**Female Genital Mutilation (FGM) is:**

* The partial or total removal of the external female genitalia – clitoris, labia minora, labia majora
* Injury to the female genital organs –piercing, pricking, cauterising
* Narrowing of the vaginal opening through creation of a covering seal where there is no medical need or purpose and no benefit to health.
* FGM is often referred to as ‘Sunnah’, ‘female circumcision’ and ‘cutting’. an unacceptable practice for

**FGM is a deeply embedded social norm, practised by families for a variety of complex reasons.**

The practice is not required by any religion.

FGM is considered to be a form of **child abuse** and **violence against women and girls, including in international legislation such as the Istanbul Convention and CEDAW.**

**FGM is illegal in the UK under the Female Genital mutilation Act (2003).** It is illegal to:

* Perform FGM in the UK
* Assist someone to perform FGM in the UK
* Assist someone to perform FGM on herself in the UK
* Assist someone to perform FGM on a UK national/permanent UK resident, outside of the UK

**Child Protection and FGM:**

Identifying and safeguarding girls at risk of FGM poses a challenge since families may give no other cause for concern and girls may indicate no failure to thrive beforehand.

FGM is **always** child abuse and should be dealt with under Section 47 of the Children’s Act, under local safeguarding procedures.

**Information Sharing:**

All services have a duty to act to identify potential risk of FGM and share information where appropriate.

Schools may be invited to attend multi-agency strategy meeting where they have a female pupil on roll with a familial risk of FGM.

**Health will share information with schools where a child is identified to be at risk of FGM**. Schools do not need to act on this unless they have new concerns re: FGM. Note that parents may not be aware of this information sharing process.

**Potential Risk Factors and Indicators:**

There are a number of risk factors and indicators that FGM may have taken place or is about to take place. For example, possible risk factors could be that it is known that female family members have undergone the procedure. Indicators that FGM may have taken place could be changes in the girl’s behaviour. Given the complex nature of FGM, please read [Multi-agency statutory guidance on female genital mutilation (Jul 2020)](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation) for more detail and context around identifying girls at risk of FGM or having had the procedure.

Staff should approach the issue with sensitivity and compassion. While FGM is more prevalent in particular countries (see figure 1), professionals should not assume that all women and girls from a particular community are supportive of, or at risk of FGM.

**FGM Mandatory Reporting Duty for Regulated Professionals (October 2015):**

**(Under Section 5B FGM Act 2003)**

All **Regulated Professionals** must now report all **known cases** of FGM in **under 18s** to the police. **Regulated professionals** include **teachers\***

**Known cases** of FGM are:

1. A disclosure **by the victim** that FGM has been performed on her at any point
2. Visible signs that suggest that FGM has been performed on a girl

**Mandatory reporting:**

* Must be reported to the **Police** – ideally verbally via 101, or in writing
* Must identify the girl and give reason for mandatory reporting
* Should be completed as soon as possible, ideally by the close of the next working day.
* Should be recorded by the schools designated safeguarding lead within their usual safeguarding procedure
* Will receive a reporting reference number from the police
* Will be recorded alongside a child protection referral to Children’s Social Care

**Points to note:**

1. There are no circumstances where a teacher\* should examine a girl’s genitalia. A teacher\* may see evidence of FGM if carrying out an agreed ‘intimate care’ procedure, e.g. assisting with toileting or changing a nappy.
2. Only a disclosure from **the victim herself** requires mandatory reporting to the police. Notification by family or friends should be referred to Children’s Social Care as “suspicion of FGM”.

**\*(Persons employed or engaged to carry out teaching work in schools and other** **institutions).**

**Useful Documents/Websites:**

* [FGM Resource Pack (Feb 2021)](https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack)
* [Home Office online FGM Training Module](https://fgmelearning.vc-enable.co.uk/Register/)
* [Mandatory reporting of female genital mutilation: procedural information](https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information)  (Jan 2020)
* [Multi-agency statutory guidance on female genital mutilation (Jul 2020)](https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation)
* [Working Together to Safeguard Children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) (Dec 2020)
* NSCP multi-agency Guidelines on FGM

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

**Member of school staff concerned that an under 18 has had/is at risk of FGM**

**Mandatory report when:**

**INFORMED** by the girl that she has had FGM

**OBSERVES** physical signs which appear to show FGM has been carried out

**Mandatory reporting duty applies**

**SUSPECTS** that FGM has been carried out

**CONSIDERS** girl may be **AT RISK** of FGM

Refer to IRS for child protection

0191 277 2500

IRSADMIN@newcastle.gov.uk

IRS

IMMEDIATE RESPONSE REQUIRED re; victim and/or other children via police and social care

ASSESSMENT OF CASE: Multiagency safeguarding meeting

**Follow NSCP Safeguarding process**

**Female Genital Mutilation (FGM) Guidance for Newcastle Schools**

**February 2022**

**School designated safeguarding lead should:**

Communicate sensitively with the girl/family and inform them of reporting if it is felt safe to do so.

Report and record all FGM concerns in the usual way **but** must also record any ‘known cases’ for mandatory reporting to the Police.



**Useful contacts:**

Joanne Geddes – Access and Inclusion

**Email**: joanne.geddes@newcastle.gov.uk

NSPCC FGM Helpline

Mon to Fri 8am-10pm & Sat-Sun 9pm-6pm.

Tel: 0800 028 3550

Email: [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk).

**Mandatory report:**

* **Ring 101 – Northumbria Police**
* **Report ‘known case’ as a regulated professional of FGM in accordance with Home Office Guidance**
* **Receive reference number from police**
* **Complete mandatory report form for school CP records**



**References:**  
Health and Social Care Information Centre (2021) Female Genital Mutilation (FGM) Enhanced Dataset: England, July 2021 to September 2021, experimental statistics Retrieved from: [Female Genital Mutilation (FGM) - 2021 Q3 - Report.pdf (digital.nhs.uk)](https://files.digital.nhs.uk/1D/7C1AF9/Female%20Genital%20Mutilation%20%28FGM%29%20-%202021%20Q3%20-%20Report.pdf)

HM Government (2020) Multi-agency statutory guidance on female genital mutilation. Retrieved from: [*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/912996/6-1914-HO-Multi\_Agency\_Statutory\_Guidance\_on\_FGM\_\_-\_MASTER\_V7\_-\_FINAL\_\_July\_2020.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912996/6-1914-HO-Multi_Agency_Statutory_Guidance_on_FGM__-_MASTER_V7_-_FINAL__July_2020.pdf)

HM Government (2020) Mandatory Reporting of Female Genital Mutilation – procedural information. Retrieved from: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf>

**Female Genital Mutilation (FGM) Annual Report – July 2021 to September 2021**

**(Health and Social Information Centre, November 2021)**

**Key Facts**

• There were 1,530 individual1 women and girls who had an attendance where FGM was identified in the period July 2021 to September 2021. These accounted for 2,550 attendances reported at NHS trusts and GP practices where FGM was identified.

• The FGM Enhanced Dataset was opened six years ago. Since the collection began, NHS trusts and GP practices have reported information about 28,765 individual women and girls. Between April 2015 and September 2021 there were a total of 68,480 attendances for these individuals where FGM was identified.

• Fewer individuals continue to be reported making FGM related attendances in July 2021 – September 2021. The reason for this is unclear but may be linked to fewer numbers of women and girls seen by NHS services related to their FGM or staffing capacity issues due to COVID-19.

**Source:** UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys, 2004-2015.

|  |
| --- |
| The girl’s name:  Age:  Date of birth:  Address: |
| Reason for reporting: |
| Additional information for safeguarding referral: |

**School – FGM Mandatory Reporting Template**

School name and contact details:

Name of person reporting:

Role of person reporting:

Designated Safeguarding lead contact details:

|  |
| --- |
| **Date of report to police: Crime Number:** |