



# Female Genital Mutilation: Guidance for schools

Understanding your role in safeguarding girls, engaging parents and teaching about FGM

**June 2019**



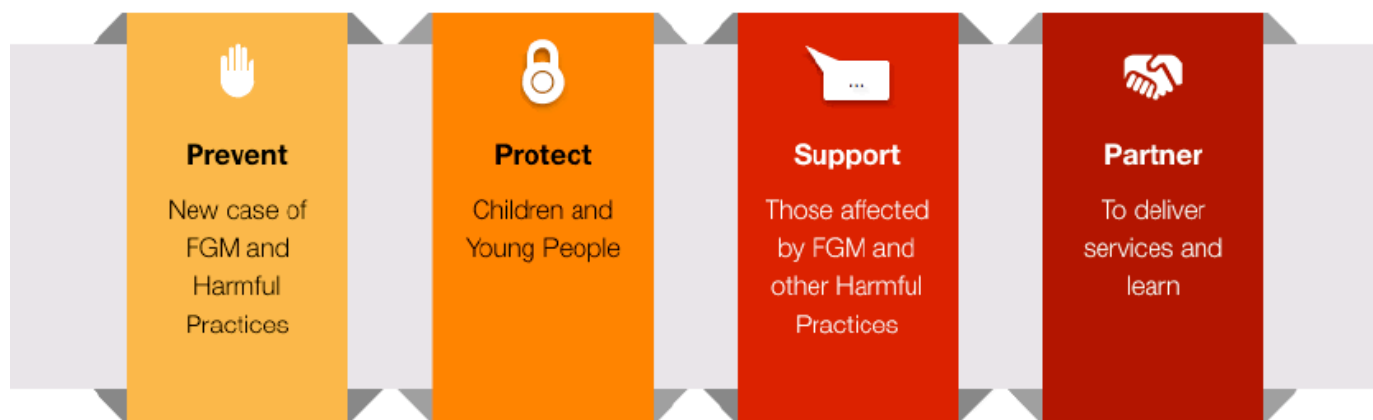
Developing excellence  
in response to FGM and  
other harmful practices



## Copyright Notice

## The National FGM Centre

The National FGM Centre is a partnership between Barnardo's and the Local Government Association (LGA) to achieve a system change in the provision of services for children and young people affected by harmful practices, including Female Genital Mutilation (FGM), Breast Flattening and Child Abuse Linked to Faith or Belief (CALFB). Funded initially by the Department of Education as part of its Children's Social Care Innovation Programme, the Centre works closely with key partners from Local Authorities, Health, Education, Police, and the voluntary sector to achieve its vision and aims via the following:-



## Purpose of this document

The purpose of this guidance is to equip professionals in education settings to respond to concerns regarding girls at risk of FGM. Within this document, you will find:

- General information on FGM & the law
- FGM risk indicators
- Requirements of the RSE guidance regarding FGM
- How to explore concerns with children and parents/carers
- A resource on how to explore concerns and make referrals to children's social care

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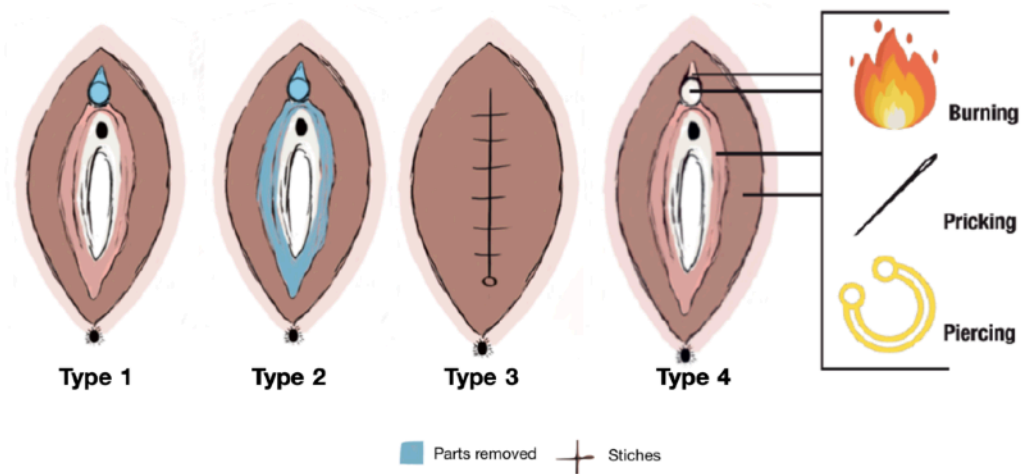
### **Appendix 4: Useful Resources**

# 1. About Female Genital Mutilation

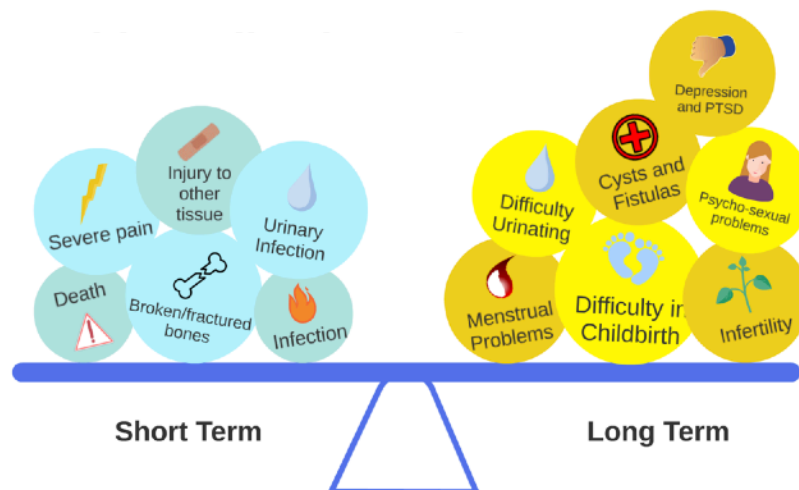
## 1.1. What is FGM?

Female genital mutilation (FGM) comprises 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)



## 1.2. Possible Health Implications of FGM



Often, women who are able to make the link between their experience of FGM and their on-going physical or psychological problems may be less likely to support or carry out FGM on their daughters.

This may also be the case for women, who are involved in or supportive of FGM advocacy work. Some women may not be able to identify any health consequence at all.

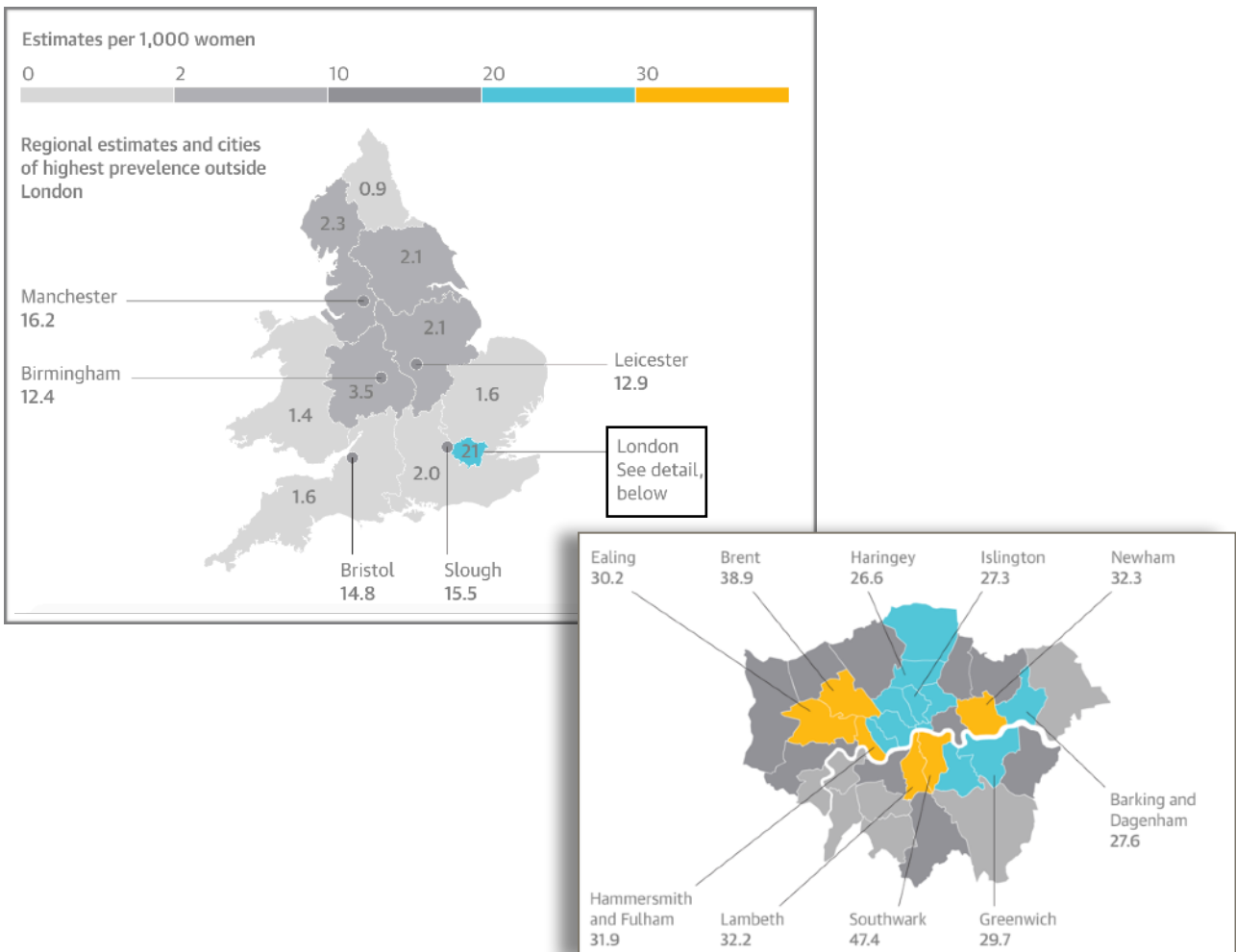
### 1.3. Prevalence of FGM - Global

FGM can happen anywhere in the world, but most commonly, it is practiced in parts of Africa, Asia, the Middle East and South America.

You can find out more about the prevalence of FGM across the globe by using our world prevalence map at [www.nationalfgmcentre.org.uk/world-fgm-prevalence-map](http://www.nationalfgmcentre.org.uk/world-fgm-prevalence-map).

### 1.4. Prevalence of FGM - England

In 2015, City University and Equality Now<sup>1</sup> conducted a FGM prevalence study focused on local authorities across England and Wales. The below map highlights how many women and girls, per 1,000 women in the population, are estimated to have undergone FGM.



1. Macfarlane, A. J. and Dorkenoo, E. (2015). Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. London: City University London in association with Equality Now Access [here](#). Images from The Guardian newspaper - [access here](#).

## 1.5. The Law

- The Prohibition of Female Circumcision Act 1985 (FGM made illegal)
- Female Genital Mutilation Act 2003 (Broadened the reach of the previous Act, by making it illegal to undertake FGM abroad, and carrying a sentence of up to 14 years in prison)
- Serious Crime Act 2015 amended the FGM Act 2003 to include: FGM Protection Orders, Mandatory Reporting Duty and Parental Liability, lifelong victim/survivor anonymity, and extending the Act to apply to permanent as well as habitual residents
- Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 - Expectation on public sector workers to recognise violence against women, including FGM.
- You can download a simple infographic summarising the UK law at [www.nationalfgmcentre.org.uk/fgm/fgm-resources](http://www.nationalfgmcentre.org.uk/fgm/fgm-resources).

## 1.6. Mandatory Reporting Duty

The mandatory reporting duty for FGM requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police on 101. The FGM duty came into force on 31 October 2015 and applies in either situations below:



### Visual Identification

It is possible that a teacher, perhaps assisting a young child in the toilet, may see something which appears to show that FGM may have taken place. In such a circumstance, the teacher must make a report under the duty. There are no circumstances in which you should be examining a girl.

### Verbal Disclosure

The duty applies to cases where a girl, under the age of 18 directly discloses to a teacher. If a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, the duty does not apply and a report to the police is not mandatory. Any such disclosure should, however, be handled in line with wider safeguarding responsibilities.

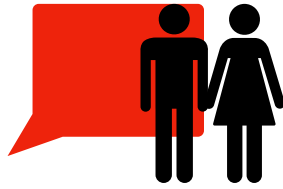
Further information on mandatory reporting can be found at: <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

# 1.7. Risk indicators of FGM

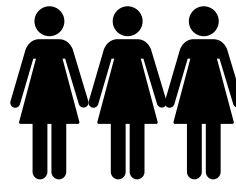
High Risk Indicators - Refer to your safeguarding procedures



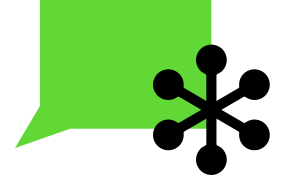
A **girl** discloses she has undergone FGM (if under 18, mandatory reporting applies)



A **parent/carer** discloses they believe FGM is a requirement and/or indicates they plan to arrange FGM for their daughter.



A girl has an **older sibling/cousin** who has already undergone FGM.

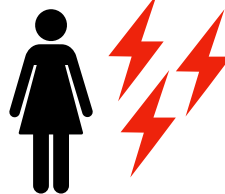


A **girl/sibling/cousin/third party** discloses she or another girl is at risk of FGM or has undergone FGM.

Other Risk Indicators - Speak to safeguarding lead, discuss concerns with family and girl (where appropriate) consider contacting children social care to discuss your concerns



A girl discloses she is **worried** about a **holiday and/or upcoming ceremony/coming of age party**



A girl returns from a holiday and appears to be in **pain or discomfort**, or is **absent** from school



**Parent(s)/carer(s)** are going on holiday (to a country of prevalence) and **are** reluctant to discuss the details of the holiday with the school



A **girl's behaviour changes**. She becomes withdrawn, depressed and doesn't take part in usual activities

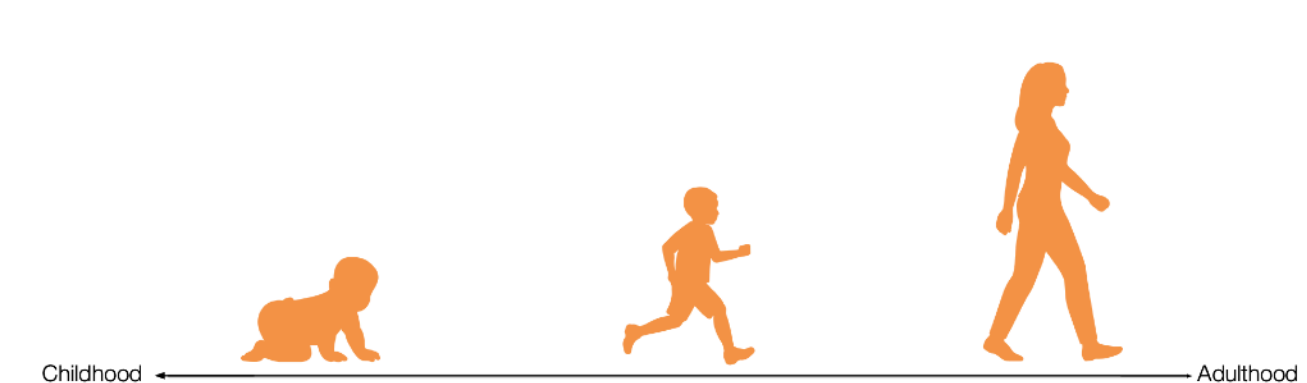


A girl has **not returned from a holiday** when she was supposed to, especially from a country where FGM is practiced

*It is important to note that one risk factor alone may not concern you, but combined with other risk factors may require you to explore further*



As a school, you should explore how you can educate your pupils on FGM in secondary education, and optionally in primary education.



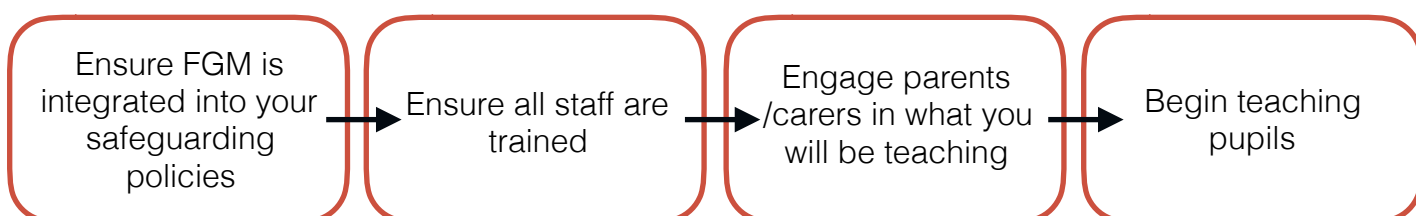
Educating children on their rights is a great way of starting the conversation and laying the foundations of introducing FGM, and because we know that girls are at most risk between the ages of 5 - 12 years old, we know that primary schools play an important part in safeguarding girls from FGM.

### Parental Engagement

The RSE statutory guidance recommends that all schools should work closely with parents when planning and delivering FGM lessons in schools. **Schools should ensure that parents know what will be taught and when.** Parents should be given every opportunity to understand the purpose and content of Relationships Education and RSE. The Department for Education has highlighted that good communication and opportunities for parents to understand and ask questions about the school's approach help increase confidence in the curriculum.

An excellent way of involving parents in the process is by inviting them into school to discuss what will be taught, address any concerns and help support parents in managing conversations with their children on the topic.

*For further good practice advice, please refer to the RSE Guidance, 2019*



### Preparing to teach about FGM:

You can search for lesson plans and information on integrating FGM into your curriculum on our Knowledge Hub (<http://nationalfgmcentre.org.uk/knowledge-hub-resources/>)

## 2. School Context of FGM

Schools and educational professionals are ideally suited to not only raise awareness of the practice, but also to safeguard and support girls and young women<sup>2</sup>.

Governing bodies have a statutory duty to have a named governor responsible for Safeguarding. This person needs to be kept informed of work around FGM safeguarding and education in the school; they should ensure that the full governing body is aware of how the school is working to address the issue of FGM<sup>3</sup>.

### **Child Protection Policy**

*Should make specific reference to FGM*

**For example:** FGM is a safeguarding issue and will be treated like any other child protection concern.

### **Staff Training**

*All staff should attend FGM training*

**For example:** FGM is a mandatory part of safeguarding induction. Face to Face or free online Home Office e-learning should be undertaken

### **Attendance Policy**

*Should make specific reference to FGM*

**For example:** Absences should be requested in advance, all travel during school term time requires a meeting with the headteacher. Any unexplained immediate holidays to countries of prevalence should be explored further.

### **Lessons**

*FGM lessons should be implemented in school*

**For example:** Teaching FGM is now mandatory for secondary schools. We know that girls are at most risk at primary school age, and therefore we recommend primary schools also teach about FGM where possible. *Remember, parents should be consulted beforehand and shown lesson materials.*

3. Discussing female genital mutilation (FGM) with pupils in primary school, Integrate Bristol and St Werburgh's Primary School, Bristol. Available at: <http://nationalfgmcentre.org.uk/wp-content/uploads/2018/01/IB-primary-resources-Introducing-education-around-FGM-guidance.pdf>

3 ibid

## 2.1. FGM and the Mandatory RSE Guidance

The new government statutory guidance on Relationships and Sex Education (RSE), announced in 2019, makes it **compulsory** for secondary schools to teach pupils about FGM and other harmful practices, including forced marriage and honour based abuse. Although the duty to teach about FGM is not mandatory for primary schools, it can optionally be applied. By the end of secondary school, pupils should know the concepts of, and laws relating to, *sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM*, and how these can affect current and future relationships.

### ***What does the new RSE duty require schools to teach on FGM?***



Pupils should be taught the physical and emotional damage caused by female genital mutilation



Pupils should be taught that it is a criminal offence to perform or assist in the performance of FGM or fail to protect a person for whom you are responsible from FGM



Pupils should be taught where to access support

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Pupils may also need support to recognise when relationships (including family relationships) are unhealthy or abusive (including the unacceptability of neglect, emotional, sexual and physical abuse and violence, including ‘honour’-based abuse and forced marriage) and strategies to manage this or access support for oneself or others at risk.<sup>4</sup>

4. Relationships Education, Relationships and Sex Education (RSE), and Health Education, Department for Education, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/781150/Draft\\_guidance\\_Relationships\\_Education\\_Relationships\\_and\\_Sex\\_Education\\_RSE\\_and\\_Health\\_Education2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education2.pdf), 2019

## 3. Exploring Concerns with Children

We recommend where possible to speak to the girl as well as parent(s)/carer(s) when you have a concern. You do not have to specifically ask about FGM, unless you feel it is appropriate.

You can use our FGM Flash Cards (<http://nationalfgmcentre.org.uk/fgm/fgm-flash-cards/>) to aid further conversations around FGM.

### 3.1. When a girl(s) going on holiday

If a girl has an upcoming holiday, especially one to a country of high prevalence, you can talk to the girl to explore:

Who is she going with?

“Is your whole family going with you?”

How is she feeling?

“How are you feeling about going there?”

Where she is going?

“I overheard you talking about your holiday, where are you off to?”

What she will be doing?

“What sorts of things will you do there? Will you be meeting others there?”

After speaking with the girl you may feel it is necessary to speak with her parent(s)/carer(s) as well to ensure that the information given by the child and the parent(s)/carer(s) are consistent.

**You should explore further and follow your normal safeguarding procedures by contacting children’s social care, if:**

- ❶ The girl expresses concern or reluctance to talk about the holiday
- ❶ The parent(s)/carer(s) account is different to that of the girl’s. For example, the girl says they are traveling on a different day to what parent(s)/carer(s) say
- ❶ The girl(s) siblings or friends express concern about the holiday
- ❶ The parent(s) are reluctant to talk about the holiday or deny that there is an upcoming holiday
- ❶ Only the female children are going on the holiday
- ❶ The child is traveling for an unknown period of time and it is unclear where she will be going or who will be looking after her

## 3.2. When the girl(s) are abroad

If the family left suddenly or with no notice, follow your attendance policy and safeguarding procedures which will include calling the parent(s)/carer(s), explaining your reason for calling and your concerns. If appropriate, explain to the parent(s)/carer(s) that you need to speak to the girl as these actions have caused concerns and the holiday is not authorised.

When speaking to the girl, introduce yourself and explain you are calling to make sure she is happy and safe. You can ask questions such as the following:

- “How is your holiday going?”
- “Has anything special happened so far or are you looking forward to anything?”
- “Who are you spending time with? Are you happy to see them?”
- “Do you know how long you are spending there?”

Follow your normal safeguarding procedures by contacting children social care if you continue to feel concerned.

## 3.3. When you have observed indicators of concern

You can speak to the girl first to explore any change of ‘usual’ behaviour you have observed. We recommend speaking to her on her own and sensitively, so attention is not drawn to her from other pupils. You could ask:

“I have noticed you are going to the toilet a lot, are you feeling ok?”

“I saw that you didn’t want to play football earlier, is there anything you want to talk about?”

“During PE I noticed that you didn’t want to participate in gymnastics like you usually do. Is there any particular reason why?”

“Part of my job is to make sure you are happy and healthy. I have noticed you look very uncomfortable since your holiday. Did anything happen on the holiday that you want to talk about?”

## 4. Exploring Concerns with Parent(s)/Carer(s)

Before a referral is made to social care, efforts must be made to explore any concerns with the parent(s)/carer(s) first, unless doing so will put the girl(s) in danger.

If a conversation cannot be had with parent(s)/carer(s), and you decide to make a referral, please be clear about why they have not been spoken to. If you have observed a change in the girl(s) 'usual' behaviour, you should ensure that the girl is spoken to first (follow Section 4) before the parent(s)/carer(s) to ensure that the explanations are the same.

### 4.1. When a girl(s) is going on holiday

Referrals that only contain a concern that a girl(s) is going on holiday will not reach social care threshold for intervention. It is important more information is given to ensure cases where girl(s) may be at risk are explored fully.

It is important to remember families have the right to go on holiday, and this should not be restricted without clear evidence a girl is at risk.

**If a girl is going on holiday and you are concerned there may be a risk of FGM, we recommend you:**

- Research prevalence in the country of origin, including information on the destination and ethnic group (*not every ethnic group in an affected country practices FGM*)
- Invite parent(s)/carer(s) into school for a conversation about the requested absence or holiday
- Start by explaining that it is the school's duty to safeguard children and to support parent(s)/carer(s) keep their daughter(s) safe
- Explain that as per your safeguarding/attendance policy (have a copy present) if a girl is going on an extended holiday you will speak to the parents first and that holidays outside of holiday periods are not authorised
- Explain that you want to discuss the practice of FGM (cutting or female circumcision) **and follow the pathway on the next page.** You can use the **Conversation form** (Appendix 3) to fill out when speaking to the parents to ensure you cover all areas.

## 4.2. When the girl(s) are abroad and you are concerned about FGM

If the family already travelled abroad you can still follow your safeguarding procedures to explore whether the girl is at risk of FGM and how to repatriate her (for further information on this, refer to the Home Office FGM Statutory Guidance, 2016).

- Try to contact the family or any other family members using contact details you have on file to confirm whether the girl has gone abroad and to find out when she will be returning
- Seek guidance from children's social care
- If you believe the girl is in **immediate danger**, the Home Office FGM Statutory Guidance states to either follow an urgent referral to social care and/or potentially contacting the police. You must find out when the girl is due back at school and follow safeguarding procedures if she does not return on time
- If the **girl does not return from school** after a holiday as expected, first try and contact the family to see if there is an explanation for the delayed return. Ensure you explain that, unless agreed beforehand, children should not be out of school during the school term. If the family are uncontactable, follow your normal safeguarding procedures

## 4.3. When you have observed indicators of concern

If the girl is showing physical indicators of discomfort or there is a change in her behaviour you should speak with her prior to speaking with parent(s)/carer(s)

1. Explain what you have observed and give her the opportunity to explain. If the girl is non-verbal, speak to the parent(s)/carer(s) to see if there is any medical reason for her discomfort
2. Tell the girl you may speak to her parents and ask if she has any concerns about this
3. Speak to the school nurse, or sexual health team, if available, to determine whether there are any known medical reasons for the discomfort. If there is a medical concern you should suggest the girl is taken to see the GP for further assessment. If you have suggested this, check with the girl and her parent(s)/carer(s) that she was taken to the GP. If the parent(s)/carer(s) appears reluctant to have the girl attend the GP, speak to your safeguarding lead, and follow your normal safeguarding procedures.
4. Follow the conversation form on the next page and appendix 3 to broach the concerns around FGM with parent(s)/carer(s)

## Have you heard of FGM/Cutting/Female Circumcision?

Yes

- What term do you use for it?
- What do you know about it?
- Is it something that is practiced where you are going?
  - If yes, but not anymore, what made people stop?
- What are your and your family's views on the practice?
- Is it something you would be worried about your daughter undergoing?

No

- Explain that FGM is a practice that is reported to happen where the family are going and is considered child abuse and illegal in the UK
- You may wish to show the family a map of prevalence
- Explain that FGM involves damaging a girl's genitalia and can have physical and emotional health implications

### At the end of the conversation ensure parent(s)/carer(s):

- Understand what FGM is
- Understand the consequences of FGM (emotional, physical and legal)
- Understand they have a parental responsibility to keep their daughter safe from FGM in the UK and abroad
- Know that FGM is considered child abuse and illegal in the UK
- Have leaflets and any other educational documents regarding FGM, especially those in other languages they can show family members
- Have the opportunity to ask any questions
- Understand you are there to support them

Further Concern

- Where possible, obtain consent of parent(s)/carer(s) first before making a referral
- Speak to your safeguarding lead
- Follow your normal safeguarding procedures to make a referral
- Include all conversations had with parent(s)/carer(s) including any dates of travel

No Concern

- Explain to the parents they can contact you at any time
- Record the conversation that has been had and add it to the girl's notes and any other siblings. This is also to remove duplication of conversation in the future
- Debrief with safeguarding lead



## 5. Making a Referral

If you have concerns that a girl is at risk of FGM or has undergone FGM you should follow your normal safeguarding pathways and the mandatory reporting Duty (Section 1.6) when required.

Children's social care require detailed information in order to progress a referral to further assessment. If the referral does not contain enough information or clear indication of risk, it may result in no further action.

### Before making a referral, we suggest:

- Explore your concerns with the parent(s)/carer(s) first (unless there is immediate danger). Advise them if you decide to make a referral, as you would any other safeguarding concern (unless it puts the girl at further risk)
- Explore the ethnic group/tribe and country of origin the family are from or identify with
- Speak to the girl(s)
- Speak to the safeguarding lead
- Explore whether you have had any previous concerns about the family
- Consider what needs to happen to keep the girl safe

If they are going on holiday, find out (and include in the referral):

- **When** they are travelling and when they are due to return?
- **Where** they are travelling, as specific as possible?
- **Who** they are travelling with?
- **What** are they planning to do on the trip?
- Any information you know about **prevalence** in that country. You can use our prevalence map at <http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/> or Appendix 1.

The first line of your referral should be “**I am concerned X is at risk of Female Genital Mutilation because ...**”. List out the risks you have identified clearly and objectively.

Be clear about who you have spoken to and the conversation that took place to avoid any duplication of conversations with the family. You can attach the **Conversation Form (Appendix 3)** to the referral if you have completed it.

## 6. What happens after the referral?

### Referral made by school

The social care team will pick up the referral and will often:

- Contact the referrer for any further information or information that is not clear
- Contact the parent(s)/carer(s) over the phone to discuss the concerns further

#### No concern

If the social care team do not see any risk in the referral or after speaking to the family, they will “No Further Action” the case.

You should be told the reason behind the decision and the conversations that have been had with parents.

If you do not agree with the decision you should discuss this with your safeguarding lead and challenge the outcome

#### Concern

If the social care team are concerned following your referral they will:

1. Assign a social worker to the family
2. The social worker will discuss the concerns with other professionals and father information
3. The social worker will explore concerns with the family

The social worker will contact you for further information and may wish to see the children in school

#### Immediate Concern

If there is a concern that the girl is in immediate danger the social care team will:

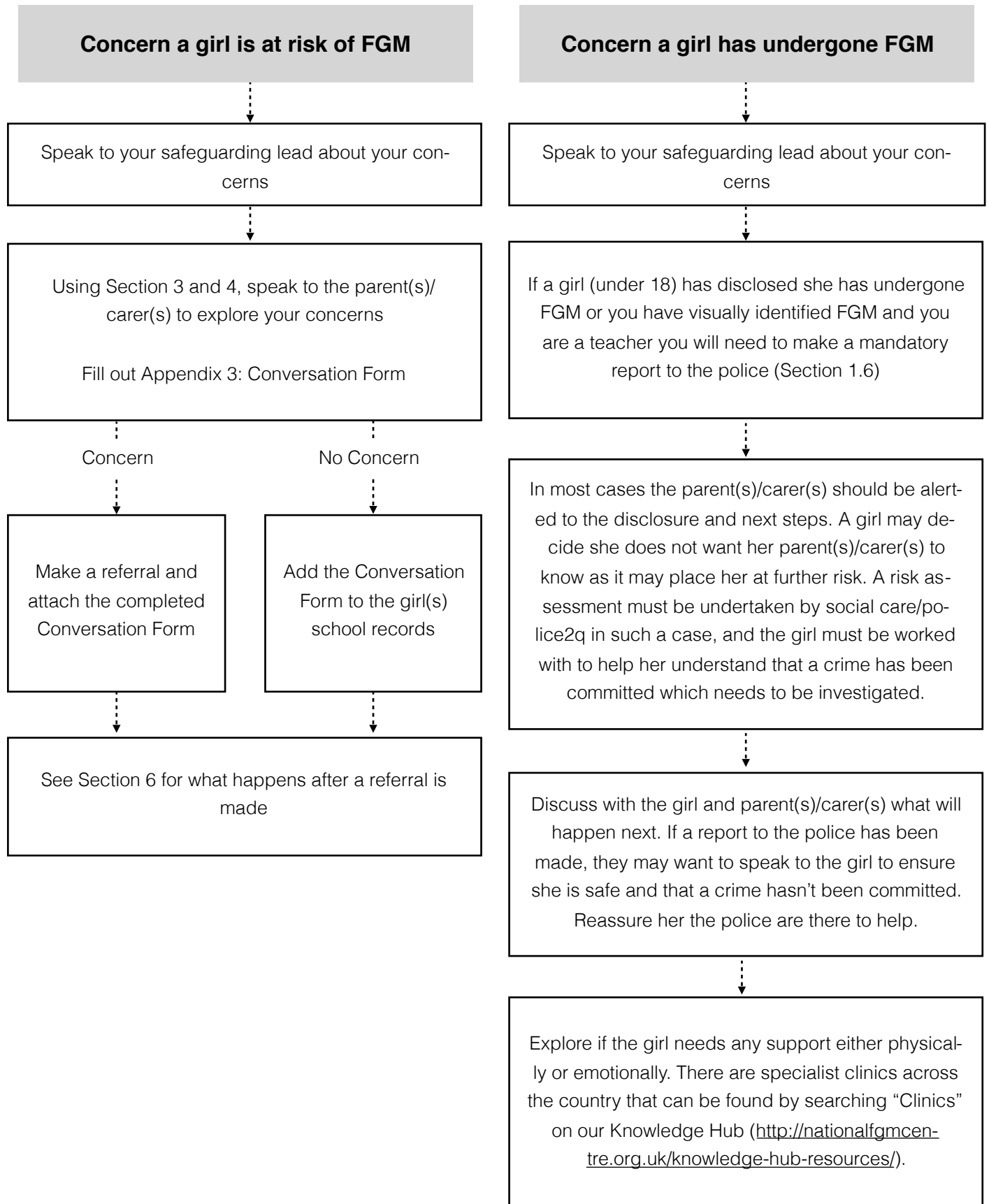
1. Assign a social worker to the family
2. Liaise with the police to plan the next steps, or the police may take immediate action
3. Alert other agencies where necessary

The social worker/police will contact you for further information

If the risk level remains high, the social care team may decide to apply for a FGM Protection Order or move the case to a “Long Term” team to continue working with the family to reduce risk. You may be asked to monitor the concerns and alert the social workers to any absences, travel plans or changes in behaviour.



# Appendix 2: FGM Pathway



# Appendix 3: Conversation Form

You can download more copies of this form at [www.nationalfgmcentre.org.uk](http://www.nationalfgmcentre.org.uk)

## FGM Safeguarding Concern: Conversation Form

*The form should not be used to replace professional judgement, but can be used to direct discussions with families. If you have any concerns as a result of the conversation, refer to children's social care.*

### Section 1: Child's Details

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Interpreter needed: Yes or No

Any other form of communication need : Yes or No \_\_\_\_\_

### Section 2: Your Details

Name: \_\_\_\_\_

Role: \_\_\_\_\_ Date: \_\_\_\_\_

**Concern due to** (select all that apply):

- Upcoming holiday
  - Extended leave request
  - High prevalence destination
  - Mention of special ceremony/party
  - Girl concerned about holiday
  - Parent(s)/carer(s) said something of concern about the holiday
  - Conflicting information about the holiday
- Family history of FGM
- Third party has mentioned concern around FGM
- Parent(s)/carer(s) actions are concerning
- Other (please insert details below)

### Section 3: Conversation with the parent(s)/carer(s)

Start by explaining that it is the school's priority that their daughter(s) is safe and the school are there to support parent(s)/carer(s) to keep their daughter(s) safe. When relevant, explain that as per your safeguarding/attendance policy (have a copy present). **If the parent(s)/carer(s) were not spoken to tick here  and skip to the last question in this section.**

#### The conversation took place:

- In person
- Over the phone
- Other: \_\_\_\_\_

#### Which parent(s)/carer(s) were present for the conversation?

#### Are the parent(s)/carer(s) aware of what FGM is?

- If yes, what term do they use to describe it? \_\_\_\_\_
- \*If no, explain that it is a harmful practice that involves cutting or damaging a girls genitalia and it is practiced in countries across the world.

*\* If parents answer no, use your professional curiosity and take into consideration the country prevalence information that you have found.*

#### What are the parent(s)/carer(s) views on FGM?

- Pro-FGM**
  - Believe it is a tradition
  - Believe it is a cultural requirement
  - Believe it is a religious requirement
  - Believe it is more hygienic
  - Marriageability reasons
  - Other, please explain \_\_\_\_\_
- Against FGM**
  - Understand it is harmful
  - Understand it is illegal (including parental responsibility Section 1.5)
  - Not practiced in their community
  - Used to be practiced but no longer part of culture/family

#### Details of the conversation:

**During the conversation parent(s)/carer(s) were...**

- Comfortable to talk about FGM
- Understood the schools concerns
- Reluctant to talk about FGM
- Angry the conversation had been raised
- Dismissive
- Other \_\_\_\_\_

**If you were unable to speak to the parent(s)/carer(s) please select why:**

- They refused to talk about the concern
- They were uncontactable via phone or email
- They did not come to an agreed meeting
- We believe talking to the parent(s)/carer(s) will place the girl at risk
- Other (please detail below)

**Section 4: Conversation with the child**

If the girl was not spoken to tick here  and skip to the last question in this section.

**The conversation took place:**

- In person
- Over the phone
- Other: \_\_\_\_\_

**Is the girl aware of what FGM is?**

- Yes, if so what term do they use to describe it? \_\_\_\_\_
- No
- Unknown

**Details on the conversation:**

**During the conversation girl was...**

- Comfortable to talk
- Nervous/worried
- Reluctant to talk
- Dismissive
- Other \_\_\_\_\_

**If you were unable to speak to the girl please select why:**

- They were uncontactable
- They refused to talk about the concern
- We were not comfortable to talk to the girl
- We believe talking to the girl will place her at risk
- Other (please detail below)

**Section 5: Holiday information**

(complete if there is an upcoming holiday or the child is on holiday)

**The girl is:**

- In the UK
- Abroad

**What country is the girl traveling to or currently in:** \_\_\_\_\_

**When did/is the girl departing:** \_\_\_\_\_

**When did/is the girl returning:** \_\_\_\_\_

**Who will/did the girl travel with:** \_\_\_\_\_

**The holiday is:**

- During term time, if yes, is/was this authorised in advance \_\_\_\_\_
- Outside of term time

**Prevalence of FGM in this country of travel** (<http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/>):



## Section 6: Third Party/Additional Information

## Section 7: Actions taken and Next Steps

### After this conversation/due to this concern we have:

- Made a referral to children's social care, if yes, on what day? \_\_\_\_\_
  - The parent(s)/carer(s) are aware of the referral
  - The girl is aware of the referral
- Contacted the police
- Contacted the Foreign and Commonwealth Office
- Contacted an external organisation for support
  - If yes, who? \_\_\_\_\_
- Given the family leaflets/materials regarding FGM
- Not got any further concerns and we will not make a referral.
  - Printed and saved this form to the girl's record.

### If you are concerned, what needs to happen next to keep this girl safe?

**Date:**

**Name:**

**Signature:**

# Appendix 4: Useful Resources

## Information about FGM

**General information:** <http://nationalfgmcentre.org.uk/fgm/>

**Leaflet of FGM:** <http://nationalfgmcentre.org.uk/wp-content/uploads/2018/04/What-is-FGM.pdf>

**Global Prevalence of FGM:** <http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/>

**Local FGM support services:** <http://nationalfgmcentre.org.uk/uk-fgm-services/>

## School specific resources for FGM

**Primary School Lesson Plans:** <http://nationalfgmcentre.org.uk/wp-content/uploads/2018/01/IB-primary-resources-Introducing-education-around-FGM-guidance.pdf>

**Secondary School Lesson Plans:** [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/276541/KS3\\_FGM\\_lesson\\_plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/276541/KS3_FGM_lesson_plan.pdf)

**FGM Teacher/Training Guide:** [https://www.28toomany.org/static/media/uploads/Training%20Research%20and%20Resources/fgm\\_%26\\_safeguarding\\_training\\_pack.pdf](https://www.28toomany.org/static/media/uploads/Training%20Research%20and%20Resources/fgm_%26_safeguarding_training_pack.pdf)

**FGM Direct Work Toolkit:** <http://nationalfgmcentre.org.uk/fgm/fgm-direct-work-toolkit/>

**FGM Flash Card Pack:** <http://nationalfgmcentre.org.uk/fgm/fgm-flash-cards/>

## Information for parent(s)/carer(s)

**Leaflet: Keeping your girl(s) safe from FGM:** <http://nationalfgmcentre.org.uk/wp-content/uploads/2018/01/FORWARD-Family-Holiday-Leaflet.pdf>

**Health Consequences Infographic (including types of FGM);** <http://nationalfgmcentre.org.uk/wp-content/uploads/2019/02/FGM-and-Health-Consequences-Infographic-1.pdf>

**FGM Protection Order Leaflet:** <http://nationalfgmcentre.org.uk/wp-content/uploads/2019/01/FGMPO-Leaflet.pdf>

## National Guidance - Statutory and Non-statutory

Keeping Children Safe In Education: for schools and colleges, Department for Education: <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

Working Together to Safeguard Children, Department for Education: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

A Young Persons Guide to Working Together to Safeguard Children, Children's Commissioner, <https://www.childrenscommissioner.gov.uk/publication/working-together-to-safeguard-children/>

Young Peoples Guide to Keeping Children Safe, Children's Commissioner, <https://www.childrenscommissioner.gov.uk/publication/guide-to-keeping-children-safe/>

Children Missing in Education: Statutory Guidance for Local Authorities, Department for Education: <https://www.gov.uk/government/publications/children-missing-education>

OFSTED Education Inspection Framework, <https://www.gov.uk/government/publications/education-inspection-framework>

Multi Agency Statutory Guidance on Female Genital Mutilation, Home Office: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Strategy to End Violence Against Women and Girls: 2016-2020, Home Office, <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

Violence Against Women and Girls: National Statement of Expectations, Home Office, <https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations>

Mandatory Reporting of Female Genital Mutilation: Procedural Information, Home Office, <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

Female Genital Mutilation Resource Pack, Home Office, <https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack>

Free Female Genital Mutilation E-Learning, Home Office, <https://fgmelearning.co.uk>

FGM Protection Orders: Factsheet, Home Office, <https://www.gov.uk/government/publications/fgm-protection-orders-factsheet>