



1.11 Female Genital Mutilation (FGM) Policy

To be read and followed alongside our Safeguarding and Child Protection Policies.

Policy Statement

Female Genital Mutilation (FGM) is illegal in England under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

We have a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report if we:

- 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.

It is therefore our duty at The Rocking Horse Nursery to be vigilant and report any suspected or known case of FGM immediately.

Definition:

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse.

It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health." (NHS)

Forms of FGM:

- **Type 1 (clitoridectomy)** – removing part or all of the clitoris.

- **Type 2 (excision)** – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).
- **Type 3 (infibulation)** – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- **Other harmful procedures** to the female genitals, including pricking, piercing, cutting, scraping or burning the area.

Potential Indicators of risk:

- Knowing both that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school.
- The child may also talk about a special procedure/ceremony that is going to take place.
- Prolonged absence from school or other activities with noticeable behaviour change on return.
- Possible bladder problems.
- Children find it difficult to sit still and look uncomfortable.
- Children may complain about pain between their legs.
- Children may talk of something somebody did to them that they are not allowed to talk about.

Procedures to follow:

Follow – ‘FGM mandatory reporting process map’

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

Visually Identified Case:

Within an early years environment there are no circumstances in which we should examine. It is possible that a teacher, perhaps assisting a young child in the toilet or changing a nappy, may see something which appears to show that FGM may have taken place. In such circumstances, the teacher must make a report under the duty, but should not conduct any further examination of the child.

Verbally Identified Case:

A report under the duty can only be made when the victim has verbally indicated or declared being subject to FGM. However, if a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, the duty does not apply and a report to the police is not mandatory. Any such disclosure should, however, be handled in line with wider safeguarding responsibilities and a referral to children’s social services.

Referral Process:

- Record immediately with the below information:
 - Child's name
 - Child's address
 - Age of the child and date of birth
 - Date and time of the observation or the disclosure
 - Exact words spoken by the child
 - Exact position and type of injuries or marks seen
 - Exact observation of an incident including any other witnesses
 - Name of the person to whom the concern was reported, with date and time; and the names of any other person present at the time
 - Any discussion held with the parent(s) (where deemed appropriate).
- Report to Designated Safeguarding Lead (DSL) immediately.
- **Make a referral to the police using 101.**
- Explain that you are making a report under the FGM mandatory reporting duty
 - Give them your details: Name; Contact details (work telephone number and e-mail address) and times when you will be available to be called back.
 - Give them the girl's (victim) details: Name; Age/date of birth; Address

NSPCC FGM Helpline - 08000 283550

Documents used to form this policy:

Department for Education: 'Working Together to Safeguard Children (2018)'

Home Office (updated June 2023) 'Female Genital Mutilation
www.gov.uk/government/collections/female-genital-mutilation

NHS – Female Genital Mutilation <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

For latest Government Home Office information on FGM, including reporting procedures, follow this link: <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>