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**Female Genital Mutilation (FGM)**

FGM is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. FGM refers to procedures of any alteration involving partial or total removal of the external female genital organs. The procedure may lead to short term and long-lasting harmful consequences such as death, trauma, infections, flashbacks, infertility, kidney problems, sexual dysfunctions, incontinence, post-traumatic stress disorder etc. It is known to be practised in the North African countries, the Middle-East, Indonesia, Malaysia, India and Pakistan. However, with migration worldwide it is also practised in the UK, the USA, Canada, Australia etc. The United Nations addresses FGM as violation of human rights. In the UK, FGM is a criminal offence and a harmful form of child abuse. It is illegal to practice in the UK and/or anyone involved in taking girl outside of the UK to have FGM carried out will be punished under the FGM Act 2003 and Serious Crime Act 2015.

FGM is not a religious practice.

**Indicators**

There are a range of potential indicators that a girl may be at risk of FGM. FGM often takes place in the summer holidays, as the recovery period after FGM can be 6 to 9 weeks. Professionals should be mindful of high risk times when children go on long holidays and/or are getting a visit by female elder from their country of origin. Additionally, girls are considered at risk where their mother or sisters have undergone FGM, and girls are talking about a ‘special’ event or procedure to ‘become a woman.’ Post FGM symptoms can include, but are not limited to:

• Difficulty in walking, sitting or standing.

• Spending long periods of time in the bathroom/toilet.

• Displaying unusual behaviour after a lengthy absence.

• Parents/carers reluctant to explain reasons for absence.

• Talking about themselves in the third person or talking about a “friends” problem.

**Mandatory Reporting Duty**

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gave the Government powers to issue statutory guidance on FGM to relevant persons. The guidance provides professionals with the information they need to help them understand the issues around FGM; professionals’ responsibilities on FGM linked to wider safeguarding duties and good practice; the range of legal interventions to deal with FGM; guidelines for key professionals including police, healthcare professionals, children’s social care and schools and colleges, and working with communities to prevent FGM.

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015)l places 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 children – it is likely that discovery will be made by disclosure by the student, parent or otherwise. These cases must be referred to police.

**Immediate reporting is required if FGM has been performed recently, and in historical cases, reporting must take place within one month**.

Unless the teacher has a good reason not to, they should still consider and discuss any such case with the designated safeguarding lead and involve children’s social care as appropriate. While the duty is limited to the specified professionals described above, non-regulated practitioners also have a responsibility to take appropriate safeguarding action in relation to any identified or suspected case of FGM, in line with the procedures of their Local Safeguarding Children Board (LCSB).

**As a setting, we will aim to raise awareness of FGM by**:

• Circulating and display materials about FGM

• Displaying relevant information (for example, details of the NSPCC’s Helpline and appropriate black and minority ethnic women’s groups)

• Informing colleagues/raising awareness of the issues around FGM – as well as including appropriate training in continuing professional development.

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| This policy was adopted at a meeting of |  | *(name of provider)* |
| Held on |  | *(date)* |
| Date to be reviewed |  | *(date)* |
| Signed on behalf of the provider |  | |
| Name of signatory |  | |
| Role of signatory (e.g. chair, director or owner) |  | |