



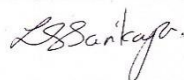
THE ST. BART'S
ACADEMY
— TRUST —

Female Genital Mutilation (FGM) Policy

July 2022

The St. Bart's Academy Trust

Female Genital Mutilation (FGM) Policy

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1. Purpose of Policy

St. Bart's Multi-Academy Trust has robust and rigorous safeguarding procedures and takes its responsibilities of child protection seriously. Female Genital Mutilation is a form of child abuse and as such is dealt with under the schools safeguarding children policy. The academy 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)

Female genital mutilation (FGM) is a child protection issue and is illegal in each of the jurisdictions in the United Kingdom for a child up to 18 years of age. The policy provides information about what constitutes FGM, its prevalence, information about the legal context, what action is needed to fulfil the mandatory requirements to report FGM, and guidance to support staff and volunteers in safeguarding children, young people and adults at risk.

The trust has taken information from several documents to write 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 must be followed in conjunction with the academy’s and local authority’s Safeguarding and Child Protection Policy.

This document should be read in conjunction with:

- The academy’s Code of Conduct
- The academy’s Attendance Policy
- Safeguarding and Child Protection Policy

2. Definition of FGM

Female genital mutilation (FGM) is a child protection issue and is illegal in each of the jurisdictions in the United Kingdom for a child up to 18 years of age. The policy provides information about what constitutes FGM, its prevalence, information about the legal context, what action is needed to fulfil the mandatory requirements to report FGM, and guidance to support staff and volunteers in safeguarding children, young people and adults at risk.

3. Prevalence

FGM's prevalence in the UK is difficult to estimate because of the hidden nature of the crime. It is estimated that approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM. Estimates show that there may be as many as 200 million victims of FGM worldwide, including at least 500,000 in the EU.

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

1. A robust Attendance Policy.
2. FGM training for Child Protection 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 Child Protection lead with parents of children from practising communities who are at risk when appropriate.

4. Implementing FGM Duty

To implement FGM Duty Longford Primary Academy will ensure all staff, governors and volunteers have access to training to ensure all have an understanding and build capability to deal with the risks identified. This includes:

- An understanding of what FGM means;
- An understanding of FGM types, including short and long term health effects;
- An understanding of FGM risk factors;
- An understanding of FGM legislation;
- How to challenge FGM ideology;
- How to obtain support from the senior leadership team, the police, local authorities and multi-agency partnerships;
- How to share information to ensure a person at risk of FGM obtains appropriate support;
- How and when to make a direct FGM referral to the police;
- How to record and maintain records to comply with school's responsibilities.

5. Legal Context:

The Female Genital Mutilation Act 2003 (England, Wales and Northern Ireland). This act has been amended to incorporate a new duty as outlined below.

Mandatory (legal) reporting duty applies where FGM has taken place.

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003, section 5B (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 years that an act of FGM has been carried out on her; or

- 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.

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)

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report it to the Police. This responsibility cannot be transferred. Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

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.

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. Risk factors and Warning Signs of FGM

FGM is more common than generally realised, both worldwide and in the UK. It is deeply embedded into the culture of communities and intervention by statutory agencies may be resisted.

Understanding factors that heighten girls' or women's risk of FGM is important so that concerns can be acted upon to prevent FGM.

In addition to the community the girl or the woman comes from (see prevalence), there are other factors that need to be considered when assessing FGM risks:

- low integration of the family into UK society
- any girl born to a woman who has been subjected to FGM
- a family history of FGM, for example if a sibling in the family has undergone FGM
- a girl who is withdrawn from physical education (PE) regularly
- a girl who may confide that she is to have a special ceremony to make her a woman
- a girl who may talk about a long holiday to a country where FGM is practiced
- a parent who may ask for prolonged absence for a girl in order to leave the country.

9. Indications and Implications of FGM :

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

9.1. 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.
- 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.

9.2. 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.

9.3. Implications:

- 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 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?

9.4. 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.

9.5. Long Term Health Consequences:

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

- 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

10. Procedure:

When a practitioner receives any report that a child under the age of 18 years has been subjected to an act of FGM, to there are physical signs that indicate that an act of FGM has been carried out the mandatory reporting duty must be followed. In both the above situations, this action is not dependent upon who provides such information. Staff must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless there is good reason not to, they should still consider and discuss any such case with the DSL (or deputy) and involve children's social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where staff do not discover that 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, staff will follow local safeguarding procedures.

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 may not always be possible, if a referral to the Local Authority 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.

11. Identification:

11.1. 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.

11.2. 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?

12. The Role of the Governing Committee

The academy recognises that FGM Duty encompasses responsibilities for staff therefore the Governing Committee reviews the code of conduct and staff handbook to reflect responsibilities. In line with academy's 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.

13. The Role of the Principal

- Implement the school's FGM Policy with the support of the DSL, Senior Leadership Team and 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 school's 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 school life.
- Inform the Chair of Governors and the Named Safeguarding Governor of all FGM Duty concerns/referrals.

14. Role of all Staff

- Be made aware of and have access to school's FGM Policy, protocols and procedures.
- Attend annual safeguarding and FGM training 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 school. Any concerns will be reported to the Principal, Vice Principal or Assistant Principal.

15. Visitors to the academy and volunteers/ contractors working in school:

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.

16. Policies, Protocols and Procedures

Academy's have a range of supporting policies, protocols and procedures to accompany this document which have been developed in accordance with national government and local authority guidelines. Policies can be accessed on the school website or by requesting a paper copy. All policies and protocols have been ratified by the school's Governing Committee and are regularly reviewed. These documents include our arrangements for the following areas:

- Safeguarding procedures
- Child Protection procedures
- Safe recruitment and selection processes including Disclosure & Barring Service-DBS; vetting checks (formerly CRB), enhanced check for regulated activity (barred list check), disqualification by Association checks and Overseas vetting checks;
- Delivery of safeguarding as part of the curriculum
- Volunteers, visitors and contractors working in school.

17. Review of Progress

This policy has been ratified by the school's Governing Committee which has a rolling programme for reviewing all school policies and monitoring their impact. In line with legislative requirements, they will review arrangements and this policy on an annual basis.

We ensure that all children participate in all school activities in an enjoyable and safe environment and are protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at the academy.

This policy has been developed using the following documentation:

Keeping Children Safe in Education, DFE (May 2022)

Working Together to Safeguard Children, DFE (2018)

Serious Crime Act (2015)

Mandatory Reporting of Female Genital Mutilation- procedural information, Home Office (2015)

Early Years Inspection Handbook, Ofsted (2021)

Inspecting Safeguarding in maintained schools and academies, Ofsted (2019)

Ofsted Safeguarding Policy (2021)



THE ST. BART'S ACADEMY

— TRUST —

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