THE ST. BART'S ACADEMY TRUST

Female Genital Mutilation (FGM) Policy

July 2023

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The St. Bart's Academy Trust

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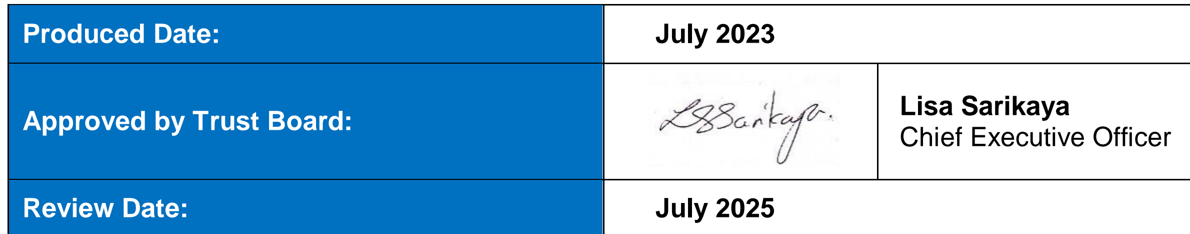

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1. Purpose of Policy

St. Bart's Multi-Academy Trust has robust and rigorous safeguarding procedures and takes its responsibilities for safeguarding and promoting the welfare of every child / young person seriously.

This policy provides information to staff about female genital mutilation (FGM) and what action they should take to safeguard girls and young women who they believe may be at risk of being, or have already been, harmed. FGM is extremely traumatic, can be fatal, and has significant short and long-term medical and psychological implications. It is illegal in the United Kingdom, and therefore is a child protection issue.

The Trust has taken information from several documents to develop this policy. These include, the Government Home Office guidelines, the Ofsted guidelines for "Inspecting Safeguarding" and the NSPCC's Female Genital Mutilation Policy, Procedure and Guidance (January 2019) . The UK Government has written advice and guidance on FGM that states;

> "FGM is considered as 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."

Designated senior staff for child protection are aware of the guidance that is available in respect of FGM, and should be vigilant to the risk of it being practised.

This policy should be read in conjunction with each academy's Safeguarding and Child Protection Policy.

2. Definition of FGM

The World Health Organisation (WHO) states that:

> "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 2008).

FGM is also known as female circumcision, but this is incorrect as circumcision means 'to cut' and 'around' (Latin), and it is quite dissimilar to the male procedure. It can also be known as female genital cutting. The Somali term is 'Gudnin' and in Sudanese it is 'Tahur'. FGM is not like male circumcision. It is very harmful and can cause long-term mental and physical suffering, menstrual and sexual problems, difficulty in giving birth, infertility and even death. The average age for FGM to be carried out is about 14 years old. However, it can vary from soon after birth, up until adulthood.

3. Prevalence

Given the hidden nature of FGM, the exact number of women and girls in the UK who have undergone it is unknown. A 2015 study based on 2011 census data estimated that:

- approximately 60,000 girls aged 0 to 14 were born in England and Wales to mothers who had undergone FGM

- approximately 103,000 women aged 15 to 49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM

In light of this information, St. Bart's Multi-Academy Trust implements these procedures.

1. A robust Attendance Policy that does not authorise holidays, extended or otherwise.
2. FGM training for Designated Safeguarding Leads and disseminated training for all staff at the front line dealing with the children. Understanding is also supported by Flick training.
3. FGM discussions by the Designated Safeguarding Lead with parents of children from practising communities who are at risk when appropriate.

4. Legal Context:

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed.

The Female Genital Mutilation Act 2003 replaced the 1985 Act and made it an offence 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. These changes mean that the 2003 Act can capture 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. The term 'habitually resident' covers a person's ordinary residence as opposed to a short, temporary stay in a country. The courts determine whether an involved person is habitually resident in the UK, and therefore covered by the 2003 Act.

The 2015 Act has also created a new offence- that of failing to protect a girl from FGM. This means that, if an offence of FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the time of FGM occurred will be liable. The term 'responsible' refers to those with parental responsibility who have frequent contact with the girl or where a person aged 18 or over have assumed responsibility for caring for the girl. The maximum penalty for the offence is seven years' imprisonment, or a fine or both.

Under the Children Act 2004 (England and Wales) and the Children (Northern Ireland) Order 1995, Local authorities can apply to the courts for various orders to prevent a child being taken abroad for mutilation.

The Human Rights Act 1998 and European Convention on Human Rights Article 3 states that no one will be "subjected to torture or to inhuman or degrading treatment or punishment".

The UN Convention on the Rights of the Child States that any person below the age of 18 years has the right to protection from activities or events that may cause them harm and that they need special safeguards and care, including appropriate legal protection.

5. 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 concerns the reporting responsibility cannot be transferred e.g. to a designated named person for safeguarding.

This mandatory reporting duty applies to:

- Health and Social Care professionals regulated by a body which is overseen by the Professional Standards Authority for Health and Social Care
- Qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions
- Social Care Workers

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

- observed physical signs which appear to show that an act of FGM has been carried out on a girl under 18 years and they 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 (visually identified cases); or
- been informed by a girl under 18 years that an act of FGM has been carried out on her (verbal disclosure).

For the purpose of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 years or over discloses she had FGM when she was under the age of 18 years)

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

5.1. Visually Identified Cases

The reporting duty for visually identified cases only applies to cases discovered in the usual course of a professional's work. If genital examinations are not undertaken in the course of delivering a role, then the duty does not change this.

Most professionals will visually identify FGM as a secondary result of undertaking another action.

There are no circumstances in which our staff should examine a girl. It is possible however that a teacher (applying the definition stated earlier) 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.

5.2. 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 young person makes a direct verbal disclosure. If another person makes an indirect disclosure about a girl 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.

6. Female Genital Mutilation Protection Orders (FGMPO)

The 2015 Act also introduces the provision of FGM protection orders, a civil law measure to protect a girl against the commission of a genital mutilation offence or protect a girl against whom such an offence has been committed.

Application for the court to make a FGMPO (Female Genital Mutilation Protection Orders (FGMPO) can be made:

- by the girl who is to be protected;
- by a Relevant Third Party appointed by the Lord Chancellor- currently only Local Authorities are classified as RTPs;
- any other person with the permission of the court e.g. the police, a voluntary sector support service, a healthcare professional, a teacher, a friend or family member.

The court will consider all the circumstances including the need to secure, the health, safety, and well-being of the girl.

The FGMPO contains prohibitions, restrictions or other requirements to protect a victim or potential victim of FGM. This could include be an order to:

- surrender a person's passport or any other travel document;
- protect a victim or potential victim from FGM from being taken abroad;
- not enter into any arrangements, in the UK or abroad, for FGM to be performed on the person to be protected.
- Breach of an FGMPO is a criminal offence with a maximum penalty of five years' imprisonment, or as a civil breach punishable by up to two years' imprisonment.

7. Public Protection Orders:

There are other public protection orders that may also be used to protect girls under 18yrs deemed at risk:

Police Protection Order - this gives the Police power to remove a girl thought to be at risk of significant harm and place her under 'police protection' for up to 72 hours;

Emergency Protection Order - after 72 hours the Police or Social Care Services can apply for this further protection if a girl is still thought to be at risk;

Inherent Jurisdiction - inherent jurisdiction of the court can be requested by Social Care Services where a care order is not deemed appropriate and issues concerning a girl cannot be resolved under the Children Act. Applications can also be made by any interested party to make a girl a ward of court.

8. Main Forms of FGM

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).

9. The FGM procedure

The procedure is usually carried out by an older woman in the community, who may see conducting FGM as a prestigious act as well as a source of income.

The procedure usually involves the girl / young woman being held down on the floor by several women. It is carried out without medical expertise, attention to hygiene or an anaesthetic. Instruments used include un-sterilised household knives, razor blades, broken glass and stones. The girl / young woman may undergo the procedure unexpectedly, or it may be planned in advance.

10. Risk factors and Warning Signs of FGM

There are factors that may indicate a child may be at risk of FGM. As with all other aspects of safeguarding they may form part of a collective picture of concern.

For example if:

- the family originates from a community known to practice FGM and / or information is shared of intention to travel to their country of origin
- a parent requests permission for a child to travel oversees for an extended period
- a child expresses anxiety about a special ceremony or traditional custom
- another family member is known to have previously undergone FGM
- low integration of the family into UK society
- a girl who is withdrawn from physical education (PE) regularly

11. Indications and Implications of FGM:

A child who has undergone FGM must be seen as a child protection issue.

11.1. 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 or traditional custom, for example, where a girl becomes a woman or is prepared for marriage.
- 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.

11.2. Indicators that FGM has already taken place:

- difficulties standing, walking or sitting for long periods
- long periods of time in the bathroom
- long absences from school or repeated absences with bladder or menstrual problems
- reluctance to undergo medical examinations
- emotional and behavioural changes after returning from a prolonged holiday
- prolonged absence from school with noticeable behaviour change – especially after a return from holiday.
- extreme levels of pain, fear, anxiety and discomfort

11.3. Implications:

If we have concerns that children in our academy community are at risk or victims of Female Genital Mutilation then we will 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?
- Are they aware that FGM including Sunna is illegal in the U.K even if performed abroad?

If we 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 that you are not happy about?
- 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?

11.4. Immediate Health Consequences:

- fatality; as a result of shock, haemorrhage or septicaemia;
- infection due to unsanitary conditions;
- extreme levels of pain, fear, anxiety and discomfort.
- Urine retention;
- Injury to adjacent tissues;
- Fracture or dislocation as a result of restraint;
- Damage to other organs;

11.5. Long Term Health Consequences:

FGM has many long-term physiological, sexual, and psychological effects some of which include:

- Excessive damage to the reproductive system;
- Uterus, vaginal and pelvic infections;
- Infertility;
- Cysts;
- Complications in pregnancy and childbirth kidney and or recurrent urinary retention / infection;
- genital malformation, cysts, keloid scar formation;
- delayed menarche (first menstrual cycle),
- chronic pelvic complications,
- mental health difficulties, Post-Traumatic Stress Disorder

12. Actions

Any information or concern that a girl / young woman is at risk of or has been subject to FGM should result in an immediate referral to the Designated Safeguarding Lead (or deputy designated safeguarding lead in the former's absence) who should then make an immediate referral to the Police and Children's Social Care Service. If a girl / young woman is thought to be at risk of FGM, staff should be aware of the need to act quickly - before she is abused by undergoing FGM in the UK, or taken abroad to undergo the procedure.

FGM places a girl / young woman at risk of significant harm and will therefore be initially investigated under Section 47 of the Children Act 1989 by Children's Social Care and the Police.

Once a referral has been received for either a girl / young woman who is at risk or has undergone FGM, a Strategy Meeting / Discussion must be convened and should involve representatives from the police, Children's Social Care Services, and education.

If a teacher, during their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must personally report this to the police. All teachers will be aware of and adhere to the Government Guidance on Mandatory reporting of female genital mutilation: procedural information

In both the above situations, this action is not dependent upon who provides such information. The academy's Safeguarding and Child Protection Policy must be followed. A Referral to Children's Social Care and the Police must be made.

Where practitioners are working in areas where FGM is prevalent or where they are delivering services where FGM is likely to be an issue, they must make proactive links with partners in health and social care and be aware of local protocols and procedures to protect children and young people.

Practitioners must:

- Follow the academy's Safeguarding and Child Protection Policy.
- make detailed notes as soon as possible.
- provide anonymity to safeguard the victim (this will not be possible, if a referral to the Police and Children's Social Care Services is needed).
- Make mandatory referrals into specified services.

When receiving information about FGM all staff and volunteers must not:

- ignore what the young person or adult has told them or dismiss out of hand the need for immediate protection.
- approach the young person's family, friends or those people with influence within the community as this will alert them to your enquiries.
- contact the family in advance of any enquiries, either by telephone or letter.
- share information outside child protection information-sharing protocols without the express consent of the young person.
- breach confidentiality except where necessary to ensure the young person's safety.

13. The Role of the Local Governing Committee

The FGM Duty encompasses responsibilities for staff in line with Academy safeguarding arrangements. All FGM Duty concerns will be immediately reported to the Chair of Governors by the Principal and DSL. Together, they will monitor on-going liaison with the police and other multi-agency partners.

14. The Role of the Principal

- Implement the Trust FGM Policy with the support of the DSL, Senior Leadership Team and Local Governing Committee.
- 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 Trust FGM policy and receive training in order to support staff and volunteers;
- Promote FGM Duty when overseeing the development of the curriculum and all other aspects of Academy life.
- Inform the Chair of Governors and the Named Safeguarding Governor of all FGM Duty concerns/ referrals.

15. Role of all Staff

- Be made aware of and have access to Trust FGM Policy, protocols and procedures.
- Attend annual safeguarding and complete FGM training (Flick) which will include guidance on implementing FGM reporting duties.
- Strive to safeguard pupils in all aspects of the FGM agenda;

All staff have a responsibility to monitor and, where necessary, guide the practice of volunteers, visitors or contractors working in the Academy. Any concerns will be reported to the Principal or DSL.

16. Visitors to the academy and volunteers/contractors working in the Academy:

All visitors, supply staff, volunteers, extended service providers and contractors are provided with information on school's safeguarding procedures to ensure they are aware of and follow our procedures. All such visitors will have a nominated point of contact in school to whom any concerns should be reported. It is the responsibility of the nominated point of contact in school to implement school's reporting procedures and ensure the Principal and/or DSL is informed of any concerns. This includes any concerns regarding the practice of such visitors.

17. Monitoring and Review

This policy will be reviewed **every two years** by the Trust. Any changes to this policy will be communicated to all staff and other relevant stakeholders.

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