

Title	Female Genital Mutilation
Issue Date	Sept 2018
Review Date	July 2019
Equality Analysis Date	July 2018
Equality Analysis Review Date	July 2019
Total Number of Pages	
Originator	Designated Safeguarding Lead
Related Policies	
Distribution	All Staff

Purpose

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Section 5B of the 2003 Act introduces 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. **The duty applies from 31 October 2015 onwards.**

‘Known’ cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act 2003.

At Seashell Trust we educate and care for the most vulnerable children and young people and in addition to the Trusts Safeguarding Policy this document details how the Trust will endeavour to train all staff to give them an understanding of FGM, the signs to look for and the actions that should be taken to raise any specific concerns in relation to this area.

Seashell Trust is fully committed to producing its own development plans in this area and integrate working practices with partner agencies (Stockport Safeguarding Children’s Board, Greater Manchester Safeguarding Partnership Phoenix Project, Ofsted, CQC and policies of Local Authorities who place with Seashell Trust) in a way that effectively tackles the problem of child sexual exploitation.

Aims

The main aim of this policy is to deliver a comprehensive and successful Trust response to Female Genital Mutilation (FGM). It is designed to help identify relevant issues at the earliest opportunity and enable swift information sharing with relevant partner agencies.

Objectives

The overriding objective is to reduce and mitigate the harm that maybe caused to children and young people through the following:

- i. Raise awareness of all staff to enable early identification of children and young people at risk
- ii. Improve the quality of information handling to make all appropriate contact staff aware of all relevant information regarding any child/young person at risk
- iii. Deliver and embed curriculum to children and young people at the Trust around staying safe
- iv. Enable children and young people to express and communicate their concerns and listening to these concerns when raised
- v. Respond swiftly and accordingly to any concerns raised by staff in relation to children and young people at the Trust

Equality Analysis

Consideration is given to the protected characteristics of all people groups identified in the Equality Act 2010. The protected characteristics are gender, age, race, disability, sexual orientation, gender reassignment, religion/belief, pregnancy and maternity, and marriage/civil partnership.

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The Trust recognises the need for specific measures to ensure equality of opportunity to all of these groups with protected characteristics.

Accessibility

The duty to make reasonable adjustments, as far as possible, to ensure that all staff and students (and others where the Trust has a duty-of-care) with a disability have equal access to everything they need to do a job or studies as those persons without a disability.

Definitions

FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

Policy

All staff, Volunteers and Directors/Governors must be aware of, and are required to comply with, all relevant policy and associated procedures.

Safeguarding vulnerable people is the responsibility of all staff, volunteers, families and associated agencies who support children and young people at the Trust.

There is a key acknowledgement that services engaged in the safeguarding of children and adults need to work together in a structured way to keep our children and young people safe.

The Trusts DSLs through this policy, the Trusts Safeguarding Policy and the Trusts Safeguarding Board are responsible for strategic lead for implementing agreed actions and developments that work towards preventing and reporting FGM.

The Trusts Safeguarding Development Plan and reporting on cases will be reviewed regularly by the Trusts Executive Leadership Team (ELT) and the Trusts Safeguarding Board against the above objectives and success determined according to outcomes

Procedures

It is the duty and responsibility of every member of staff to ensure they are familiar with and regularly refresh their knowledge of the aspects and indicators of abuse described in detail. It is also **the duty and responsibility of every member of staff** to report immediately any CONCERN or SUSPICION of possible abuse of a child/young person or any ALLEGATION of possible abuse of a child/young person to their line manager or a DSL. If staffs have any doubts whether or not an incident or situation constitutes a safeguarding issue, it should be reported to a DSL.

Any member of staff who suspect that a child or vulnerable adult has been subject or at risk of FGM will be reported in line with the **Home Office Mandatory Reporting of Female Genital Mutilation Procedure**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf

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

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• observe 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 (see section 2.1a for further information).

For the purposes 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 or over discloses she had FGM when she was under 18).

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; 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; there is no requirement to make a second. The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures. For more information, please see *Working Together to Safeguard Children (in England)* or *Working Together to Safeguard People (in Wales)* as appropriate, and/or the multi-agency statutory guidance on FGM.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

FGM training will be reviewed and developed annually in line with the annual Safeguarding Training Plan.

FGM cases and all safeguarding concerns are reported monthly to ELT and termly to the Safeguarding Board.

Governors receive regular reports on residential school and college concerns and details of the related curriculum initiatives that support students in this area.

Signs and Symptoms

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

The procedure is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used, and the practice is usually carried out using knives, scissors and scalpels, pieces of glass or razor blades. Girls may have to be forcibly restrained.

There are no health benefits to FGM. Removing and damaging healthy and normal female genital tissue interferes with the natural functions of girls' and women's bodies.

Immediate effects:

- severe pain
- shock
- bleeding

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- wound infections, including tetanus and gangrene, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C
- inability to urinate
- injury to vulval tissues surrounding the entrance to the vagina
- damage to other organs nearby, such as the urethra (where urine passes) and the bowel
- FGM can sometimes cause death.

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

What to look out for before FGM happens

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about:

- being taken 'home' to visit family
- a special occasion to 'become a woman'
- an older female relative visiting the UK.

She may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

Long-term effects

Girls and women who have had FGM may have problems that continue through adulthood

- chronic vaginal and pelvic infections
- abnormal periods
- difficulty passing urine, and persistent urine infections
- kidney impairment and possible kidney failure
- damage to the reproductive system, including infertility
- cysts and the formation of scar tissue
- complications in pregnancy and newborn deaths
- pain during sex and lack of pleasurable sensation
- psychological damage, including low libido, depression and anxiety
- flashbacks during pregnancy and childbirth the need for later surgery to open the lower vagina for sexual intercourse and childbirth

Relevant Documents

Seashell Trust Child Protection and Vulnerable Adults Safeguarding Policy

Seashell Trust IT Acceptable Users Policy

Seashell Trust DBS Policy and Procedures

Seashell Trust Safeguarding Development Plan