Female Genital mutilation (FGM) Policy

As our duty of care, we have a statutory obligation under national safeguarding protocols (e.g working together to safeguard children) to protect young girls and women from FGM as it is an illegal, extremely harmful practise and a form of abuse.

It is essential that we work closely together with other agencies if we suspect a child has suffered or is likely to suffer FGM as appropriate safeguarding efforts. This is reflected in the Multi-Agency Practise Guidelines.

If a child in our care shows signs and symptoms (see below) of FGM or we have good reason to suspect the child is at risk of FGM, we MUST refer the child using our existing standard safeguarding procedures as it is a form of child abuse. When a child is identified as "at risk" of FGM, this information MUST be brought to the child's GP attention and health visitor (as per section 47 of The Children's Act 1989)

Important Signs & Symptoms to look out for if you suspect the child is "at risk" of FGM

- Father comes from a community that is known to practice FGM
- Mother/Family may have limited contact with people outside family
- It is known that the mother has FGM
- Family does not engage with professionals (health, school, other)
- Parents say that they or a relative will take the child abroad for a prolonged period of time
- Childs spoken about a holiday to her country of origin or another where the procedure is practiced
- Child has confided that she is to have a "special procedure" to "become a woman" or to be "more like her mum/sister/aunt" etc
- Family/child are already known to social services

Important Signs & Symptoms to look out for if you suspect the child has had FGM

- Child regularly attends GP appointments, has frequent Urinary Tract Infections (UTI'S)
- Increased emotional and physiological needs e.g. withdrawals, depression, or significant changes in behaviour.
- Child talks about pain/discomfort between legs
- Child has difficulty walking, sitting for long periods of time- which was not a problem previously

Significant or Immediate Risk

- Child confides in a member of staff/professional that FGM has taken place
- Parent or family member discloses to a professional or nursery that a child has had FGM

All interventions will be accurately recorded and kept in the safeguarding file. Safeguarding leads Heather and Zoe will make the appropriate referrals and seek appropriate advice where needed.

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