

FGM Mandatory Reporting – the professional duty

From 31st October 2015, all regulated professionals (health, teachers, social workers) are required to report known case of FGM or disclosed cases of FGM direct to Police.

- Female Genital Mutilation (FGM) is child abuse and illegal contrary to the Female Genital Mutilation act 2003.
- Regulated health and social care professionals and teachers are required now to report cases of FGM in girls under 18s which they identify in the course of their professional work direct to the police.
- This is a personal duty; it cannot be transferred to anyone else.

Who has to comply with the duty?

- Regulated professionals
- Health and social care professionals regulated by the:
 - General Chiropractic Council
 - General Dental Council
 - General Medical Council
 - General Optical Council
 - General Osteopathic Council
 - General Pharmaceutical Council
 - Health and Care Professions Council (whose role includes the regulation of social workers in England)
 - Nursing and Midwifery Council
- teachers - this includes qualified teachers or persons who are employed or engaged to carry out teaching work in schools and other institutions, and, in Wales, education practitioners regulated by the Education Workforce Council.

Which cases the duty applies to

Girls under 18 who disclose they have undergone FGM

Using all accepted terminology

- Cut
- Circumcised
- Sunna
- Bondo

When they visually identify physical signs appearing to show she has had FGM

To summarise the above, there are two FGM reporting processes in place:

1. ‘**At risk**’ – this would relate to situations whereby the child victim is at risk of FGM **being** performed, **suspected** of **being** performed or **suspected** of **having been** performed. In these scenarios, normal safeguarding procedures and existing pathways would apply.

2. “**Mandatory Reporting Duty**” – this is the new reporting system, which would relate to **known** cases of FGM that **have** occurred already. “Known” would be where it has been **directly** disclosed by the victim to the professional that they have had FGM or where the professional has visually identified FGM.

Remember this includes genital piercings and tattoos for non-medical reasons

****** *The duty applies to known cases of FGM so should fall within non urgent circumstances. Should an A&E department come across a child who has just been cut, or there is an immediate risk to other children within the home then an urgent 999 response should be carried out *******

What Professionals need to do

- Telephone '101', the non-emergency crime number . Going through the MASH **doesn't** comply with the duty. **All calls must be through 101**
- Discuss with local safeguarding lead to identify if there are other safeguarding action required, and how these will be taken forward
- Make a record of their actions, and write down the Police reference number (CAD / CRIS)
- Make sure someone with access to all the information is available to discuss further with the police lead investigator

What professionals need to give the 101 operator

- explain that you are making a report under the FGM mandatory reporting duty
- your details:
 - name
 - contact details (work telephone number and e-mail address) and times when you will be available to be called back
 - role
 - place of work
- details of your organisation's designated safeguarding lead:
 - name
 - contact details (work telephone number and e-mail address)
 - place of work
- the girl's details:
 - name
 - age/date of birth
 - address
- if applicable, confirm that you have undertaken, or will undertake, safeguarding actions

When Professionals need to call

- The expectation is that professionals should report to Police via 101 as soon as possible (within 48 hours).
- In exceptional circumstances professionals can report up to one month.
- Safety of the girl (or other individuals at risk of harm) is the priority.
- Once the call to 101 has been made the duty to comply with mandatory reporting has been met.
- Failure to report is not a criminal offence but may lead to local disciplinary proceedings.

FGM MANDATORY REPORTING FLOW CHART

A regulated professional visually identifies FGM or has received a direct disclosure from a child U18 that they have undergone FGM
The duty doesn't apply to suspected or at risk cases, in these circumstances normal safeguarding procedures apply.

The professional calls 101 to comply with their mandatory duty to report direct to Police
(expectation within 48 hours but within one month in exceptional circumstances)

MET CCC

Identified as an urgent/acute case requiring immediate action

999 Protocol

Urgent For example if a child has disclosed that they have been subject to FGM and that one of their siblings is at immediate risk of being taken out of the country for the purpose of FGM. All other safeguarding concerns will be referred using the existing pathway.

Deployment as per tool kit

Non Urgent - Obtain:
Caller's details (including safeguarding SPOC),
Reason for call, child's details (name, address, dob)

Inform Grip & Pace
SCO17
GPC Mailbox - SOECA

Grip & Pace will log the CAD on a spreadsheet. This will then be passed to the local CAIT referrals where the child resides

SCO17 CAIT referrals will create a Crime Report and Merlin
Contact the professional to obtain further details and take responsibility for the investigation.