StreetGames - Female Genital Mutilation (FGM) Policy

Policy Statement

### StreetGames policy on FGM is in line with the national policies laid out by Government in the Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015. FGM has been a criminal offence in the UK 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.

### This policy works alongside StreetGames safeguarding children and young people policy as FGM is an issue that predominantly affects girls and young women. At a national level the legislation on FGM is reflected in the ‘Working together to safeguard children’ policy for England and Wales. StreetGames uses the guidance notes provided in the Female genital mutilation: resource that was last updates on 1 August 2022. This guidance pack has been developed in response to the FGM Act of 2003 and subsequent legislative changes

### This statement is based on the mandatory duty for health and social care professionals, teachers in relation to FGM as outlined by the home office. StreetGames policy on FGM is written in relation to the Ending violence against women and girls (2016) strategy from the Home Office. The strategy outlines a shift from crisis response to early intervention and prevention.  The strategy includes an action plan for its delivery focusing on: preventing violence and abuse; preventing online abuse and exploitation; provision of services; partnership working and pursuing perpetrators.

This statement sets out how StreetGames will work with the relevant authorities across the UK to combat female genital mutilation (FGM) through the protection of women and girls and provision of effective responses where FGM has occurred.

All StreetGames staff, volunteers and contractors have a statutory responsibility to safeguard children from being abused through FGM. If staff have concerns about a young person they must contact the StreetGames Designated Safeguarding Officer (DSO) and report the concern immediately. The person reporting the issue may be required to work with the DSO to ensure all the relevant information is collected as per the Home Office guidelines on the [Mandatory Reporting of Female Genital Mutilation](https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information). A guide to reporting is stored with this policy.

**FGM – Background**

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 (“the 2003 Act”). **It is a form of child abuse and violence against women.** FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It reflects deep-rooted inequality and discrimination against women.

FGM is a practice that takes place worldwide in at least 28 African countries and in parts of the Middle and Far East. It also takes place within parts of Western Europe and other developed countries, primarily among immigrant and refugee communities. UK communities that are at particular risk of FGM include Somali, Kenyan, Ethiopian, Sierra Leonean, Sudanese, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian women and girls.

The coverage of the StreetGames network across the UK means we are likely to engage with and support organisations that deliver activities and run provision for young people from BME or migrant communities that have a cultural history of practising FGM. It is therefore vital that StreetGames has a policy on FGM with a plan for reporting any concerns around FGM that may be raised.

It is an offence for any person (regardless of their nationality or residence status) to:

* perform FGM in England and Wales
* assist a girl to carry out FGM on herself in England and Wales
* assist (from England or Wales) a non-UK person to carry out FGM outside the UK on a UK national or UK resident

If the mutilation takes place in England or Wales, the nationality or residence status of the victim is irrelevant.

FGM taking place abroad

It is an offence for a UK national or UK resident (even in countries where FGM is not an offence) to:

* perform FGM abroad
* assist a girl to carry out FGM on herself outside the UK
* assist (from outside the UK) a non-UK person to carry out FGM outside the UK on a UK national or UK resident

**Failing to protect a girl from risk of FGM**

If an offence under the act is committed against a girl under the age of 16, each person who is responsible for the girl at the time the FGM occurred could be guilty of an offence.

The FGM Act (2003) also places a [mandatory duty](https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information) on health and social care professionals and teachers to notify the police where they discover FGM has been carried out on a girl under 18 years of age during the course of their work.

**Recognising the Signs of FGM**

Female Genital Mutilation and other terms (see glossary) has been classified by the WHO into four types. More information on this can be found on the WHO website - <http://www.who.int/mediacentre/factsheets/fs241/en/>.

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks increase with increasing severity of the procedure.

The NSPCC outline the following as possible signs of a girl or woman who is immediately at risk of FGM

* Talk about an upcoming long holiday abroad or going 'home' to visit family
* Talk about a relative or cutter visiting from abroad
* Talk about a special occasion or ceremony to 'become a woman' or get ready for marriage
* Mention a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt.

The NSPCC outline the following as possible signs of a girl or woman who's had female genital mutilation (FGM):

* have difficulty walking, standing or sitting
* spend longer in the bathroom or toilet
* appear withdrawn, anxious or depressed
* have unusual behaviour after an absence from school or college
* be particularly reluctant to undergo normal medical examinations
* ask for help, but may not be explicit about the problem due to embarrassment or fear.
* Have experienced a recent long holiday abroad or going 'home' to visit family
* Talk about a relative or cutter visiting from abroad
* Talk about a special occasion or ceremony to 'become a woman' or get ready for marriage
* Mention a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt.

**StreetGames Response to FGM**

**All StreetGames staff and volunteers have a statutory responsibility to safeguard children from abuse. If any StreetGames staff member or volunteer are concerned about a young woman based upon any of the signs listed in this policy, or what has been disclosed to them by a young person they are to inform the Designated Safeguarding Officer (DSO) immediately using the reporting procedure outlined below.**

The appropriate response to FGM is to follow the reporting procedure as outlined in the Safeguarding policy using the StreetGames reporting form or the Tootoot case management system. The aim of this report is to ensure:

* Immediate protection and support for the child/young person; and
* That the practice is not perpetuated.

At this point the cases will be dealt with by the DSO with support from the Chief Executive. They will identify the appropriate course of action and may seek advice from the National FGM helpline.

This course of action as outlined in the Safeguarding policy will most likely include working with the local StreetGames organisation, the young person who is at risk or has undergone FGM and the Local Safeguarding Children Partnership for the local authority area where the child/young person lives.

There are three circumstances relating to FGM which require identification, assessment and possible intervention.

* Where a child is at risk of FGM;
* Where a child has been abused through FGM
* Where a (prospective) mother has undergone FGM.

Professionals and volunteers in most agencies have little or no experience of dealing with female genital mutilation. Coming across FGM for the first time they can feel shocked, upset, helpless and unsure of how to respond appropriately to ensure that a child, and/or a mother, is protected from harm or further harm.

**Further information and advice**

National FGM Helpline 0800 0283550 or email fgmhelp@nspcc.org.uk