

## THE EAST STAFFORDSHIRE & TAMWORTH PRUs FEDERATION

### Female Genital Mutilation Policy

This is to be read in conjunction with Appendix 1:



Home Office FGM  
reporting.pdf

#### **Rationale:**

Kettlebrook Short Stay School & Burton Referral Unit, (KSSS & BPRU) are fully committed to it safeguarding, statutory and moral responsibilities in this policy. However, we believe a proactive and preventative approach is a constructive way to a healthy and supportive environment for our pupils and their families.

As a result, we will endeavour to create an open and supportive environment for parents, families and children to help empower and eliminate these adverse circumstances in arising in the first instance. This will not just help our students but siblings and empower communities.

In the circumstances that they should occur, we have outlined the measures we have put in place. We have robust and rigorous safeguarding procedures and take our responsibilities for child protection seriously.

Female Genital Mutilation (FGM) is a form of child abuse and as such is dealt with under KSSS's Child Protection and Safeguarding Policy. At KSSS & BPRU there is an expectation that safeguarding is everybody's responsibility and we expect all staff to adhere to and follow policies that support it.

#### **Definition of FGM:**

"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 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. For this reason we should try to raise awareness and support understanding of 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."

#### **Ofsted key questions could include:**

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- Are designated senior staff for child protection aware of the issue and have ensured that staff in KSSS & BPRU are aware of the potential risks?
- How alert are staff to the possible signs that a child has been subject to female genital mutilation or is at risk of being abused through it?
- Has KSSS & BPRU taken timely and appropriate action in respect of concerns about particular children?

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### Procedures in place:

We have decided to take proactive action to protect and prevent any pupil(s) being forced to undertake FGM. The Headteacher and Management Committee do this in three ways:

1. A robust attendance policy that does not authorise holidays (unless in extreme circumstances).
2. FGM training for all staff at the front line dealing with the children.
3. A PSHE and Relationship and Sex Education programme. With an approach to discuss the topic as and when it naturally arises from our students.

### Indications that FGM has taken place:

- Prolonged absence from KSSS & BPRU with noticeable behaviour change – especially after a return from holiday.
- Spending 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.

### Indications that a child is at risk of FGM:

- The family comes from a community that is known to practice FGM - especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony.
- 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.
- 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.

If we have concerns that children in our school community are at risk or victims of FGM then we refer to the student to DSL, log the information on My Concern and then it will be passed onto First Response.

### Guidelines for FGM; we may;

Ask in a sensitive manner 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 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?

These questions and advice are guidance and each case should be dealt with sensitively and considered individually and independently. In most cases it will be more appropriate for female staff to carry out questioning with the child. Using this guidance is at the discretion of the Headteacher.

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Appendix 1:

### Staffordshire & Stoke-on-Trent Safeguarding Children Boards Briefing Note for Practitioners & Managers July 2017

#### Female Genital Mutilation (FGM)

##### **What is Female Genital Mutilation?**

“Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.”

*(World Health Organisation, 2014).*

FGM is known by a number of names including ‘female genital cutting’, ‘female circumcision’, ‘initiation’ or ‘sunna’. FGM is a collective term for procedures which include the partial or total removal of the external female genital organs, or injury to the female genital organs for cultural or other non-therapeutic reasons.

FGM has serious physical and emotional health consequences both at the time of the procedure and in later life. It is extremely painful, has no medical benefits and a number of girls die as a result of the procedure from blood loss or infection. It can also be psychologically damaging. Women who have undergone some form of FGM are twice as likely to die in childbirth and four times more likely to give birth to a still born child.

FGM is also linked to domestic abuse, particularly in relation to ‘honour based abuse’ and forced marriage. FGM is deeply rooted in tradition widely practiced among specific ethnic populations in Africa (such as Somalia, Sudan, Guinea, Djibouti, Mali and Ethiopia, Eritrea, Egypt) parts of the Middle East (Yemen and Kurdish regions of Iraq, Bahrain, Oman) and Asia. FGM has also been found in communities in Israel, the United Arab Emirates, the occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan.

##### **Why is female genital mutilation performed?**

FGM is a complex issue. It is often seen as a natural and beneficial practice by a loving family who believe that it is in the girl’s best interests. There are a number of potential reasons for this, including maintaining their cultural identity, thinking it is a religious requirement, social acceptance especially for marriage, preservation of virginity/chastity, increasing sexual pleasure for the male, men’s control of female reproductive functions, beliefs about hygiene and cleanliness, family honour and fear of social exclusion.

Many women believe that FGM is necessary to ensure acceptance in their community. They are often unaware that it is not practised in most of the world.

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### How many children are at risk and at what age?

It is difficult to estimate how many children due to the hidden nature of FGM, but it is estimated that over 20,000 girls under the age of 15 years could be at risk in England and Wales and over 125,000 females aged 15 years and over are living with the consequences of FGM (*HM Government, Multi-Agency Practice Guidelines: Female Genital Mutilation; 2014.*)

The age at which FGM is performed varies from area to area. It can be performed on female infants who are a few days' old, female children and adolescents and occasionally on mature women. **The majority of cases are thought to happen between the ages of 5 and 8 years.**

### FGM is a crime in the UK

**FGM is a serious criminal offence and is child abuse.** Anyone found guilty of an FGM offence, or of helping somebody commit the offence, can face a maximum penalty of 14 years in prison. Any parents, carers or adult may also be guilty of an offence and face up to 7 years in prison if they fail to protect a child (up until the age of 18 years old) from FGM being carried out.

Even if someone is taken overseas to undergo FGM, it is still a crime in the UK if the mutilation is done by a UK national or a UK resident. It is also a crime if a UK national or resident assists or gets a non-UK national or resident to carry out FGM overseas on a UK national or resident.

The Serious Crime Act 2015 strengthened the legislation on FGM and now places a mandatory duty on professionals (health, social care and teachers) to notify police when they discover that FGM has been carried out on a girl under 18.

Applications for an FGM Protection Order can also now be made to the High Court of family courts to help protect a girl or woman.

### Identifying girls at risk of FGM

A girl from a practicing community may be at risk of FGM but it cannot be assumed that all families from practicing communities will want their females to undergo FGM.

The risk of FGM to an individual is greater when the community is less well integrated into British society, when their own mother or sister has been the subject of FGM or when they have been withdrawn from Personal, Social and Health Education (PSHE) lessons at school. The withdrawal from such lessons may be the parent's way of keeping the girl uninformed of her rights and her own body.

A girl may be taken out of the country for a holiday for the procedure to be carried out abroad with time for recovery, but there is also evidence that FGM is carried out in the UK. **Girls are particularly vulnerable during the summer holidays, both for female genital mutilation and forced marriage. All professionals, particularly those in education settings, are encouraged to be particularly alert to the signs of potential abuse at this time of year.**

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### Potential signs you need to be look out for include:

- The family belongs to a community which practices FGM and/or their own mother or other siblings have had FGM.
- A visiting female elder being in the UK from the country of origin.
- A professional hearing reference to FGM e.g. having a “special procedure”.
- The family are making plans to go on holiday / requested extended leave from school
- The child is talking about a long holiday to one of the countries where FGM is practiced.
- The child talks about a forthcoming special celebration
- The child may have difficulty walking or sitting.

Even if FGM may have already taken place, it is really important that this information is shared with the police and/or children’s social care services as soon as possible, so that help and protection can be offered to the child and any other family or community members who may at risk.

### FGM may have already been carried out if:

- A child seems to have difficulty walking, sitting or standing.
- A child spends longer than normal in the bathroom/toilet due to difficulties urinating.
- A child spends long periods away from the classroom with bladder or menstrual problems.
- A child misses a lot of time off school or college.
- A child has a change in behaviour.
- A child being unduly reluctant to have a medical examination.
- A child confides in someone or may ask for help but not be explicit due to fear or embarrassment.

Please remember that children and young people need to know that if they are worried that this may happen to them or to someone they know that they can speak to you. For many children from communities practising FGM the only time they can get support is at school.

**These children need to know that you will be able to help, support and protect them, so please read our local guidance to educate yourself.**

### What to do if you are worried about a child

**Please call the police on 101 if you have any information about FGM, believe a child may be at risk, or feel out of control about decisions being made about a child and FGM.**

**In an emergency always dial 999**

The NSPCC's FGM Helpline can also be contacted on **0800 028 3550** for information and advice (or visit their website at: [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)).

This free helpline is aimed at anyone who is concerned that a child's welfare could be at risk because of female genital mutilation; particularly teachers and medical staff. The helpline is run by

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NSPCC child protection experts who have had training, along with experts who work with women and girls who have undergone this form of ritual mutilation.

### Local inter-agency guidance

All practitioners working with children and their families should become familiar with the **recently revised** **Joint LSCB Female Genital Mutilation Policy and Procedure – It's there to help you to know what to do to help children.**

To view this policy and procedure please go to your LSCBs website:

**For Staffordshire Safeguarding Children Board (Section 4M) go to:**

<https://www.staffsscb.org.uk/FGM>

**For Stoke-on-Trent Safeguarding Children Board (Section F09) go to:**

<http://www.safeguardingchildren.stoke.gov.uk/FGM>

### Other sources of information:

Home Office – FGM fact sheet:

[https://www.gov.uk/government/FGM\\_mandatory\\_reporting\\_Fact\\_sheet](https://www.gov.uk/government/FGM_mandatory_reporting_Fact_sheet)

HM Government - Multi-agency statutory guidance on female genital mutilation (2016):

[https://www.gov.uk/government/Multi\\_Agency\\_Statutory\\_Guidance\\_on\\_FGM](https://www.gov.uk/government/Multi_Agency_Statutory_Guidance_on_FGM)

Home Office – FGM Support materials

<https://www.gov.uk/government/publications/fgm-support-materials>

Home Office – FGM Resource Pack

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack>