



CHRIS'S CHILDCARE CENTRE

0 TO SCHOOL

TRADING AS CHRIS'S CHILDCARE LTD. 11894528

www.chrisschildcare.com

christines_childcare@hotmail.co.uk

01572 756461

07866756197

Policy: Female Genital Mutilation (FGM) Policy

Definition and Legal Context

Female Genital Mutilation (FGM) is illegal in England and Wales under the **FGM Act 2003** ("the 2003 Act"). It is recognised as a form of **child abuse** and **violence against women and girls**. FGM includes all procedures involving partial or total removal of the external female genitalia, or any other injury to the female genital organs, for non-medical reasons.

Section 5B of the 2003 Act introduces a **mandatory reporting duty** which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under-18s directly to the police. The duty applies from **31 October 2015**.

A 'known' case means:

- A girl tells the professional that FGM has been carried out on her, **or**
- The professional observes physical signs which appear to show that FGM has been carried out, and there is no reason to believe this was a surgical procedure for medical purposes.

(Reference: *Mandatory Reporting of Female Genital Mutilation – Procedural Information, 2015*)

My Role and Responsibilities as a Childminder

As a childminder, I have a duty of care to protect all children in my setting from harm. If I have **any concern** that a child may have been subjected to FGM or is at **risk of being subjected to FGM**, I will make an immediate referral to the **Children's Social Care Referral Team** for the area where the child lives.

I will also contact the **police on 101 (or 999 in an emergency)** if a child is in immediate danger.

I have completed the online FGM training available at www.fgmelearning.co.uk on **4th Sept 2023**



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Indicators that a Child May Have Been 'Cut' (Undergone FGM)

FGM may be identified through physical signs, behavioural changes, or things said by the child, their parents, or other family members. Some indicators include:

Physical Indicators

- Difficulty walking, sitting, or standing.
- Taking longer than usual to pass urine or expressing pain while urinating.
- Frequent urinary tract infections or unusual discharge.
- Pain or discomfort in the genital area.
- Blood stains on underwear, especially outside of menstruation age.
- Needing frequent toilet breaks or avoiding physical activity.

Behavioural or Emotional Indicators

- Withdrawal, depression, or anxiety.
- Sudden changes in behaviour or academic performance.
- Reluctance to undergo medical examinations or participate in physical activities (e.g., PE, swimming).
- Avoidance of sitting comfortably or showing signs of discomfort when moving.

Disclosure and Cultural Indicators

- The child may talk about a special ceremony, a visit to a relative "to become a woman", or a long holiday to a country where FGM is known to be practised.
- Parents or carers may talk about preparing for a 'special procedure' or taking the girl abroad for cultural reasons.
- A child's sibling or mother may have undergone FGM.
- The family may express strong beliefs in preserving cultural traditions linked to FGM.

Indicators that a Child May Be at Risk of FGM

- The family has a history of FGM being carried out on female relatives.
- There are plans for the child to travel abroad for an extended period to a country with a high prevalence of FGM.
- The child or family expresses concern or mentions an upcoming ceremony or "special procedure."



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- The child confides that she fears being cut.

Action to Take

If I suspect or know that FGM has taken place, I will:

1. **Record** what I have seen, heard, or been told, using the child's exact words wherever possible.
2. **Report immediately** to the Local Authority Children's Social Care team.
3. **Contact the police** if the child is in immediate danger or has already been subjected to FGM.
4. **Not question or examine** the child physically.
5. **Not inform the parents or carers** before seeking advice from children's social care, to avoid placing the child at further risk.

Ongoing Awareness and Training

I will refresh my knowledge of FGM and safeguarding procedures regularly, ensuring my training remains up to date. I will also ensure that all safeguarding policies are reviewed annually or following any major legislative change.