



Bexhill
Academy

FEMALE GENITAL MUTILATION POLICY

Updated: 1st September 2018

Next Review: 1st September 2019

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This policy was adopted on 1st September 2018

This policy is due for review on 1st September 2019

General Statement

Since 1985, it has been a serious criminal offence, under the Prohibition of Female Circumcision Act, to perform FGM or to assist a girl to perform FGM on herself. The Female Genital Mutilation Act 2003 tightened this law to criminalize FGM being carried out on UK citizens overseas. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison

Rationale

Bexhill Academy has robust and rigorous safeguarding procedures and takes its responsibilities of child protection/safeguarding seriously.

Female Genital Mutilation is a form of child abuse and as such is dealt with under the academy's Child Protection and Safeguarding policy. At Bexhill Academy the Principal and Trust Board expect safeguarding to be everybody's responsibility and all staff to adhere to and follow these policies.

Definition

Female Genital Mutilation is defined as *"all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non- medical reasons"*. WHO 2012.

Risk Factors

The academy has taken information from several documents to write this policy, including Government Home Office guidelines and 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 practiced 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'.

In the UK, FGM tends to occur in areas with larger populations of communities who practice FGM, such as first generation immigrants, refugees and asylum seekers.

Risk factors also include:

- Low level of integration into UK society.
- Mother or sister who has undergone FGM
- Girls who are withdrawn from PSHE
- Visiting female elder from the country of origin
- Being taken on a long holiday to the country of origin
- Talk about a 'special' procedure to become a woman.

Although FGM takes place between birth and around 15 years of age; it is believed that the majority of cases happen between the ages of 5 and 8.

When a Report Must Be Made

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- 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 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.

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 or over discloses she had FGM when she was under 18).

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

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

Procedures the Academy Has In Place

Bexhill Academy has decided to take proactive action to protect and prevent female students forced to undertake FGM. The Principal and Trust Board do this in four ways:

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.
3. FGM discussions by Designated Safeguarding Lead (DSL) with parents of children from practicing communities who are at risk if required.
4. Comprehensive PSHE and Relationship and Sex Education delivered to students.

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

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/safeguarding 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/Safeguarding 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 Female Genital Mutilation, then we refer to the Single Point of Advice Team. We may:

ASK

Ask children to tell you 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?
- Are they aware that FGM including Sunni 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. Using this guidance is at the discretion of the Principal.

Record

All interventions should be accurately recorded.

Safeguarding

All concerns regarding FGM, whether current or historical, should be reported to the designated Safeguarding Lead through the normal safeguarding processes (see Child Protection and Safeguarding Policy for further details).