

ATTAIN ACADEMY PARTNERSHIP



Female Genital Mutilation (FGM) Policy

For

Bocking Primary School



February 2021

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1. Introduction

The academy respects and values all children. We are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at the academy. We recognise our responsibility to safeguard all who access the academy and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

2. Rationale:

The academy has robust and rigorous safeguarding procedures and takes its responsibilities of child protection seriously. Female Genital Mutilation (FGM) is a form of child abuse and as such is dealt with under the academy's Child Protection and Safeguarding policies. This policy should be read in conjunction with the Child Protection Policy.

In line with the Essex Safeguarding Children Board's (ESCB) FGM policy, the academy recognises that whilst there is not necessarily an intent to harm a girl / young woman through FGM, the practice has serious and long term medical and psychological implications and as an academy we need to work with partner agencies to promote understanding and safeguard pupils who may be at risk of this practice. For further information, see [Multi-agency statutory guidance \(updated July 2020\)](#).

The academy recognises that the practice of FGM in the UK is a criminal offence. The academy aims to work sensitively with community groups where this may be a cultural belief and seek to educate and inform. However we believe that our first priority is acting in the interest of the rights of the girl / young woman, as stated in the UN Convention on the Rights of the Child (1989).

3. Implementing FGM Duty

The academy will ensure all staff, governors and volunteers have access to safeguarding training to ensure all have an understanding and capability to deal with the risks identified. This will include:

- An understanding of what FGM means
- An understanding of FGM types, including short and long term health effects
- An understanding of FGM risk factors
- An understanding of possible indicators that a child may be vulnerable or has been subject to FGM
- An understanding of FGM legislation
- How to challenge FGM ideology

- How to obtain support from the senior leadership team, the police, local authorities and multi-agency partnerships
- How to share information to ensure a person at risk of FGM obtains appropriate support
- How and when to make a direct FGM referral to the police
- How to record and maintain records to comply with the Academy's responsibilities

4. What is FGM?

FGM is a form of child abuse that can lead to extreme and lifelong physical and psychological suffering to women and girls.

The academy uses the World Health Organisation definition as written below.

“Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons.”

(World Health Organisation-1997)

The average age for FGM is between 4 – 14 years of age but can happen prior or after that depending on the type of ritual and customs of the local village or region.

FGM is predominantly practised in the African continent, Yemen and Iraq however, following migration, is also practiced amongst immigrant communities in Europe, North & South America, Canada, Australia and New Zealand. UK communities that are most at risk of GFM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include: Yemeni, Kurdish, Indonesian and Pakistani women. FGM is not an Islamic practice. It is a cross-cultural and cross-religious ritual.

The World Health organisation has classified four main types of FGM:

1. 'Clitoridectomy which is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well;
2. Excision which is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina);
3. Infibulation which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris;
4. Other types which are all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area' (WHO FGM Fact Sheet, 2008).

Types 1 and 2 are thought to generally account for 80 -85% of all FGM.

5. FGM – Possible Indicators of risk

As with all other aspects of safeguarding possible indicators of risk may form part of a collective picture of concern. There should be a culture of vigilance amongst staff rather than an assumption that the child is not at risk due to ethnicity or age.

Possible risk indicators that a child may be at risk of FGM include:

- The family comes from a community that is known to practice FGM and / or information is shared of intention to travel their country of origin.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony or traditional custom.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.
- A parent seeks to withdraw their child from learning about FGM in school
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.

The academy has a robust attendance policy that does not authorise holidays, extended or otherwise. Staff have been made aware that female pupils are at particular risk of FGM during the school summer holidays. This is the time when families may take their children abroad for the procedure.

Staff have also been made aware of other times of potential vulnerability; extensions to school holiday times, children missing from education or where a child suddenly leaves the school with no follow on arrangements offered. We understand that many girls may not be aware that they may be at risk of undergoing FGM and that we need to be vigilant to indicators of risk.

Staff have been advised of the need to challenge requests from families for extensions to holiday times and to report:

- a. Talk of ceremonies to celebrate the young person becoming a woman
- b. Changes in patterns of behaviour if a child is taken out of the country
- c. Undisclosed health issues where the child is experiencing discomfort in sitting, going to the toilet etc.

6. Health Consequences of FGM

Immediate health consequences of FGM can include

- Fatality as a result of shock, haemorrhage or septicaemia

- Infections
- Transmission of the HIV virus
- Extreme levels of pain, fear, anxiety and discomfort.

Long term physiological, sexual and psychological effects may include:

- kidney and or recurrent urinary retention / infection
- genital malformation, cysts, keloid scar formation
- delayed menarche (first menstrual cycle)
- chronic pelvic complications
- sexual frigidity, pain during sex, lack of pleasurable sensation
- obstetric complications
- mental health difficulties, Post-Traumatic Stress Disorder

7. FGM Legislation

- International legal frameworks such as the UN Convention on the Rights of the Child and UN Convention on the Elimination of all Forms of Discrimination contain general safeguarding measures, which may be applied to FGM.
- **The Prohibition of Female Circumcision Act (1985):** it a criminal offense in the UK to:
 - incise, infibulate or mutilate of the whole or any part of the labia majora, labia minora or clitoris of a person or
 - to aid, abet, counsel or procure another person to carry out this procedure unless deemed a necessary surgical procedure carried out by a registered medical practitioner or midwife.
- **The Female Genital Mutilation Act 2003:** this replaced the 1985 Act. Applying to England, Wales and Northern Ireland, the 2003 act extends offenses to also include:
 - assisting a girl to carry out FGM on herself
 - extra-territorial offences to deter people from taking girls abroad for mutilation.

The Act makes it illegal to practice FGM in the UK and makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country. The Act makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad and has a penalty of up to 14 years in prison and/or a fine.

- **The Serious Crime Act 2015:** This amended the 2003 Act so that the extra-territorial jurisdiction extends to prohibited acts done outside the UK by a UK national or a person who is resident in the UK. This means that offences of FGM committed abroad by or against those who are at the time habitually resident in the UK irrespective of whether they are subject to immigration restrictions.
- **Female Genital Mutilation Protection Orders (FGMPO):** These were introduced in the 2015 Act to protect a girl against the commission of a

genital mutilation offence or protect a girl against whom such an offence has been committed. The FGMPO contains prohibitions, restrictions or other requirements to protect a victim or potential victim of FGM.

- **Other public protection orders:** The following protection orders may also be used to protect girls under 18 years old deemed to be at risk:
 - Police Protection Order
 - Emergency Protection Order
 - Inherent Jurisdiction

8. FGM Mandatory Reporting Duty

From October 2015 education, social care and health professionals in England and Wales have a mandatory duty to report to the police if they know a girl aged under 18 years of age has undergone FGM. The duty requires the individual professional who becomes aware of the case to make a report. Unlike other safeguarding or child welfare concerns the reporting responsibility cannot be transferred e.g. to a designated named person for safeguarding. The only exception to this is when the professional is aware another individual from their profession has already made a report. In this case there is no requirement to make a second report to the police however concerns will be recorded in line with our safeguarding protocol

Mandatory direct reporting to the police is required if the professional has:

- Visually confirmed FGM has taken place and there is no reason to believe the act was carried out in relation to physical or mental health purposes or connected to labour or birth;

Or

- Directly experienced a verbal disclosure that FGM has been carried out.

It's important to note that professionals are not required to report directly to the Police in relation to at risk or suspected cases or where the woman is over 18. In these cases our usual safeguarding procedures and reporting protocols will be followed (see Section 8.5 below). However, as with all aspects of Child Protection, where there is a risk to life or likelihood of serious immediate harm, the case will be reported immediately to police.

8.1 FGM- Visually Identified Cases

The reporting duty for visually identified cases only applies to cases discovered in the usual course of a professional's work. Where genital examinations are not undertaken in the course of delivering a role, the duty does not change this. In most instances, professionals will visually identify FGM as a secondary result of undertaking another action.

There are no circumstances in which staff should examine a girl. It is possible however that a teacher may see something which appears to show that FGM

may have taken place e.g. changing a nappy, assisting toileting, SEN intimate care needs. In such circumstances, the teacher must make a report under the duty, but should not conduct any further examination of the child.

8.2 FGM – Verbal Disclosure

As with all safeguarding disclosures, it is not the duty of staff to interrogate or investigate whether FGM has been carried out. Staff should be aware that the girl may use alternative words or references rather than the specific term Female Genital Mutilation or FGM e.g. cut, cutting. To help enable the girl to share information staff should:

- Find a quiet place to talk
- If asked not to tell anyone explain your safeguarding duty
- Maintain a calm appearance and open posture
- Allow time – let the girl talk freely without leading the conversation
- Listen carefully and accurately
- Wherever possible use the girl's description to clarify any disclosure e.g. 'you said "special ceremony"- what did you mean?
- Reassure telling was the right thing to do.

The professional's responsibility to report to the police only applies when the victim makes a direct verbal disclosure. If a parent, carer, sibling or other individual discloses that a girl under the age of 18 has had FGM then the mandatory duty to report to the police does not apply. Such disclosures will be handled in line with our usual processes for safeguarding concerns.

8.3 FGM – Making a Report to the Police

Reports under the mandatory duty will be made as soon as possible after a case is discovered, best practice being by the close of the next working day. The legislation requires the professional to report to the police force area within which the girl resides. Reports will usually be made orally by calling the single non-emergency number 101, although written reports are also permitted. The professional will be required to share the following information:

- An explanation of why they are making a report under FGM duty
- Their details- name, place of work, role, contact details and availability
- Contact details of the Head of School
- The girl's details- name, age, date of birth and address.

The police will issue a reference number which will be recorded in the Safeguarding records. The record will include details of the discussion and any decisions made.

8.4 FGM – Action Following a Report to the Police

In line with safeguarding best practice the girl's parents or carers will be informed that a report has been made to the police **unless this action is**

deemed to put the girl or anyone else at risk. This will be discussed with the academy's Safeguarding Lead. All further action taken will be in line with our general safeguarding responsibilities, which may involve participating in a multi-agency response.

8.5 FGM – Reporting concerns

The academy's usual safeguarding procedures and reporting protocols will be followed when a member of staff has concerns that a child or young person may be at risk of FGM or suspected to have undergone FGM. In these cases the academy will refer to the ESCB guidelines for dealing with FGM and the SET procedures.

The Designated Child Protection Officer will refer all concerns re possible or actual FGM to social care via the Family Operations Hub. In the event of information coming to the attention of the Designated Officer that there is an immediate threat to the child or it is believed there is a flight risk or criminal offence has taken place, the Designated Officer will refer immediately and directly to the police. If the child has already been taken abroad the Designated Officer will contact the Foreign and Commonwealth Office (020 7008 1500)

8.6 FGM – Failure to Comply with the Duty

Staff are aware of their responsibility to escalate any concerns, where they believe a child may be at risk of FGM to the designated lead. Staff are also aware they can refer the matter directly to the police if they believe a criminal act has been committed and a child has been subject to FGM.

Failure to comply with mandatory FGM reporting to the Police is dealt with by performance measures in place for each profession and through staff disciplinary procedures.

8.7 Practical tips

These questions and advice are guidance and each case should be dealt with sensitively and considered individually and independently. Using this guidance is at the discretion of the Head of School

What can I ask?

- Talk to children about their holiday
- Sensitively and informally ask the family about their planned extended holiday. Ask questions like Who is going on the holiday with the child? How long they plan to go for and is there a special celebration planned?
- Where are they going?

- Are they aware that the school cannot keep their child on roll if they are away for a long period?
- If there is a concern that a child may be vulnerable to FGM this needs to be reported using the schools Child Protection procedures and/or the information passed to the Police. Are the family aware that FGM including Sunna is illegal in the UK even if performed abroad?

If you suspect that a child is a victim of FGM you may ask the child

- Your family is originally from a country where girls or women are circumcised – Do you think you have gone through this?
- Has anything been done to you down there or on your bottom?
- Do you want to talk to someone who will understand you better? Would you like support in contacting other agencies for support, help or advice?

Further information on the FGM mandatory reporting duty can be found in the government guidance [Mandatory reporting of female genital mutilation: procedural information](#) (2015)

9. Roles and responsibilities

9.1 Board of Trustees and Local Governing Body

The academy recognises that the FGM Duty encompasses responsibilities for staff and these are reflected within the Code of Conduct and Staff handbook. In line with the academy's safeguarding arrangements, all FGM Duty concerns will be reported to the chief executive officer, chair of local governors and the designated safeguarding governor by the head of school. Together with the head of school, they will monitor on-going liaison with the police and other multi-agency partners.

9.2 Head of School

The head of school will:

- Implement the academy's FGM policy with the support of the senior leadership team and local governing body
- Ensure there is a collective responsibility for safeguarding and that all staff and volunteers are aware of the FGM policy and related policies, protocols and procedures
- Ensure staff members with named responsibility for child protection have a clear understanding of the academy's policy and receive training in order to support staff and volunteers
- Promote FGM Duty when overseeing the development of the curriculum and other aspects of school life
- Inform the chair of governors and designated safeguarding governor of all FGM Duty concerns/referrals.

9.3 Staff: teaching and non-teaching

- All staff will be made aware of and have access to the academy's FGM policy, protocols and procedures
- All staff will attend safeguarding and FGM training, which will include guidance on implementing FGM reporting duties
- All staff will strive to safeguard pupils in all aspects of the FGM agenda
- As with all aspects of safeguarding, teachers will support LSAs, support staff and volunteers working in their classroom or on educational visits.
- All staff have a responsibility to monitor and, where necessary, guide the practice of volunteers, visitors or contractors working in school. Any concerns will be reported to the head of school or assistant headteachers.

10. Policies and Procedures

The academy has a range of supporting policies, protocols and procedures to accompany this policy, which have been developed in accordance with national government and local authority guideline. Policies can be accessed on the academy's VLE (DB Primary) or in the academy office. All policies are regularly reviewed. These documents include the academy's arrangements for the following areas:

- Safeguarding procedures
- Child protection procedures
- Safe recruitment and selection processes including DBS, vetting checks, enhanced checks for regulated activity, disqualification by association checks and overseas vetting checks.
- Delivery of safeguarding as part of the curriculum
- Volunteers, visitors and contractors working in the academy

11. Communicating the Academy's FGM Policy

In order to meet statutory requirements the academy will:

- Publish the FGM policy on the academy website
- Place an electronic copy of the FGM policy in the staff areas on the VLE
- Ensure paper copies are made available on request;
- Raise FGM Duty awareness through staff meetings and other communications
- Ensure support is offered to parents/ guardians where English is a second language to help them understand the content of academy's policy.
- Keep an open dialogue on the topic of FGM (ensuring this is done in an age appropriate way) with pupils and parents from practising communities who may be at risk.

The academy believes every pupil should be able to participate in all academy activities in an enjoyable and safe environment and be protected

from harm. This is the responsibility of every adult employed by, or invited to deliver services at the academy.

This policy has been developed using the following documentation:

- [Essex Safeguarding Children Board \(ESCB\) guidance](#)
- [Keeping Children Safe in Education](#), DFE (2020)
- [Working Together to Safeguard Children](#), DFE (2015)
- [Serious Crime Act](#) (2015)
- [Mandatory Reporting of Female Genital Mutilation- procedural information, Home Office](#) (Gov.UK, 2015)
- [Multi-agency statutory guidance on Female Genital Mutilation, Home Office](#) (2016)
- [Early Years Inspection Handbook](#), Ofsted (2019)
- [Inspecting schools: Guide for maintained and academy schools](#) (Gov.UK, 2019)
- [Inspecting Safeguarding in early years, education and skills settings, Ofsted](#) (2019)

12. Further Resources

- [National FGM Centre](#)
- [FGM: Resource Pack](#) (Gov.UK)
- [FGM: Essex Police](#)
- [Serious Crime Act \(FGM\) Factsheet](#)
- [FGM risk and safeguarding](#) (Gov.uk, 2016)
- [SET Child Protection Procedure Guidelines](#) (2019)
- [FGM Mandatory Reporting Poster \(NHS\)](#)

13. Document Version Control

Version	Date Issued	Author	Update Information
	October 2016	K Ellwood	Issued originally as an appendix within the safeguarding policy
2018-1	September 2018	K Ellwood	Original issue as a policy. It was reviewed and updated to reflect the change in mandatory reporting. Amendments included inclusion of the following sections: Section 6: Health consequences of FGM Section 7: FGM Legislation Section 8: FGM mandatory report duty Section 9: Roles and Responsibilities Section 10: Policies and Procedures Section 11: Communicating the Academy's FGM Policy
2021-1	February 2021	K Ellwood	No procedural changes. Minor amendments were made to ensure all hyperlink were valid.