50	35	20	5
	Under 1	5	5	10	5	15
	Age 1-4	5	5	5	5	10
	Age 5-9	10	15	30	0	20
	Age 10-14	5	5	5	5	5
	Age 15-17	0	0	0	0	0
	Age 18+	5	5	5	5	0
Country of Birth	Not recorded	35	5	5	10	15
	Not stated or unknown	140	75	45	70	5
	Eastern Africa	5	5	35	10	45
	Northern Africa	0	0	5	0	5
	Western Africa	5	0	0	5	5
	Rest of Africa	0	0	0	0	0
	UK	0	0	5	0	5
	Western Asia	0	0	0	0	5

	Rest of Asia	0	0	0	0	0
	Rest of World	0	0	5	0	5
FGM Identification Method	Not recorded	45	25	10	20	5
	Self-Report	10	5	20	15	20
	On examination	5	5	30	5	45
	Other clinician	10	0	5	5	5
	Other	150	100	60	70	5
Total attendances for each borough (including repeat attendances)		220	135	125	110	80

Source: NHS Digital 2017,18.

In 2014 a local needs assessment was undertaken to estimate the number of girls from communities where FGM is practised and who may at risk of FGM themselves. Based on country of origin and language spoken, this estimated that there may be as many as 2,823 girls **at risk** of being subjected to FGM living in Enfield.

Local Activity Data

The North Middlesex University Hospital (NMUH) established the Iris clinic in August 2015, which provides care and support for women who are experiencing problems because of FGM in an environment where women are invited to discuss their health needs in a sensitive and non-judgmental environment. This specialist service is staffed by an all-female team, who understand the sensitivity and complexity of issues relating to FGM. Interpretation is available and the service is confidential and private. Psychological and social support, and deinfibulation (reversal) are provided, as well as general gynaecology, sexual health and contraception advice.

Any girls attending the Iris clinic will have first been seen in a specialist paediatric clinic at UCLH.

Local response

Although the actual prevalence of FGM in Enfield, in both women who have had it performed and in girls at risk, is uncertain local actions have been and are being put in place. In planning services to meet the needs of women with FGM, and assessing whether there is a need for child protection for their daughters, it is important to recognise the diversity of this group of women and to assess their needs at an individual level. Prevention and education are important and training is key to empowering professionals and communities to speak up about what may be happening locally. Schools and community groups are essential parts of the response to protect vulnerable girls from FGM.

The Enfield Safeguarding Children Board established a multidisciplinary group in 2014 in response to an increasing understanding of FGM and the need for a more coordinated approach to tackling it and providing support. The key actions from this were to continue working with local communities to raise awareness of the issue and of the local services

available. There is also an ongoing programme of training for social workers and health professionals that includes advice on the types of FGM, data on countries that practice FGM and local implications, health issues related to FGM, cultural and religious reasons behind the practice, legislation on FGM and support services.

In recognition of the mental and physical impact FGM has on health Enfield Health & Wellbeing Board now oversees work in this area. Updates on the implementation of local actions will be taken to the Board during 2018/19.

Required Action

- Re - establish the FGM Steering Group to develop Enfield Action Plan- Led BY Public Health, Social Care – Children and Adults, Education, Police, CCG, BEH, voluntary sector, IRIS clinic.
- Revise membership and Terms of Reference
- Update needs assessment originally conducted in 2014
- Update action plan
- Identify areas of best practice – topics to include training, protocol, awareness raising
- Identify local Champions within each organisation, department (could be extended to schools/ EY settings)
- Review Enfield FGM protocol based on case learning

Other factors to consider;

- How outcomes can be assessed/ monitored – how do we know we are making a difference
- Engagement with young people and high prevalence communities
- Is adherence to Enfield Safeguarding Children’s Board FGM protocol identified in commissioning arrangements

Published resources & examples of FGM Action Plans

<https://www.gov.uk/government/publications/female-genital-mutilation-the-case-for-a-national-action-plan>

<https://www.gov.scot/binaries/content/documents/govscot/publications/report/2016/02/scotland-national-action-plan-prevent-eradicate-fgm/documents/00493752-pdf/00493752-pdf/govscot%3Adocument>

<https://www.londoncouncils.gov.uk/our-key-themes/crime-and-public-protection/sexual-and-domestic-violence-including-vawg/case-studies-2>

https://www.towerhamlets.gov.uk/lgnl/community_and_living/community_safety_crime_prevention/domestic_violence/vawg/fgm.aspx

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/>