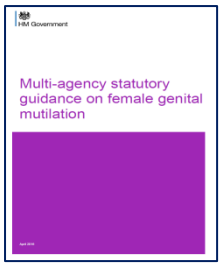
Guidance for Schools: Prevention of Female Genital Mutilation

What is FGM?



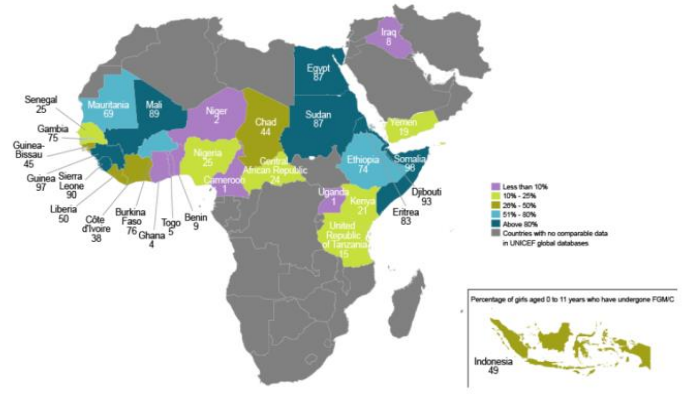
Female Genital Mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is illegal, a criminal offence and considered as child abuse in the UK. It is medically unnecessary, extremely painful and has serious physical and mental health consequences, both at the time when the procedure is carried out and in later life. In some extreme cases, it can lead to death. This guidance aims to raise awareness amongst education professionals of children at risk of FGM. It should be read together with the Multi-Agency Statutory Guidance on female genital mutilation, published by HM Government in April 2016.

Who might be at risk?

A study[1] undertaken in 2015, revealed that:

- the practice of FGM had been carried out of **137,000 women and girls** living in England and Wales;
- **60,000 girls** aged 0 to14 years were born in England and Wales to mothers who had undergone FGM;
- Approximately **127,000 women** aged 15 and over who have migrated to England and Wales are living with the consequences of FGM; and
- **10,000 girls** aged under15 who have migrated to England and Wales are likely to have undergone FGM.

Figure 1: Percentage of girls and women aged 15-49 who have undergone FGM in Africa, the Middle East, and Indonesia



Notes: In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM since it is performed during initiation into the society. Data for Indonesia refer to girls aged 0 to 11 years since prevalence data on FGM among girls and women aged 15 to 49 years is not available. **Source:** UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys, 2004-2015. Map disclaimer

FGM is prevalent in around 30 countries in Africa, areas of the Middle East and Asia. It also takes place within parts of Western Europe and other developed countries, primarily amongst immigrant and refugee communities. UK communities that are at risk of FGM include Somali, Kenyan, Ethiopian, Sierra Leonean, Sudanese, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian women and girls.

In 2016, 117 contacts were made with Redbridge Child Protection and Assessment Team (CPAT) in relation to FGM, of which 14 went on to become referrals into children's social care.

At what age does it take place?

The age at which girls and women might undergo FGM varies according to the community. It could be when the girl is new-born, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 putting girls within that age bracket at a higher risk. FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

[1] Prevalence of FGM in England and Wales: National and local estimates, City University London, 2015

What could schools do to raise awareness of and prevent FGM?

- Provide information on FGM to all staff through training, circulation of guidance, and display of relevant materials.
- Ensure that the Designated Safeguarding Lead (DSL) understands the issues around FGM and the legal responsibility to make a referral.
- Encourage pupils to access appropriate advice, information and support.
- Including FGM in relevant parts of the school curriculum e.g. Personal, Social and Health Education (PSHE) using the Government's Teacher's Pack or resources from the FGM Resource Pack.

What are the factors that may indicate that someone is at risk of FGM?

Potential risk factors may include:

- a female child is born to a woman who has undergone FGM or has close relatives, such as siblings or cousins that have undergone FGM;
- a female child's father comes from a community known to practise FGM;
- there is indication that there are strong levels of influence held by elders on bringing up female children;
- a woman/family believe FGM is integral to cultural or religious identity;
- a girl/family has limited level of integration within UK community;
- parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;
- a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
- a girl talks about a long holiday to her country of origin or another country where the practice is prevalent;
- parents state that they or a relative will take the girl out of the country for a prolonged period;
- a parent or family member expresses concern that FGM may be carried out on the girl;
- a family is not engaging with professionals (e.g. health or education);
- a family is already known to social care in relation to other safeguarding issues;
- a girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;
- a girl talks about FGM in conversation, for example, a girl may tell other children about it - it is important to take into account the context of the discussion;
- a girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent by parents;
- a girl is unexpectedly absent from school.

How should I respond if I am concerned that a girl is at risk?

If any of the above **risk factors** are identified, school staff should:

- raise these concerns with their DSL for consideration in conjunction with the LSCB document – Are you worried about a child? How to access early help and thresholds for referral to children's social care, June 2016 (see Level 4); and

- a referral should then be made on a Multi-Agency Referral Form (MARF) into the Redbridge Child Protection and Assessment Team (CPAT), with support from your Designated Safeguarding Lead (DSL). **A referral to CPAT should be made regardless or not whether there is any evidence of FGM having taken place.** If you have identified a risk, then you could help safeguard a girl from this dangerous practice.

What are the indications that FGM may have already taken place?

A girl or young woman who has experienced FGM may:

- ask for help but may not be explicit about what the problem is;
- confide in a professional that FGM has taken place;
- have difficulty walking, sitting still, standing or look generally uncomfortable;
- spend longer than normal in the toilet due to difficulties urinating or menstrual problems;
- avoid physical exercise or asks to be excused from physical education (PE) lessons without explanation;
- have prolonged or repeated absences from school or college;
- have increased emotional and psychological needs, for example being withdrawn, or depressed; or
- show reluctance to undergo any medical examinations.

What are the Mandatory Reporting Requirements for Teachers?

Section 5B of the FGM Act 2003 (as amended by the Serious Crime Act 2015) introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report **'known'** cases of FGM in under 18s which they identify in the course of their professional work to the police by calling 101 (or 999 if there is immediate risk of harm). The duty, in place from 31 October 2015, applies to any teacher who is employed or engaged to carry out 'teaching work', whether or not they have qualified teacher status, in maintained schools, academies, free schools, independent schools, non-maintained special schools, sixth form colleges, 16-19 academies, relevant youth accommodation or children's homes in England. The duty does not apply to non-teaching support staff in schools.

'Known' cases are defined as those where a teacher:

- is informed by a girl under 18 that an act of FGM has been carried out on her; or
- observes 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.

The duty does not apply in suspected cases or if a teacher identifies a child at risk of FGM but these concerns should still be reported to the DSL and referred to the Redbridge Child Protection and Assessment Team (CPAT) via 020 8708 3885 or e-mail CPAT.Referrals@redbridge.gov.uk (see the section **How to respond** on page 2).

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report and the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report. In that case, there is no requirement to make a second report.

How can schools to raise awareness?

- All relevant staff in school should be informed of this duty and advised to read the Home Office guidance, 'Mandatory Reporting of Female Genital Mutilation - procedural information' (October 2015)
- For those professionals who want to access further guidance on this topic, Recognising and Preventing FGM is a free e-learning tool provided by the Home Office. Further information is also available in the multi-agency guidance on FGM and via the relevant pages of the Home Office website.

What training is available to school staff and DSLs?

- Safeguarding Children & Families from the practice of FGM – LSCB Training Course.
- Free Recognising and Preventing FGM elearning module provided by the Home Office in conjunction with Virtual College.

Schools may also consider including a specific briefing or workshop on FGM as part of an INSET day programme. A PowerPoint presentation is available on request from the LSCB which provides a briefing for education professionals on FGM.

Legislation and Statutory Guidance

- Serious Crime Act 2015 – Part 5 – Female Genital Mutilation
- Keeping children safe in education – Statutory guidance for schools and colleges, DfE, September 2016
- Multi-agency statutory guidance on female genital mutilation, HM Government, April 2016
- Mandatory Reporting of Female Genital Mutilation – procedural information, Home Office, 2016
- London Child Protection Procedures, 5th Edition, 2017, Chapter 25 – Safeguarding children at risk of abuse through female genital mutilation (FGM)
- Working together to safeguard children – A guide to inter-agency working to safeguard and promote the welfare of children, DfE, March 2015

Further Information and Resources

- Fact Sheet - New duty for health and social care professionals and teachers to report female genital mutilation (FGM) to the police, Home Office 2016
- Female genital mutilation: resource pack, Home Office, May 2016 – includes information on legislation, case studies, effective practice, and resources including posters and leaflets.
- Guidance on the Redbridge Local Safeguarding Children Board (LSCB) website on FGM and other harmful practices.
- Are you worried about a child? How to access early help, and thresholds for referral to children's social care, LSCB, 2016
- Multi-Agency Referral Form (MARF)
- The National FGM Centre is a partnership between Barnardo's and the Local Government Association (LGA) to achieve a systems change in the provision of services for girls and women affected by female genital mutilation (FGM). The Centre works closely with key partners from Local Authorities, Health, Education, Police, and the voluntary sector to achieve its vision and aims. The website provides information regarding the response to FGM and includes a 'knowledge hub'. It has developed a useful briefing on information to gather for a good referral which is useful for DSLs.