



# BENSHAM MANOR School

## Female Genital Mutilation (FGM) Policy

Last reviewed: November 2019



Accredited by Ekan, Assentis and Afasia as  
**Communication Friendly**



## Rationale

Bensham Manor School 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. At Bensham Manor, the designated Safeguarding Lead, (DSL), Headteacher and Governors expect Safeguarding to be everybody's responsibility and expect all staff to adhere to and follow these policies. 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 including Government Home Office guidelines and the Ofsted guidelines for “Inspecting Safeguarding”.

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

As from January 2013 Ofsted have included FGM in their “Inspecting Safeguarding” briefing for Inspectors. Annex 4 contains questions and information about FGM for inspectors.

Designated senior staff for child protection in schools should be aware of the guidance that is available in respect of FGM, and should be vigilant to the risk of it being practised. Inspectors should be also alert to this when considering a school's safeguarding arrangements, and where appropriate ask questions of designated staff. Key questions could include:

- Are designated senior staff for child protection aware of the issue and have ensured that staff in the school are aware of the potential risks?
- How alert are staff to the possible signs that a child has been subject to female genital mutilation or is at risk of being abused through it?
- Has the school taken timely and appropriate action in respect of concerns about particular children?”

In order to protect our children 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.
- Difficulty sitting still
- Saying they are sore or complaining about pain between their legs
- Avoiding PE and other sporting activities
- Regular trips to the toilet
- Quiet and withdrawn
- Bladder and menstrual problems
- Talk of someone doing something to them that they are not allowed to talk about

## 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.
- 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 Social Care or the Police if appropriate.

If anyone has concerns that children in our school community are at risk of Female Genital Mutilation then they must immediately inform the DSL. If you believe that a child may have been a victim of FGM, then under the new mandatory reporting law you MUST report it immediately.

## What you can do

Ask children to tell you 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?
- Have they got any particular plans for the holiday?

## Record

All interventions should be accurately recorded.

## Documentation

Useful documents include:

- *Multi-Agency Practice Guidelines: Female Genital Mutilation* (HM Government, 2011)
- *Briefings and Information for Use During Inspections of Maintained Schools and Academies* (Ofsted, updated December 2012).
- Croydon Child Protection Procedure Guidelines
- *Working together to safeguard children*, HM Government (2010), paragraphs 6.14 to 6.19
- *Safeguarding children and safer recruitment in education*, DfE (2006), Annex A, paragraphs 39 to 42.
- The Department for Education website;

<http://www.education.gov.uk/schools/pupilsupport/pastoralcare/childprotection/a0072224/safeguarding-children-from-female-genital-mutilation>.