



# FGM Policy

<b>Approved by:</b>	Full Governing Board	<b>Date:</b> October 2023
<b>Last reviewed on:</b>	October 2024	
<b>Next review due by:</b>	October 2025	

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## 1. The Aims of the Policy

Willow Bank has robust and rigorous safeguarding procedures and takes its responsibilities of child protection seriously.

Female Genital Mutilation is a form of child abuse and as such is dealt with under the Child Protection/Safeguarding policy. At Willow Bank school, the Headteacher and Governors expect Safeguarding to be everyone's responsibility, we expect all staff to adhere to and follow these policies. The school uses the World Health Organisation definition as written below.

## 2. Definition of FGM

Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

FGM has been a criminal offence in the U.K. since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 (since amended by the Serious Crime Act 2015) replaced the 1985 Act and makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

## 3. Government Documents

Willow Bank has taken information from several documents. These include, Child Protection Procedures Guidelines for FGM, the Government Home Office guidelines, the Ofsted guidelines for "Inspecting Safeguarding".

The UK Government has written advice and guidance on FGM that states;

'FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.'

Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. UK communities that are most at risk of FGM 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."

## 4. Law

The Female Genital Mutilation (FGM) Act was introduced in 2003 and came into effect in March 2004. The act:

1. Makes it illegal to practice FGM in the UK;

2. 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;
3. Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad;
4. Has a penalty of up to 14 years in prison and, or, a fine.

The Female Genital Mutilation Act 2003 was amended by the Serious Crime Act 2015. With effect from 3 May 2015, the law is extended so that:

1. A non-UK national who is 'habitually resident' in the UK and commits such an offence abroad can now face a maximum penalty of 14 years imprisonment. It is also an offence to assist a non-UK resident to carry out FGM overseas on a girl who is habitually, rather than only permanently, resident in the UK. This follows a number of cases where victims were unable to get justice as FGM was committed by those not permanently residing in the UK;
2. A new offence is created of failing to protect a girl from the risk of FGM. Anyone convicted can face imprisonment for up to seven years and/or an unlimited fine;
3. Anonymity for victims of FGM. Anyone identifying a victim can be subject to an unlimited fine.

On 17 July 2015, Female Genital Mutilation Protection Orders came into force.

Female Genital Mutilation Protection Orders are obtained in the Family Court like Forced Marriage Protection Orders. If you are concerned that someone may be taken abroad for FGM you can apply for a Protection Order. The terms of the order can be flexible and the court can include whatever terms it considers necessary and appropriate to protect the girl or woman.

From October 2015, the new duty for professionals working in the 'regulated professions', to notify the police if they discover that an act of FGM appears to have been carried out on a girl who is under 18 comes into force. Regulated professionals will cover healthcare professionals, teachers and social care workers. A failure to report the discovery in the course of their work could result in a referral to their professional body.

The Government has just issued [Draft Multi-Agency Statutory Guidance on Female Genital Mutilation for consultation](#). Previously published as guidelines, this guidance will be statutory to improve compliance with good practice with the aim of increasing referrals and reports to the police.

## 5. Female Genital Mutilation

The Child Protection Designated Person (CPDP) for Willow Bank is aware of guidance that is available in respect of FGM and should be vigilant to the risk of it being practised. As a Special School we need to be aware where appropriate ask questions of designated staff.

Key questions could include:

- Are staff aware of the potential risks?
- Do staff know the possible signs that a child has been subject to female genital mutilation or is at risk of being abused through it?
- Do staff know how to take timely and appropriate action in respect of concerns about particular children?

In light of this information Willow Bank has decided to implement these policies and procedures.

## 6. Procedures in Place

Willow Bank has decided to take proactive action to protect and prevent girls being forced to undertake FGM. The Headteacher and Governors do this in 4 ways:

1. A robust attendance policy that does not authorise holidays, extended or otherwise.
2. FGM training for Child Protection Designated Person and disseminated training for all staff at the front line dealing with the children.
3. FGM discussions by Child Protection Designated Person with parents of children from practising communities who are at risk.
4. A comprehensive PSHE curriculum is delivered to all pupils throughout school and appropriate Relationship/Sex Education is delivered to KS4

In order to protect our children it is important that key information is known by all of the school community.

Ask children to tell you about their holiday. Sensitive 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?
- Are they aware that FGM including Sunnah (verbally transmitted record of the teachings, deeds and sayings, silent permissions) is illegal in the U.K even if performed abroad?

## 7. Indications that a Child is at Risk of FGM

These indicators are not exhaustive and whilst the factors detailed below may be an indication that a child is facing FGM, it should not be assumed that is the case simply on the basis of someone presenting with one or more of these warning signs. These warning signs may indicate other types of abuse such as forced marriage or sexual abuse that will also require a multi-agency response. See also [Multi-agency statutory guidance on female genital mutilation, Annex B: Risk](#), for details

- The following are some signs that the child may be at risk of FGM:
- The family belongs to a community in which FGM is practised;
- The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;
- The child talks about a 'special procedure/ceremony' that is going to take place;
- An awareness by a midwife or obstetrician that the procedure has already been carried out on a mother, prompting concern for any daughters, girls or young women in the family.

Consider whether any other indicators exist that FGM may have or has already taken place, for example:

1. The child has changed in behaviour after a prolonged absence from school; or
2. The child has health problems, particularly bladder or menstrual problems.

The Children's social care team will liaise with the Paediatric services where it is believed that FGM has already taken place to ensure that a [Medical Assessment](#) takes place.

It should be remembered that this will have lifelong consequences, and can be highly dangerous at the time of the procedure and directly afterwards.

## 8. Indications that FGM has Taken Place

- Prolonged absence from school with noticeable behaviour change – especially after a return from holiday.
- Spend long periods of time away from the class during the day.
- A child who has undergone FGM should be seen as a child protection issue.
- Medical assessment and therapeutic services to be considered at the Strategy Meeting.

## 9. 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?

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 (DCPP).

## 10. Protection and Action to be Taken

All interventions to be accurately recorded on Child Protection Form. Return forms to Mr J McKune Lead for safeguarding and engagement (DSL).

Where concerns about the welfare and safety of a child or young person have come to light in relation to FGM a referral to Children's social care should be made in accordance with the [Referrals Procedure](#).

Children's social care will undertake an assessment and, jointly with the Police, will undertake a [Section 47 Enquiry](#) if they have reason to believe that a child is likely to suffer or has suffered FGM. A strategy discussion/meeting should include the relevant Health professionals and, if the child is of school age, the relevant school representative.

Where a child has been identified as having suffered, or being likely to suffer, Significant Harm, it may not always be appropriate to remove the child from an otherwise loving family environment. Parents and carers may genuinely believe that it is in the girl's best interest to conform to their prevailing custom. Professionals should work in a sensitive manner with families to explain the legal position around FGM in the UK. The families will need to understand that FGM and re-infibulation (the process of resealing the vagina after childbirth) is illegal in the UK and that if they are insistent upon carrying out the practice, the health visitor and Children's social care must be informed that a female child may be at risk of significant harm. Interpretation services should be used if English is not spoken or well understood and the interpreter should not be an individual who is known to the family.

Where a child appears to be in immediate danger of mutilation, legal advice should be sought and consideration should be given, for example, to seeking an [Emergency Protection Order](#) or a [Prohibited Steps Order](#), making it clear to the family that they will be breaking the law if they arrange for the child to have the procedure.

The 2003 Female Genital Mutilation Act makes it illegal for any residents of the UK to perform FGM within or outside the UK. The punishment for violating the 2003 Act carries 14 years imprisonment, a fine or both.

## 11. What is the New Duty?

On 31 October 2015 a new duty was introduced that requires health and social care professionals and teachers to report 'known' cases of FGM in girls aged under 18 to the police.

For example, if a doctor sees that a girl aged under 18 has had FGM they will need to make a report to the police. Or, if a girl tells her teacher that she has had FGM, the teacher will need to report this to the police.

### **What will happen after the case has been reported to the police?**

FGM is a serious crime and the police will need to investigate each reported case appropriately. The police will work with social care professionals to make sure that the girl is safe and her needs are put first.

### **Why is it being introduced?**

When a girl has undergone FGM, a serious crime has taken place so it is very important that the police are involved as soon as possible. This will make sure that a proper investigation can take place. The purpose of the new duty is to help make sure that professionals have the confidence to confront FGM and to help increase the number of referrals to the police so that cases can be investigated appropriately.

What the new duty won't do:

- It doesn't mean that police will take action without consulting appropriately with social care professionals and other relevant professionals.
- It won't require professionals to report cases to the police where they suspect FGM may have been carried out or think a girl may be at risk. The duty also doesn't apply to women aged 18 or over. Professionals will follow existing safeguarding procedures in these cases.

## 12. Summary: Mandatory reporting of FGM\*

Duty applies to regulated health and social care professionals and teachers in England and Wales.

Requires these professionals to make a report to the police if, in the course of their professional duties, they are informed by a girl under 18 that an act of FGM has been carried out on her or observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

\*introduced in Section 5B of the FGM Act 2003, as inserted by section 74 of the Serious Crime Act 2015

## 13. Further Information

- [AFRUCA \(Child Protection of African Children\)](#)
- [Forward \(Foundation for Women's Health Research and Development\)](#)
- [Multi-agency Statutory Guidance on Female Genital Mutilation \(April 2016\)](#)
- [NSPCC - Fact sheet Female Genital Mutilation \(FGM\)](#)
- [Female Genital Mutilation and its Management: Royal College of Obstetricians and Gynaecologists 2009](#)
- [Female Genital Mutilation: Resource Pack](#)
- [Female Genital Mutilation Risk and Safeguarding - Guidance for Professionals \(DoH\)](#)

The Department for Education website;

<http://www.education.gov.uk/schools/pupilsupport/pastoralcare/childprotection/a0072224/safeguarding-children-from-female-genital-mutilation>

#### 14. Connecting Policies for Safeguarding purpose

Willow Bank School believes it is very important that policies relating to Safeguarding issues, across the school, are read in conjunction between one another. The Policies in question have been listed below.

- Safeguarding Policy
- Child Protection Policy
- Safer Recruitment Policy
- Health & safety Policy
- Drug Policy
- First Aid Policy
- Anti-bullying & harassment Policy
- Behaviour Policy
- Positive Handling and Guidance Policy
- Attendance Policy
- E-safety Policy
- Lone Worker Policy
- Sexual Violence and Sexual Harassment