GEMS TINEY HOME NURSERY

HOME FROM HOME CHILDCARE

Female Genital Mutilation Policy

Purpose

Female genital mutilation, known as FGM, is child abuse and a serious violation of human rights. At Gems tiney Home Nursery we act promptly if a child may be at risk or may have experienced FGM. This policy supports our Safeguarding and Child Protection Policy and applies to Gemma and all assistants.

Understanding FGM

FGM involves injury to or removal of female genital tissue for non-medical reasons. It is illegal under the Female Genital Mutilation Act 2003 as amended, including relevant offences involving arranging or assisting FGM overseas and failing to protect a girl from risk. There is no religious, cultural or other justification for abuse.

It can affect children from infancy onwards and may occur in the UK or abroad. We consider the individual child and relevant information without making assumptions based only on ethnicity, nationality, religion or travel plans.

Recognising concerns

Possible indicators include a child or adult mentioning cutting, a special procedure or ceremony, a family history of FGM, a relative planning to arrange it, or travel linked to a specific concern. Unexplained absence or distress after travel may be relevant alongside other information.

Pain or difficulty walking, sitting or toileting, bleeding, recurrent urinary problems or a significant change in behaviour may also require attention. These signs can have other causes; staff record what they see or hear and seek safeguarding and medical advice rather than diagnosing FGM.

Immediate action

If a child faces immediate danger, an imminent procedure or urgent medical need, call 999. A safeguarding referral must not wait for permission, confirmation from a clinician or advice from tiney.

For a risk, disclosure or suspected case, contact Surrey Children's Single Point of Access promptly and the police as appropriate. For non-emergency police contact use 101. Inform Gemma as the designated safeguarding lead and tiney through the current safeguarding route, without delaying statutory referrals. If Gemma is unavailable, implicated or fails to act, the assistant must refer directly.

Consider other children who may be at risk, including siblings, and share relevant information with the safeguarding agencies. Follow advice, record the referral and pursue or escalate concerns if the response does not address the risk.

Listening and recording

Listen calmly, take the child seriously and reassure them that they have done the right thing by telling you. Do not promise secrecy, ask leading questions, conduct an investigation or confront a suspected perpetrator. Record the child's exact words, date, time, observations, actions, contacts and advice as soon as possible.

Do not examine a child's genital area to check for FGM, take photographs or seek proof. Observations made incidentally during necessary routine care are recorded factually and referred. Medical assessment is for appropriate healthcare professionals.

Do not discuss the concern with parents or relatives before seeking children's social care or police advice if this could increase risk or obstruct protection. Do not use family or community members as interpreters for a safeguarding disclosure; seek an appropriate independent interpreter through the agencies where needed.

The specific mandatory reporting duty

The statutory FGM reporting duty applies to regulated health and social care professionals and teachers acting within its scope. Registration as a childminder alone does not make a person subject to that specific duty. All staff must nevertheless follow the safeguarding actions in this policy.

Where an individual is within the duty's scope and receives a direct disclosure from a girl under 18, or observes signs meeting the statutory criteria during their professional work,

they must personally report the known case to police, normally via 101. Best practice is to report as soon as possible and by the close of the next working day; immediate danger requires 999. The duty cannot simply be delegated to Gemma or tiney.

The specific duty does not cover every suspicion or future risk, but those cases still require prompt safeguarding action. An adult's disclosure of past FGM may also raise concerns for children in the family. Advice about the duty must never delay protection.

Information sharing and staff support

Safeguarding records are stored securely and shared with those who need them to protect children, using lawful information-sharing procedures. We do not seek consent where doing so would increase risk or prevent necessary safeguarding action.

Gemma ensures assistants know the signs, referral routes and their responsibilities through induction, safeguarding training and supervision. Concerns or allegations about an adult working with children also follow our allegations procedures and relevant LADO and tiney reporting routes.

Contacts and review

Immediate danger or medical emergency: 999. Police non-emergency: 101. Surrey Children's Single Point of Access: 0300 470 9100. Out-of-hours Emergency Duty Team: 01483 517898. Use current tiney safeguarding contact details held in the setting.

Reviewed annually and sooner if guidance changes or a concern identifies a gap. References: GOV.UK Multi-agency statutory guidance on FGM; Mandatory reporting of FGM procedural information; current Working Together to Safeguard Children; current EYFS childminder framework.

Policy owner: Gemma Bayley
Reviewed: November 2026
Next review due: November 2027