

Safeguarding and Welfare Requirement: Child Protection

Providers must have and implement a policy, and procedures, to safeguard children.

1.2b Appendix to Safeguarding children and child protection - Female Genital Mutilation (FGM)

Policy statement

Little Fingers Pre-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 pre-school's Safeguarding Children Policy.

The statutory guidance 'Keeping Children Safe in Education' published in April 2014, asks schools to ensure that they raise awareness of Female Genital Mutilation (FGM).

At Little Fingers Pre-school, we believe that all our pupils should be kept safe from harm. Female Genital Mutilation affects girls particularly from African countries, including Egypt, Sudan, Somalia and Sierra Leone, Kenya, Ethiopia, Nigeria, Eritrea. It can also occur in Yemen, Indonesia and Afghanistan. Although our pre-school has no children at present, from these backgrounds and consider girls in our school safe from FGM, we will continue to review our policy annually.

Although FGM is believed by many to be a religious issue, it is a cultural practice. There are no health benefits.

Key points:

- Not a religious practice
- Occurs mostly to girls aged from 5 – 8 years old; but up to around 15
- Criminal offence in UK since 1985
- Offence since 2003 to take girls abroad
- Criminal penalties include up to 14 years in prison

Reasons for this cultural practice include:

- Cultural identity – An initiation into womanhood
- Gender Identity – Moving from girl to woman – enhancing femininity
- Sexual control – reduce the woman's desire for sex
- Hygiene/cleanliness – un mutilated women are regarded as unclean

Risk factors include:

- Low level of integration into UK society
- Mother or sister who has undergone FGM
- Girls who are withdrawn from PSHE
- A visiting female elder from the country of origin

- Being taken on a long holiday to the family's country of origin
- Talk about a 'special' event or procedure to 'become a woman'

High risk time:

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from school or where the family request an 'authorised absence' for just before or just after the summer school holidays.

Although, it is difficult to identify girls before FGM takes place, where girls from these high risk groups return from a long period of absence with symptoms of FGM, advice should be sought from the police or social services.

Post-FGM symptoms include:

- Difficulty walking, sitting or standing
- Spend longer than normal in the bathroom or toilet
- Unusual behaviour after a lengthy absence
- Reluctance to undergo normal medical examinations
- Asking for help, but may not be explicit about the problem due to embarrassment or fear.

Longer term problems include:

- Difficulties urinating or incontinence
- Frequent or chronic vaginal, pelvic or urinary infections
- Menstrual problems
- Kidney damage and possible failure
- Cysts and abscesses
- Pain when having sex
- Infertility
- Complications during pregnancy and childbirth
- Emotional and mental health problems

This policy was adopted by

Little Fingers Pre-school

On

Date to be reviewed

March 2022

Signed on behalf of the provider

Name of signatory

Carolyn Coleman

Role of signatory (e.g. chair, director or owner)

Chair

Further guidance

FGM e-Learning

Resources

Leaflet: Home Office FGM Leaflet

Poster: NSPCC

Resources including print and videos: Home Office

Fact Sheet: Female Genital Mutilation (No. 241) World Health Organisation

Helpline: NSPCC FGM Helpline 0800 028 3550 or email fgmhelp@nspcc.org.uk