Crescent Nurseries

RECOGNISING AND PREVENTING FEMALE GENITAL MUTILATION (FGM) POLICY

Document Control:

Location: Dropbox/Nursery Senior Management/Policies/4.Policies 2025-2026

Version	Last Amended/Changes	Author
1.0	Jun25 Amended policy "RECOGNISING AND PREVENTING FEMALE GENITAL MUTILATION (FGM) POLICY"	Hannah MacGuire

Persons responsible

- Director – Faheem Chishti
- Fozia Shah – Senior Nursery Manager

Statement of Intent

At Crescent Nurseries, we are committed to ensuring the safety, well-being, and consistent development of every child. All staff should be vigilant to the possible signs that a child has been subject to female genital mutilation or is at risk of FGM. This policy contains additional guidance for staff and parents/caregivers, in line with Home Office guidelines and Keeping Children Safe in Education 2024. FGM is the partial or total removal of the external female genitalia for non-medical reasons. It causes long-term mental and physical suffering, difficulty in giving birth, infertility and even death. FGM is illegal in the UK, and it has been since 1985. In 2003, it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Therefore, FGM is a form of child abuse, and it is our responsibility to protect and safeguard children from abuse. If we have any concerns that a child is at risk of FGM or has had the procedure carried out, we will immediately call the police on 101.

Relevant Legislation

Female Genital Mutilation Act 2003

Serious Crime Act 2015

HM Government- Multi-agency statutory guidance on Female Genital Mutilation

Tackling violence against women and girls

Working together to safeguard children 2026

Definition:

Female Genital Mutilation (FGM) is defined as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non- medical reasons". World Health Organisation (*WHO) 2012.* FGM has been classified by the World Health Organisation (WHO) into four types:

- Type I: Clitoridectomy: partial or total removal of the clitoris and/or the prepuce;
- Type II: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora;
- Type III: Infibulation: narrowing of the vaginal opening through the creation of a covering seal by cutting and repositioning the labia minora/majora;
- Type IV: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, and cauterising

Female genital cutting (FGC)

In communities where the act is practised, the word 'mutilation' is not used. It is an accepted ritual which is integral to a community's culture, where they tend to refer to the practice as 'genital cutting' or simply 'cutting'.

Female circumcision (FC)

The term 'female circumcision' is anatomically incorrect. It implies similarity to male circumcision, in which the foreskin is cut off from the tip of the penis, without damaging the organ itself. This is misleading, as it leads to false assumptions about the way in which FGM is carried out and doesn't account for the harm it can cause.

The term **'FGM'** is not always understood or recognised by individuals in practising communities, largely because it's a Western term. It can also be known as '**Sunna**', '**gudniin**', '**halalays**', '**tahur**', '**megrez**' and '**khitan**', amongst others.

Risk Factors

The UK Government has written advice and guidance on FGM that states:

'*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'*.

'*Girls are at particular risk of FGM during school summer holidays. This is the 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 Kenyans, Somalis, Sudanese, Sierra Leoneans, Ethiopians, Egyptians, Nigerians and Eritreans. However, women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women'*.

In the UK, FGM tends to occur in areas with larger populations of communities who practice FGM, such as first-generation immigrants, refugees and asylum seekers. Risk factors also include:

- Low level of integration into UK society
- Mother or sister who has undergone FGM
- Girls who are withdrawn from PSHE
- Visiting female elder from the country of origin
- Being taken on a long holiday to the country of origin
- Talk about a 'special' procedure to become a woman

Although FGM takes place between birth and around 15 years of age, it is believed that the majority of cases happen between the ages of 5 and 8. This does not preclude children of nursery age from being at risk.

Consequences of FGM

There are numerous physical and psychological effects that victims of FGM commonly experience.

Immediate Effects:

- Severe pain
- Shock
- Heavy bleeding
- Wound infections
- Genital swelling
- Death

Long-term Effects:

- Scarring
- Genital cysts
- Difficulties with periods
- Recurring UTIs and difficulties passing urine
- Possible increased risk of blood infections e.g. hepatitis B and HIV

- Pain during sex, lack of pleasurable sensation, impaired sexual function
- Psychological concerns, e.g. anxiety, flashbacks, post-traumatic stress disorder (PTSD)
- Complications in pregnancy or childbirth e.g. prolonged labour, bleeding or tears, increased risk of caesarean section)
- Increased risk of stillbirth and death of a child during or just after birth

FGM Reporting

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;*
- *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.*

For the purpose 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.

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

Safeguarding

A child who has undergone FGM should be seen as a child protection/safeguarding issue and all concerns regarding FGM, whether current or historical, should be reported to the Designated Safeguarding Lead through the normal safeguarding processes, and reporting will follow the guidelines outlined in our Safeguarding Policy.

Indications that FGM has taken place:

- Child may have difficulty walking, standing or sitting
- Child may be taking much longer in the bathroom or toilet than expected
- Child may appear quiet, anxious or depressed
- Child has recently had a prolonged absence from nursery with noticeable behaviour change – especially after returning from holiday
- Parents appear reluctant to take the child to the doctor or have routine medical examinations
- Child may ask for help/attempt to disclose - however they might not be explicit about the problem because they're scared or embarrassed, or simply not have the language to explain what has happened to them

Indications that a Child is at risk of FGM:

- The family comes from a community that is known to practice FGM – especially if there are elderly women present
- In conversation a child may talk about FGM
- A child may express anxiety about a special ceremony
- The child may talk or have anxieties about forthcoming holidays to their country of origin
- Parent/guardian requests permission for authorised absence for overseas travel, or you are aware that absence is required for vaccinations
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection/Safeguarding implications, e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate

If a child reveals abuse:

A child who has faced, or is worried about FGM, might not realise what's happening is wrong. And they might even blame themselves. If a child talks to you about FGM, it's important to:

- listen carefully to what they're saying
- ask open questions to gather information
- let them know they've done the right thing by telling you
- tell them it's not their fault
- say you'll take them seriously
- explain what you'll do next
- report what the child has told you as soon as possible
- don't send the child away or dismiss their concerns
- don't confront the alleged abuser or talk to their family/community about it
- don't use family or local community members as interpreters
- don't promise to keep it a secret

Guidance for Staff – Asking Questions

Ask children to tell you about their holiday. Sensitively and informally ask the family about their planned extended holiday; ask questions like:

- Who is going on the holiday with the child?
- How long they plan to go for and is there a special celebration planned?
- Where are they going?
- Are they aware that the nursery cannot keep their child on roll if they are away for a long period of time?
- Are they aware that FGM is illegal in the UK even if performed abroad?

If you suspect that a child is a victim of FGM, you could ask the child:

- Do you know what happened to cause you pain?
- Have you told anyone else what has happened?
- Has anyone taken you to the doctor?
- Do you want to talk to someone who will understand you better?

These questions and advice are guidance, and each case should be dealt with sensitively and considered individually and independently.

Recording

All concerns and interventions should be accurately documented, and these should be recorded as outlined in the Safeguarding Policy.

Training

All staff undertake mandatory FGM training and keep up to date with any changes to guidance or law. Further information is available on the Local Authority's children's safeguarding website:

For Rochdale: Rochdale Safeguarding Partnership- Female Genital Mutilation (FGM)

For Nelson: Lancashire Safeguarding Partnership –

Useful Contacts

- Police – Emergency: 999
- Police – Non-Emergency: 101
- ROCHDALE – The Complex Early Help and Safeguarding Hub: 0300 303 0440 (8.30 am-4.45 pm); Out of Hours: 0300 303 8875; Email: ehash@rochdale.gov.uk
- NELSON – MASH Social Work Team, or Children's Services Support Hub:0300 123 6720; Out of Hours: 0300 123 6722; Guidance: Requesting support from Children's Services- Lancashire County Council