Female Genital Mutilation

Date adopted: October 2018        Next review date: October 2019

Policy Version Control

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<tr>
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<td>Responsible committee</td>
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<td>Date approved by committee</td>
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<td>Date ratified by LGB (if required)</td>
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<td>Description of changes from the model policy (if any)</td>
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FGM policy

Rationale:

Wodensborough Ormiston Academy 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’ Child Protection/Safeguarding policy.

The school uses the World Health Organisation definition as written below.

Definition of FGM:

“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)

Government documents:

The school has taken information from several documents to write this appendix. These include, The Sandwell LA Procedures Guidelines for FGM, the Government Home Office guidelines and the Ofsted guidelines”. The policy has been updated following the publication of ‘Keeping children safe in Education Sept 2018 and its subsequent updates, and the responsibility of mandatory reporting which commenced from October 2015.

Keeping children safe in education Sept 2018 states that;

“FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.”

Actions

If staff have a concern they should activate school safeguarding procedures. These procedures follow local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care.

Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon teachers, along with social workers and healthcare professionals, 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.

The Mandatory reporting duty will commence in October 2015. Once introduced, teachers must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school’s designated safeguarding lead and involve children’s social care as appropriate.

**Specific factors that may heighten a girl’s or woman’s risk of being affected:**

There are a number of factors in addition to a girl’s or woman’s community or country of origin that could increase the risk that she will be subjected to FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights.

**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 student may express anxiety about a ‘special ceremony’.
- The student 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 the Sandwell Safeguarding Team (i.e. MARF or Refer and Assess) or the Police if appropriate.

Staff at Wodensborough Ormiston Academy must take proactive action to protect and prevent female students being forced to undertake FGM:

1. A robust attendance policy that does not authorise holidays, extended or otherwise.
2. FGM training for Child Protection leads and disseminated training for all staff at the front line dealing with the children.
3. Display of appropriate posters and other materials to raise awareness and to educate students and staff (i.e. as issued through the Sandwell Safeguarding Board).
4. FGM discussions, as appropriate, by Child Protection lead with parents of children from practising communities who are at risk.
5. SMSC and Sex & Relationship Education delivered to KS3 and KS4 students.

In order to protect our students 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.
- Spending long periods of time away from the class during the day.
- A child who has undergone FGM should be seen as a child protection issue. Medical assessment and therapeutic services to be considered at the Strategy Meeting.

If we have concerns that children in our school community are at risk or victims of Female Genital Mutilation then we refer to immediately to one of the designated safeguarding team who will ensure that Sandwell Child Protection Procedures Guidelines for FGM are followed.

All interventions should be accurately recorded on the Academy’s CPOMS system.