

Female Genital Mutilation (FGM) Policy

Date of Policy: Autumn 2020
Date of Review: Autumn 2021
Next Review: To be reviewed annually

Policy Review Dates

Review Date	Changes made	Shared with staff
Autumn 2021	Reviewed and updated with reference to Keeping Children Safe in Education 2021	Autumn 2021

This policy should be read in conjunction with the school's Safeguarding and Child Protection and RHE policies as well as Keeping Children Safe in Education (KCSiE) – September 2021 guidance – Paragraph 40 and Annex B.

Rationale

Vaughan Primary School is committed to UNICEF's Rights of the Child and employs robust and rigorous safeguarding procedures and practices and takes its responsibilities of child protection seriously.

This policy provides information about Female Genital Mutilation (FGM) and what action should be taken to safeguard girls and young women who 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. Female Genital Mutilation is a form of child abuse and as such, is dealt with under the School's Safeguarding and Child Protection Policies. 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. It is our aim to prevent the practice of FGM in a way that is culturally sensitive and with the fullest consultations with community representatives and professional agencies.

At Vaughan Primary School, the Headteacher and Governors expect safeguarding to be everybody's responsibility. All staff need to adhere to and follow school procedures.

Definition of Female Genital Mutilation

The school 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 School has taken guidance from several documents which include:

- Keeping Children Safe in Education, September 2021
- Harrow LSCB Guidelines for FGM The Government Home Office guidelines
- The Ofsted guidelines for "Inspecting Safeguarding"
- NSPCC Guidance

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 who are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.”

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of five and eight.

Usually it is a girl's parents or her extended family who are responsible for arranging FGM. Some of the reasons given for the continued practice of FGM include; protecting family honour, preserving tradition, ensuring a woman's chastity, cleanliness and as a preparation for marriage.

Whilst FGM is often seen as an act of love, rather than cruelty, it causes significant harm and constitutes physical and emotional abuse. FGM is considered to be child abuse in the UK and is a violation of the child's right to life, their bodily integrity as well as of their right to health. FGM can have serious consequences for a woman's health and in some instances can lead to death.

Current law

FGM has been a specific criminal offence in the UK since 1985 when the (UK-wide) Prohibition of Female Circumcision Act (“the 1985 Act”) was passed. The Female Genital Mutilation Act 2003 (“the 2003 Act”) replaced the 1985 Act in England, Wales and Northern Ireland. It modernised the offence of FGM and the offence of assisting a girl to carry out FGM on herself while also creating extra-territorial offences to deter people from taking girls abroad for mutilation. To reflect the serious harm caused, the 2003 Act increased the maximum penalty for any of the FGM offences from five to 14 years' imprisonment.

Under the 2003 Act, it is an offence for any person in England, Wales or Northern Ireland (regardless of their nationality or residence status) to perform FGM (section 1); or to assist a girl to carry out FGM on herself (section 2). It is also an offence to assist (from England, Wales or Northern Ireland) a non-UK national or resident to carry out FGM outside the UK on a UK national or permanent UK resident (section 3).

Section 4 extends sections 1 to 3 to extra-territorial acts so that it is also an offence for a UK national or permanent UK resident to: perform FGM abroad; assist a girl to perform FGM on herself outside the UK; and assist (from outside the UK) a non-UK national or resident to carry out FGM outside the UK on a UK national or permanent UK resident.

'UK resident' is defined as an individual who is habitually resident in the UK. The term habitually resident covers a person's ordinary residence, as opposed to a short, temporary stay in a country.

These changes will mean that the 2003 Act can capture offences of FGM committed abroad by or against those who are at the time are habitually resident in the UK irrespective of whether they are subject to immigration restrictions. It will be for the courts to determine on the facts of individual cases whether or not those involved are habitually resident in the UK and thus covered by the 2003 Act.

Anonymity of victims of FGM

Reluctance to be identified as a victim of FGM is believed to be one of the reasons for the low incidence of reporting of this offence. It is anticipated that providing for the anonymity of victims of alleged offences of FGM will encourage more victims to come forward.

Section 71 of the 2015 Act amends the 2003 Act to prohibit the publication of any information that would be likely to lead to the identification of a person against whom an FGM offence is alleged to have been committed. This is similar, although not identical, to the anonymity given to alleged victims of sexual offences by the Sexual Offences (Amendment) Act 1992.

Anonymity will commence once an allegation has been made and will last for the duration of the victim's lifetime.

There are two limited circumstances where the court may disapply the restrictions on publication. The first is where a person being tried for an FGM offence, could have their defence substantially prejudiced if the restriction to prevent identification of the person against whom the allegation of FGM was committed is not lifted. The second circumstance is where preventing identification of the person against whom the allegation of FGM was committed, could be seen as a substantial and unreasonable restriction on the reporting of the proceedings and it is considered in the public interest to remove the restriction.

Offence of failing to protect a girl from risk of FGM

Section 72 of the 2015 Act inserts new section 3A into the 2003 Act; this creates a new offence of failing to protect a girl from FGM. This will mean that if an offence of FGM is committed against a girl under the age of 18, each person who is responsible for the girl at the time FGM occurred will be liable under this new offence. The maximum penalty for the new offence is seven years imprisonment or a fine or both.

To be 'responsible' for a girl, the person will either have parental responsibility for the girl (such as mothers, fathers married to the mothers at the time of birth and guardians) and have frequent contact with her, or where the person is aged 18 or over they will have assumed responsibility for caring for the girl "in the manner of a parent", for example family members to whom parents might send their child during the summer holidays.

The requirement for 'frequent contact' is intended to ensure that a person who in law has parental responsibility for a girl, but who in practice has little or no contact with her, would not be liable. Similarly, the requirement that the person should be caring for the girl 'in the manner of a parent' is intended to ensure that a person who is looking after a girl for a very short period – such as a baby sitter – would not be liable.

It would be a defence for a defendant to show that at the relevant time, they did not think that there was a significant risk of FGM being committed, and could not reasonably have been expected to be aware that there was any such risk; or they took such steps as he or she could reasonably have been expected to take to protect the girl from being the victim of FGM. The onus would then be on the prosecution to prove the contrary.

Female Genital Mutilation mandatory reporting duty for teachers

The DFE guidance 'Keeping Children Safe in Education, September 2021' provides the following advice:

'Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies.

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out unless the teacher has good reason not to. They should still consider and discuss any such case with the school's Designated Safeguarding Lead (or Deputy) and involve Children's Services as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures'.

Vaughan Primary School has decided to take proactive action to protect and prevent our girls being forced to undertake FGM.

The Head Teacher and Governors do this in four ways:

1. A robust Attendance Policy that does not authorise holidays, extended or otherwise unless we are assured the reasons for the request for special leave.
2. FGM training for Child Protection Leads and disseminated training for all staff at the front line for dealing with the children.
3. FGM discussions by Child Protection Designated Safeguarding Lead and key staff with parents of children from practising communities who are at risk.

4. Comprehensive PSHE and Relationship and Health Education programme delivered to children which includes NSPCC led assemblies and workshops on keeping safe, teaching the NSPCC 'Pants Programme' from Reception to Year 6 and providing workshops on raising awareness of FGM to years 5 and 6. These are delivered in an age appropriate way and sensitive manner.

In order to protect our children, it is important that key information is known by all of the school community. A child who has undergone FGM should be seen as a child protection issue.

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7 Indications that FGM has taken place:

- Difficulty walking, sitting or standing
- Prolonged absences from school/college and/or noticeable behaviour change – especially after a return from holiday
- Spending long periods away from the classroom/office with urinary or menstrual problems
- Reluctant to undergo medical examinations
- Noticeable changes in behaviour – FGM can result in post-traumatic stress
- Soreness, infection or unusual presentation when a nappy is changed
- Asking for help but not being explicit about the problem due to embarrassment or fear
- In conversation a child may talk about FGM.
- Parent/Carer 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 Children's Services 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 Children's Services or the Police.

We may:

- Ask children to tell us 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 'Sunna' is illegal in the U.K even if performed abroad?

If you suspect that a child is a victim of FGM, please inform the Assistant Headteacher who is the Designated Safeguarding Lead.

Indications that a child is at risk of FGM:

- The family comes from a community known to practice FGM - especially if there are elderly women present
- In conversation a child may talk about FGM
- Parents seeking to withdraw their children from learning 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 Children's Services or the Police.

Record

All interventions should be accurately recorded.
Call police on 101 if you have information about FGM.
In an emergency, dial 999.

Contact information:

Harrow Children's Services Golden Number – 0208 901 2690
National Society for the Prevention of Cruelty to Children (NSPCC) FGM Helpline
0800 028 3550 fgmhelp@nspcc.org.uk
Home Office FGM Unit FGMEnquiries@homeoffice.gsi.gov.uk
Metropolitan Police Child Abuse Investigation Command/Project Azure 020 7161
2888
Childline www.childline.org.uk 0800 1111 (24 hr free helpline for children)