

Appendix to Safeguarding Policy

Female Genital Mutilation

'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-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long term consequences, including difficulties in childbirth also causing dangers to the child.'
(Multi-Agency Practice Guidelines)

FGM is illegal in the UK. It is a form of child abuse and as such is dealt with under the Academy's Child Protection and Safeguarding policies.

Government guidance on FGM

'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.

It is acknowledged that some FGM practising families do not see it as an act of abuse. However FGM is child abuse and has severe significant physical and mental health consequences both in the long and short term.

Girls are at particular risk of FGM during the summer holidays. This is a 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 those originating from Kenya, Somalia, the Sudan, Sierra Leone, Egypt, Nigeria and Eritrea. Girls from non-African communities who are at risk of FGM include those from the Yemen, Kurdistan, Indonesia and Pakistan.

Indications that FGM may have taken place:

- a prolonged absence from school with a noticeable behaviour change (depression or withdrawal)
- a disclosure that FGM has taken place
- an extended holiday to a country where the practice is prevalent
- a girl having difficulty walking, sitting or standing and may look uncomfortable
- a girl spending more time in the toilet due to difficulties urinating or with menstrual problems

Indications that FGM may be about to take place:

- a disclosure that FGM is about to take place

- a parental request for authorised overseas travel during term time to a country where the practice is prevalent
- a girl expressing concern about forthcoming overseas travel
- a girl being withdrawn from PSHE
- a girl confiding that she is to have a 'special procedure' or is to attend a special occasion to 'become a woman'
- parents seeking to withdraw their child from learning about FGM

Inspecting safeguarding in maintained schools and academies briefing for section 5 inspections, Ofsted January 2015

'School staff need to be particularly sensitive to signs that may indicate possible safeguarding concerns. This could include, for example, poor or irregular attendance, persistent lateness, children missing from education, forced marriage or female genital mutilation.

The designated safeguarding lead should be aware of the guidance that is available in respect of female genital mutilation (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 such as:

- 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; what sort of training have they had?
- has the school taken timely and appropriate action in respect of concerns about particular children?

Procedures at INA

At INA we take a proactive approach to protecting our female students from FGM through:

- raising awareness of FGM through staff training
- a comprehensive programme of PSHE and Sex Education, including discussion about FGM with students during Key Stage 3 and 4
- a robust attendance policy and interventions including first day calling, home visits when a parent fails to notify the school of an absence or when the reason given for an absence appears suspect, and return to school interviews with students and parents following an absence of five or more days

Any disclosure or suspicion that FGM is about to take place or may have taken place should be reported to the CP Designated Lead immediately. The Academy's procedures for reporting and following up CP referrals should be followed in accordance with the INA Child Protection and Safeguarding policies.

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